



Office of the City Manager

ACTION CALENDAR
April 21, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: LaTanya Bellow, Deputy City Manager

Subject: City Manager Presentation and Response to the Reimagining Public Safety Task Force and National Institute for Criminal Justice Reform Recommendations

RECOMMENDATION

Accept the report from the City Manager with the goal of supporting council discussion and recommendations on a path forward to transforming public safety and policing in Berkeley.

CURRENT SITUATION AND ITS EFFECTS

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.

BACKGROUND

- The omnibus package consisted of numerous elements including, but not limited to the following:
 - Having the City Auditor perform an analysis of City’s emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department’s (BPD) budget
 - Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit

- o Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department
- o Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund
- o Engaging 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
- o Pursuing the creation of a Berkeley Department of Transportation (“BerkDoT”) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multidepartment working groups to oversee and implement various components of the package. The working group consisted of the following:

City Manager; Deputy City Managers; City Attorney; Fire Chief; Health, Housing and Community Services (HHCS) Director; Human Resources Director; Police Chief; and Public Works Director.

National Institute of Criminal Justice Reform

On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley

Community Engagement

[Reimagining Public Safety Task Force \(Task Force\)](#)¹

¹ <https://www.cityofberkeley.info/RIPST.aspx>.

On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force](#)

Per the Enabling Legislation, the Task Force's work centered on providing input to and making recommendations to NICJR and City Staff on a set of recommended programs, structures and initiatives incorporated into a final report and implementation plan developed by NICJR to guide future decision making in upcoming budget processes for FY 2022-23 and, as a second phase produced, in the FY 2024-2026 budget process.

The Public Safety / Police Re-Imagining and community engagement process was led initially by Deputy City Manager David White and then Deputy City Manager LaTanya Bellow who provided overall project management support to the team.

The City Manager report presented is in response to the March 10, 2022 presentations by the following:

Reimagining Public Safety Task Force

https://www.cityofberkeley.info/uploadedFiles/Clerk/City_Council/2022/03_Mar/Documents/2022-03-10%20Item%2001%20Consideration%20of%20Recommendations.pdf

National Institute for Criminal Justice Reform

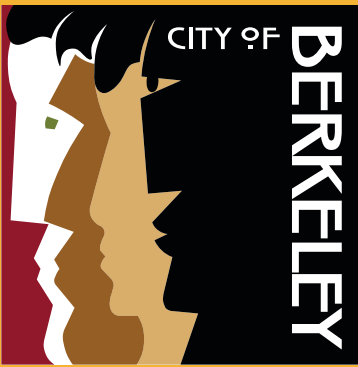
[https://www.cityofberkeley.info/Clerk/City_Council/2022/03_Mar/Documents/2022-03-10_\(Special\)_Supp_2_Reports_Item_2_Rev_NICJR_pdf.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2022/03_Mar/Documents/2022-03-10_(Special)_Supp_2_Reports_Item_2_Rev_NICJR_pdf.aspx)

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects or opportunities associated with the subject of this report.

CONTACT PERSON

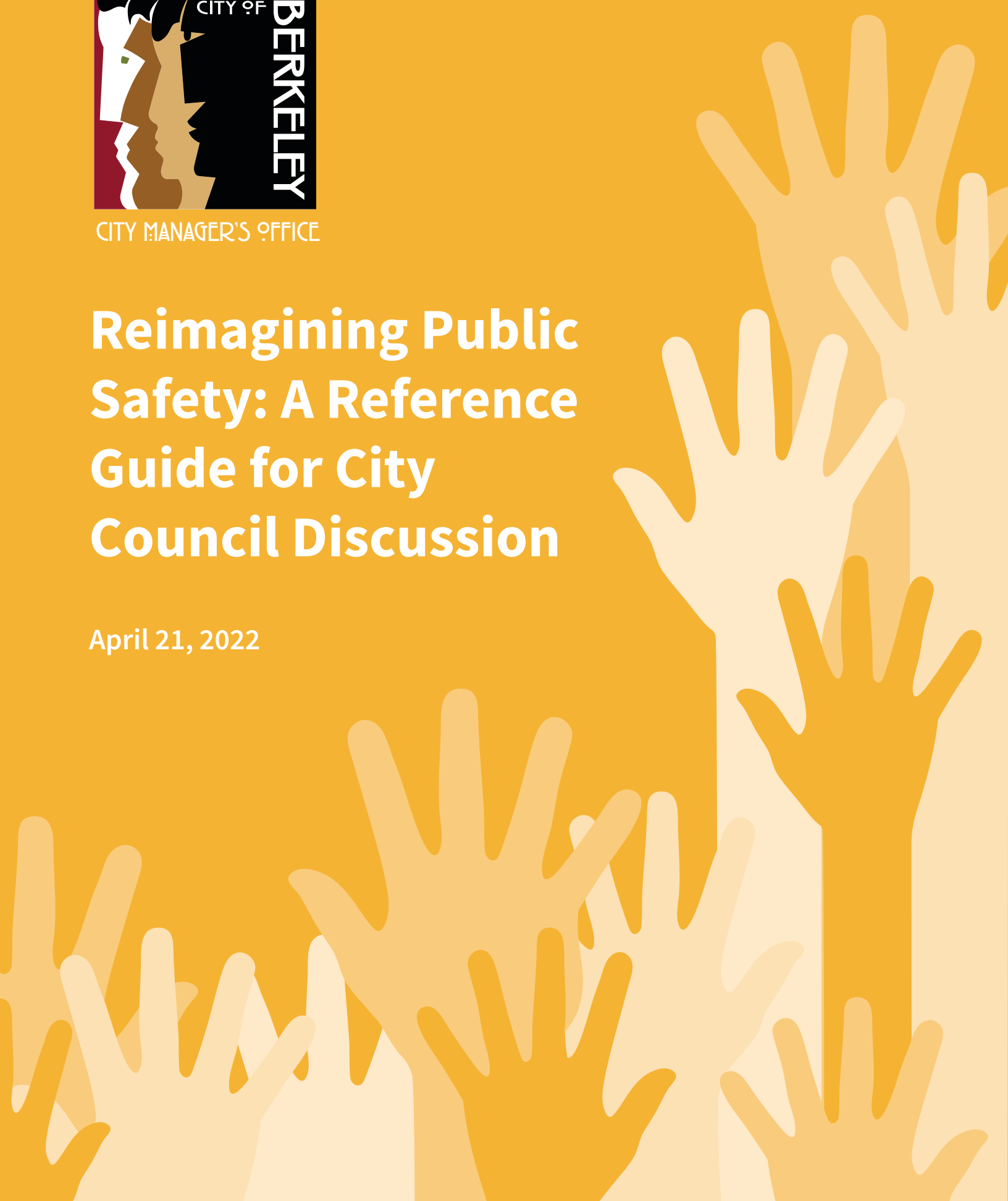
LaTanya Bellow, Deputy City Manager, City Manager Office, (510)-981-7012



CITY MANAGER'S OFFICE

Reimagining Public Safety: A Reference Guide for City Council Discussion

April 21, 2022





MARTIN LUTHER KING JR
CIVIC CENTER

2180
Milvia Street

CITY OF BERKELEY
Historic Landmark & Civic Center
1987

Letter from the City Manager

Policing in the United States continues to be one of the most important civil and racially charged issues facing people in the world today, especially people of color. The murders of George Floyd, Breonna Taylor, and others brought police racism and violence to the forefront, and spurred a national conversation about reimagining public safety.

Although Police violence is a national problem, the most impactful approach for ending it is at the local level. This is where police and community seek to work together and create a shared public safety model that promotes engagement, transparency, and accountability. Here in Berkeley, I am proud that we have a Police Department that shares our City's values and strives to treat people fairly. Our police officers have worked hard to remain ahead of their peers and lift up best practices. While this has not been perfect nor easy, our commitment is evident in the recognition of Berkeley Police as national leaders in de-escalation, an important practice that other departments are now employing.

I want to thank the Mayor and Council for the opportunity to recommend existing initiatives to how we approach public safety. The City of Berkeley has begun the conversation of transforming public safety from a traditional Police Department to one more focused on the needs of the community it serves. This will be a multi-year process and require collaboration from all stakeholders, the Council and a number of city departments and staff. Our successful collaboration will ensure a redesign that puts in place a mechanism to measure what matters most; Public Trust in our Berkeley Police Department, and a commitment to ensure a community-centered focus on safety for all Berkeleyans.

I want to extend a heartfelt thank you to the Reimagining Public Safety Task Force for their engagement, and expertise. They volunteered many hours of their time, attending regular meetings and participating in meaningful discussions. The breadth of their dedication was evident in their presentation for the future of policing and funding proposals that policymakers can use to improve public safety outcomes.

I would also like to thank the National Institute for Criminal Justice Reform, our commissioned consultants, for their guidance, professionalism and support throughout the community engagement process, including facilitating Task Force discussions, convening community listening sessions, and presenting relevant reports for consideration to support reimagining public safety in Berkeley.

In response to the concerns expressed by the community during the [March 10, 2022 work session](#)¹ and reflecting Council's commitment to meaningful change, I want to ensure you, I have heard your message and will demonstrate what we learned from the community, outside vendor participation, Council direction and staff in the Berkeley Police Department. We will look introspectively and push ourselves to answer the call of doing better.

This work would not be possible without my amazing executive team and city staff. Together we are committed to the work of the reimagining process and appreciate the responsiveness of the residents, and the support of our Mayor and City Council.



Dee Williams-Ridley
City Manager
manager@cityofberkeley.info

¹ https://www.cityofberkeley.info/Clerk/City_Council/2022/03_Mar/City_Council__03-10-2022_Special_Meeting_Agenda.aspx

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Appendix 3 - Revisions to Enabling Legislation for Reimagining Public Safety Task Force

Appendix 4 - City of Berkeley Crisis Response Models Report

Appendix 5 - City of Berkeley Mental Health Crisis Response Services and Stakeholder Perspectives Report

Appendix 6 - City of Berkeley Specialized Care Unit Crisis Response Recommendations

Appendix 7 - Task Force: BerkDoT Presentation to RPSTF

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BERKELEY
DOWNTOWN

↑ Civic Center



01



Executive Summary

City Leadership

On July 14, 2020, 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, but not limited to the following:

- Having the City Auditor perform an analysis of City’s emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department’s (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging 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.
- Pursuing the creation of a Berkeley Department of Transportation (“BerkDOT”) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package.

The working group consists of the following:

- City Manager
- Deputy City Managers
- City Attorney
- Fire Chief
- Health, Housing and Community Services (HHCS) Director
- Human Resources Director
- Police Chief
- Public Works Director

Monthly meetings were established and an organizational structure was developed that enabled the City of Berkeley to advance the various referrals in the omnibus package at the same time. The work to support the omnibus package was organized in the following manner:

- **HHCS Director Lisa Warhuus**, led the work to develop a **Specialized Care Unit** pilot program.
- **Fire Chief Abe Roman**, led the work to develop a plan for **Priority Dispatching**.
- **City Attorney Farimah Brown**, is managing the analysis of **litigation claims and settlements**.
- The **Public Safety / Police Re-Imagining and community engagement process** was led by **Deputy City Manager David White** until September 2021 and then **Deputy City Manager LaTanya Bellow** from September 2021 forward. Both Deputies, and **Senior Management Analyst Shamika Cole** supported the City Manager by providing overall project management support to the team.
- **BerkDOT** was led by **Public Works Director Liam Garland**.

Public Safety and Police Reimagining Community Engagement

On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the **National Institute for Criminal Justice Reform (NICJR)** to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

City staff from the City Manager's Office met regularly with NICJR to discuss project deliverables under their scope of work, prepare for Task Force meetings, review timelines and coordinate their work with other parallel efforts in the City surrounding reimagining public safety. NICJR collaborated and coordinated with the City Auditor on the calls for-service analysis to make progress on their report addressing new and emerging models of community safety and policing.

Interim Police Chief Louis and the Police Department staff presented to the Task Force on several occasions discussing the Police Department's budget, along with an overview of Patrol Operations, the Field Training Program, Civilian Oversight of the Police Department and the disciplinary process. In addition, the Police Department invited Task Force members to participate in ride-a-longs with Police Officers and sit in the communications center to observe dispatchers. Many Task Force members participated in these activities that resulted in deeper knowledge of Police Department operations.

Lastly, to ensure the highest level of transparency, staff from the City Manager's Office has supported deep community engagement and outreach, coordinated public meetings, published meeting minutes and agendas, managed email submissions from the Task Force and the community and posted full video recordings of each session on the City's website at: <https://www.cityofberkeley.info/RIPST.aspx>.



Staff Participation

Beginning in late 2020, staff convened a series of meetings and developed an organizational structure to advance the various referrals in the omnibus package at the same time. Our work to coordinate overall project support and lead the work included the following:

Community Engagement

On July 14, 2020, the City Council adopted [Item 18c](#)¹ (“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”); **see Appendix 1**) and [Item 18d](#)² (“Transform Community Safety and Initiate a Robust Community Engagement Process”); **see Appendix 2**), 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.

Immediately following the adoption of the legislative package by City Council, on September 8, 2020, the City issued a Request for Proposal to solicit proposals from firms and/or individuals to plan, develop, and lead an inclusive and transparent community

¹ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2020-07-14%20Item%2018c%20Referral%20to%20City%20Manager%20to%20Re-imagine%20Policing%20Approaches%20to%20Public%20Safety.pdf

² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2020-07-14%20Item%2018d%20Transform%20Community%20Safety.pdf

engagement process and support the City in achieving a new paradigm of public safety in Berkeley. The City received a total of six (6) proposals that were deemed to be complete and met the submittal requirements.

In order to ensure a thorough review of the proposals, staff from the City Manager’s Office convened a team that consisted of thirteen (13) individuals: six (6) city staff and seven (7) members of the community and other stakeholders. The following outlines the individuals that reviewed the proposals:

Elana Auerbach	LaTanya Bellow
Farimah Brown	Kitty Calavita
Shamika Cole	Lupe Gallegos-Diaz
Alecia Harger	Kathy Lee
Emily Murphy	Andrea Pritchett
Kevin Schofield	Marc Staton
David White	

As summarized in regular [updates](#)³ provided to the City Council, the proposal review team met on three (3) occasions. At the first meeting, the City’s Manager’s Office organized the team in discussing the proposals that were submitted to the City and ultimately selected four (4) out of the six (6) teams to be interviewed. At the second meeting, staff from the City Manager’s Office convened a proposal review team to discuss the format of the interviews and develop a set of questions for teams invited to advance to the interview phase. Staff organized the third and final meeting with the proposal review team to conduct interviews on the zoom platform, rank the teams, and discuss perceived “Strengths” and “Concerns”. The City Manager interviewed the top two firms on November 20, 2020. The National Institute for Criminal Justice Reform was selected based on the strength of its team, subject matter expertise, familiarity with the City, and robust community engagement background. The contract was fully executed on January 22, 2021.

³ <https://www.cityofberkeley.info/off-agenda-memos/>

Reimagining Public Safety Task Force

City staff worked with the Mayor and City Council on implementing the Reimagining Public Safety Task Force. Subsequent to the adopted Item 18 [Revisions to Enabling Legislation for Reimagining Public Safety Task Force](#)⁴ see Appendix 3, an application for the Task Force was developed, and a press release was prepared to notify the community of the application. Once the City Manager's Office received all seventeen (17) appointments to the Task Force, Staff worked to prepare a meeting schedule and coordinate with the National Institute for Criminal Justice Reform. The first meeting of the Reimagining Public Safety Task Force occurred on February 18, 2021. At this meeting, the Reimagining Public Safety Task Force established a regular meeting schedule on the 2nd Thursday of each month. City staff worked very closely with the Reimagining Public Safety Task Force and other key stakeholders early on to collaboratively reach the diverse populations in Berkeley.

City Staff facilitated approximately nineteen (19) Task Force meetings ranging from 2.5–5.5 hours in length with an average of sixty (60) attendees, including City Staff, Task Force Members, consultants, residents, and interested parties. In addition staff accommodated requests from Task Members to convene additional meetings as needed to meet the goals and objectives of their work related to the July 14, 2020 Omnibus packaged adopted by City Council. A Reimagining Public Safety Task Force [website](#)⁵ was created to provide community and key stakeholders access to information.

⁴ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2021-01-19%20Item%2018%20Revisions%20to%20Enabling%20Legislation%20for%20Reimagining.pdf

⁵ <https://www.cityofberkeley.info/RIPST.aspx>

Task Force Coordination

The Task Force served as the hub for a broad, deep and representative process. They uplifted the community's input into a new positive, equitable, anti-racist system of community safety. Staff from the City Manager's Office set up 1-hr meetings on a bi-weekly basis with the Chair and the Vice-Chair of the Reimagining Public Safety Task Force to align the multiple forms of participation the Task Force was managing, support guest presentations on the agenda and provide a dedicated space to honor and respect feedback from the Task Force around meeting facilitation and support. Concurrent with this effort, staff participated in over twenty-six (26) meetings.

Interdepartmental Coordination

City leadership took concerted action to immediately address the multiple components adopted in the City of Berkeley's Reimagining Public Safety Initiative. Staff comprising of the City Manager; Deputy City Managers; City Attorneys; Fire Chief; Health, Housing and Community Services (HHCS) Director; Human Resources Director; Police Chief; Public Works Director and a Senior Management Analyst met weekly as an interdepartmental team to organize parallel efforts and to discuss how best to consult with various stakeholders regularly and utilize consultants to apply lessons learned from other contexts. The internal working group participated in approximately fifty (50) meetings to strategize, analyze reports, review budgets and staffing and prepare recommendations that were responsive and in alignment with council direction activities and respond to referrals set forth by the omnibus package.

City Auditor

The elected City Auditor performed analysis of the City’s emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department’s (BPD) budget. City staff met with the City Auditor to collaborate and respond to questions. The City Auditor presented the results of the calls-for-service analysis to the Reimagining Public Safety Task Force at its April 29, 2021 meeting.

National Institute for Criminal Justice Reform (NICJR)

The National Institute for Criminal Justice Reform (NICJR) was selected to conduct the work in partnership with Bright Research Group, which led the community engagement. City staff from the City Manager’s Office convened bi-weekly meetings with the to facilitate project direction and oversight of contract deliverables, in addition to support and preparation for Task Force Meetings. These collaborative efforts resulted in over eighteen (18) meetings throughout the work plan.

City Manager’s Office Coordination and Meeting Schedule	
Meeting Type	# of Participants
Internal Working Group Coordination	43
National Institute for Criminal Justice Reform Coordination	18
Reimagining Public Safety Task Force Meetings	19
Reimagining Public Safety Coordination Meetings	26
Community Engagement	12





02



Background

Specialized Care Unit

The Berkeley Mental Health Commission and other community stakeholders have long advocated for the need for a 24/7 crisis care program and the need to reduce the role of law enforcement in crisis response. In January of 2020, the Mental Health Division released an RFP to evaluate the current mental health crisis system in Berkeley. After a robust process, Resource Development Associates (RDA) was selected as the vendor.

On July 14, 2020, City Council directed the City Manager to develop a Specialized Care Unit (SCU) pilot, consisting of trained crisis-response field workers who would respond to behavioral health crisis occurrences that do not pose an imminent threat to safety without the involvement of law enforcement. The action by City Council is aligned with the original scope RDA was selected to implement, but required a deeper community process, more extensive data gathering, and alignment with the other Omnibus efforts. Consequently, with input from the proposal review team and community advocates, RDA was awarded funds to expand their scope.

To oversee and advise RDA in completing its scope of work, 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. The Steering Committee met regularly during the period of January 2021 through January 2022, and advised on RDA's completion of three critical reports.

The first report, [City of Berkeley Crisis Response Models Report](#)¹ (see Appendix 4), provides detailed information about thirty-seven (37) alternative crisis response models that have been implemented in the United States and internationally. The second report, [City of Berkeley Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)² (see Appendix 5), 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, [City of Berkeley Specialized Care Unit Crisis Response Recommendations](#)³ (see Appendix 6), utilized information gathered in completing the first two reports and makes specific recommendations for an SCU model for Berkeley.

Recommendations

These recommendations are organized in the following thematic areas:

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

¹ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Berkeley-HHCSO_SCU_Crisis-Response-Models-Report_FINAL.pdf

² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Berkeley-SCU_Current-State-Report_FINAL.pdf

³ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Berkeley-MH-SCU_Final-Recommendations_FINAL.pdf

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.

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.

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.

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.

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.

Following completion of RDA's final report, the SCU Steering Committee held detailed discussions and further analyzed each category of recommendations. The purpose of these discussions 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. The Steering Committee's analysis was submitted as an Information Item on the March 10, 2021 Special meeting on Reimagining Public Safety.

Priority Dispatch

The City of Berkeley provides 24/7 dispatch services for police, fire, emergency medical service (EMS), and the Mobile Crisis Team. Every EMS call for service receives a suppression company and paramedic ambulance. Suppression companies are dispatched because they are strategically located throughout the City to minimize response time and can arrive on scene first to begin lifesaving advance life support (ALS) care. The City of Berkeley does not currently utilize a prioritized or criteria based dispatching model. The adoption of a new model would allow the Fire department to triage calls for service using standardized

questioning and call categorization. The major focus is to reduce response time (the time between the receipt of a call at the dispatch center and the arrival of the first emergency response vehicle at the scene) by placing the ambulances in optimal locations.

As part of the reimagining public safety process, the City Council authorized the City Manager to enter into a contract with Federal Engineering (FE) to conduct an analysis of the staffing, infrastructure, and technology needs of the Berkeley 9-1-1 Communication Center and create a project plan to implement an accredited emergency medical dispatch system based on industry standards. Federal Engineering’s scope of work also includes an analysis of adding behavioral health dispatch capabilities to the Communication Center.



Possible Priority Dispatch Models		
Models Considered	Pros	Cons
Current Model	Simplicity, easier staffing	Inefficient, delays for callers, expansive resources sent to call
Criteria Based Dispatch	Affordable, flexible, trusts well-trained dispatchers	Non-standard, not used by neighboring agencies
Medical Priority Dispatch System	Standard System, Used by neighboring agencies	Expensive licensing, inflexible, heavily scripted

The recommended dispatch model will lead to a community and policy discussion about the resources that should be deployed to calls received by the Communications Center.

BerkDOT

The BerkDOT component of the Public Safety Reimagining process involved input from the Transportation Commission, Public Works Commission, and Public Safety Reimagining Task Force; public speakers at the Commission and Task Force meetings; 650 respondents to a scientific survey and three separate listening sessions with high school students of color, college and university students of color, and religious minority groups of color; and director-level interviews with Transportation and Public Works departments in Los Angeles, Minneapolis, Oakland, Denver, Ft. Collins, and Cambridge. Regular reports on BerkDOT were provided to the Transportation Commission on June 17, 2021, September 6, 2021, October 21, 2021, November 18, 2021, January 20, 2022, and February 17, 2022.

To ensure staff were connecting with the most up-to-date information nationwide and engaging in an equitable, thorough public process, staff secured consulting support from **Fehr & Peers, Equitable Cities, and EMC Research** at a cost of approximately \$175,000. This work produced an 18-page report supplied to the **Task Force**⁴ (see **Appendices 7, 8, and 9**), and results from both a scientific opinion survey and focus groups.

Findings

Staff and the consulting team reviewed the City of Berkeley's current Public Works Department and existing Public Works and Departments of Transportation nationwide.

⁴ [https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Reimagining-Public-Safety-Task-Force%205-19%20Meeting%20Packet%20\(rev\).pdf](https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Reimagining-Public-Safety-Task-Force%205-19%20Meeting%20Packet%20(rev).pdf)

The review found:

- **Few cities of Berkeley's size have a stand-alone Division of Transportation (DOT).** Berkeley's existing Division of Transportation (BerkDOT) has more breadth of transportation functions assigned to it than comparable cities of its size.
- **Berkeley could choose to** begin a full, stand-alone Department of Transportation (BerkDOT), remake the existing Public Works Department into a Department of Transportation and Infrastructure (BerkDOTI), have Public Works' Division of Transportation become BerkDOT, or take a phased approach to a BerkDOTI or stand-alone BerkDOT.
- **Berkeley's Public Works Department and BerkDOT had been promoting racial justice and equity** within their programs and projects, **but more was needed.**
- **Creating a new Department of Transportation made the most sense** if the City's existing transportation plans and policies lacked the right vision.
- **While there were opportunities** with a new Department of Transportation, **there were also costs** of at least \$750,000 per year, **risks** in implementation, and **logistical challenges.**
- **Shifting transportation functions** between Police and a Department (or Division) of Transportation ranged from straight forward (e.g., crossing guards) to difficult (e.g., parking enforcement officers).
- **Civilian traffic enforcement faced significant obstacles** from state law.

Public Survey and Listening Sessions

This project included a first-of-its-kind, city-led survey on the intersection of race, mobility, and traffic enforcement. From September 20–28, 2021, EMC Research administered a scientific survey to 630 residents of the City of Berkeley using a combination of telephone and online administration. All survey modes were offered in English and Spanish.

The survey found the following:

- Residents of Berkeley, regardless of identity or personal experience, are supportive of the idea of **shifting traffic enforcement**, including routine traffic stops, **away from police officers and to specially trained city employees**
- **Self-identified Black and Hispanic residents report both higher concern about police treatment and more negative experiences** than those who do not identify as Black or Hispanic
- **A majority of residents across gender, age, and racial lines acknowledge the role race can play in interactions with the police**, with Black residents particularly aware
- **Women are more likely than others to rate the safety of getting around Berkeley negatively**
- There is consensus across demographic subgroups that **allocating more transportation money to historically underfunded neighborhoods is desirable**

The survey included 550 interviews with a random, representative sample of adult Berkeley residents, and additional interviews to ensure a minimum of 100 interviews with both Black and Latinx residents.

(The maximum margin of error for the citywide sample was +/- 4.2 percentage points, and the maximum margin of error for the Black and Hispanic sample was +/- 9.8 percentage points.)

Listening Session Findings

Equitable Cities conducted three separate listening sessions in October and November 2021 with high school students of color, college and university students of color, and religious minority groups of color.

The listening sessions involved twenty (20) participants, and each participant received a \$50 e-gift card at the completion of each session.

A detailed questionnaire was used to facilitate discussions in all three listening sessions, focusing on key questions and topics such as:

- Favorite and least favorite places to visit in the City
- Transportation infrastructure
- Mobility challenges
- Unsafe and unwelcoming places and people
- Police
- Policy and funding decisions
- Alternatives for traffic enforcement
- Improved access and mobility

These listening sessions found the following:

- Most participants from all three groups mentioned the **Berkeley Marina** and the **Rose Garden** as their favorite places to visit within the City.
- Most participants from all three groups mentioned **Telegraph, Berkeley High, and Downtown Berkeley** as their least favorite places to visit within the City, in part due to feeling uncomfortable and unwelcomed on crowded streets and/or because of the unhoused and encampments.
- **Most of the participants favorably viewed the existing transportation infrastructure** within the City, including the existing bike and pedestrian infrastructure, **with the exception of participants in the high school listening session.**
- **The overwhelming majority of the concerns around feeling unsafe and unwelcome in the City were shared by the female participants** in all three listening sessions, as compared to the male participants.
- **The overwhelming majority of participants thought it was a good idea for the City to consider moving traffic enforcement responsibilities away from police officers and instead assign these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people.**





RONALD TSUKAMOTO
PUBLIC SAFETY BUILDING

CITY OF BERKELEY
2100
Martin Luther King Jr Way

POLICE

FIRE

BERKELEY FIRE DEPARTMENT
BERKELEY POLICE DEPARTMENT

511.org
For Parking Information

03



Recommendations & Implementation Plan

In July of 2020, the City of Berkeley made a historic commitment to transform its approach to public safety through a reimagining process. The City prioritized the input and experiences of those residents and communities that have experienced the greatest harm from existing public safety models. The stated objectives of positive, equitable and community-centered safety for all Berkeley residents resonated deeply throughout the community.

The reimagining process aligns deeply with the City of Berkeley's adopted strategic plan goals to:

- Champion and demonstrate social and racial equity
- Create a resilient, safe, connected and prepared city
- Be a customer-focused organization that provides excellent, timely, easily accessible service and information to the community

Numerous City Departments in support of the City Manager's direction worked to understand, inform, and collaborate on the individual items within the Council's omnibus package to reimagine public safety. City Staff have participated at every step of the process and closely reviewed the recommendations of the National Institute for Criminal Justice Reform, the City of Berkeley's Reimagine Public Safety Task Force, the reports generated through the Specialized Care Unit Steering Committee, and community and stakeholder feedback.

The following guiding principles provide a framework for the city to move forward with developing and implementing priorities identified through the body of this work.

City of Berkeley Mission

Provide quality service to our diverse community; promote an accessible, safe, healthy, environmentally sound and culturally rich city; initiate innovative solutions; embrace respectful democratic participation; respond quickly and effectively to neighborhood and commercial concerns, and do so in a fiscally sound manner.



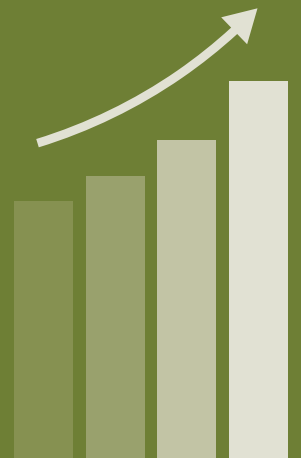
REIMAGINE

Redesign public safety from a traditional Police Department to one that is focused on the diverse needs of the community it serves.



IMPROVE

Improve the City of Berkeley's public safety system for residents and communities that have experienced the greatest harm from the existing public safety model.



REINVEST

Increase equitable investment in vulnerable communities and for those who have been historically marginalized.



Implement the Specialized Care Unit Pilot using all of the recommendations of the consultant and the SCU Steering Committee as a road map^{RPSTF #17}

Continue legislative advocacy for changes in state law to grant cities the authority for non-sworn civilian traffic enforcement, enable automated enforcement for speeding, and modify red light camera enforcement. This continues the City Council's advocacy for state law changes on these issues that started in 2021, and will help ensure the City's input in changes are ultimately adopted by the state legislature^{RPSTF #13, 14}

In the FY 2023 and FY 2024 Budget, move crossing guards from the Police Department's Traffic Unit to Public Works' Division of Transportation. This consolidates a transportation function into the Transportation Division and aligns this function with the Vision Zero Program^{RPSTF #15}

Continue to plan for a civilian traffic enforcement unit, both by informing the content of state law changes to enable such a unit, and by developing an implementation plan once state law does change^{RPSTF #14}

Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City's existing transportation fines and fees, especially related to parking. Involve the Transportation Commission in the recommendation of such changes to City Council.^{RPSTF #13}

Assess progress in incorporating equity, mobility, Vision 2050, and Vision Zero in transportation functions, and determine which organizational structure best matches a new or revised mission for transportation functions: a stand-alone Berkeley Department of Transportation, Department of Transportation and Infrastructure, or Division of Transportation^{RPSTF #14}

Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvements^{RPSTF #17}

Continue to partner with the SCU Steering Committee, the Mental Health Commission, and community members in implementation

Continue the consolidation of transportation-related functions in existing Public Works' Division of Transportation. Public Works has both the engineering and transportation functions reporting up through a Deputy Director, Transportation, and consolidates transportation functions within this reporting structure so that the paving planning and constructions functions both are within this Deputy Director's purview. In addition, with Council's approval, the crossing guard function will shift to this Division of Transportation in FY 2023. The dialogue with the Parking Enforcement Officers and the City's labor partners on the preferred department for the parking enforcement function will continue^{RPSTF #14}

Approve a new Vision Zero staff position in Public Works' Division of Transportation to conduct collision analysis. This will promote the City's Vision Zero approach by boosting the City's capacity to analyze collision data collected by the Police Department, and, with Police input, propose engineering improvements at high-collision corridors and locations^{RPSTF #15}

Continue to address disparities in traffic and other enforcement stops; and disparities in Use of Force incidents^{RPSTF #45; NICJR #6}

Support expanding dispatch responsibility and expertise^{RPSTF #29, 35}

Conduct regular analysis of data to ensure that departmental responses align with Fair and Impartial Policing concepts^{RPSTF #45}
Conduct ongoing training in support of Fair and Impartial Policing concepts^{RPSTF #27, 36}

Develop and implement a finance strategy for long-term sustainability of the SCU^{RPSTF #17}

Assist the Communication Center with change management and implementation of the plan. This will include considerations for design changes to the existing center, staffing alternations, initial and on-going training and assisting in the accreditation process^{NICJR# 1, 2; RPSTF# 16, 17, 19, 22, 29, 32, 35, 36, 37, 47, and 48}

Develop BPD and Community-Based organization engagement and collaboration structures^{NICJR #1; RPSTF #24, 38, 42, and 47}

Implement formal BPD community engagement unit^{RPSTF #21}

Support reimagining efforts of City Departments

BPD support and assistance implementing Vision Zero goals and BERKDOT process^{RPSTF #14}

BPD expand capacity to provide non-sworn parking enforcement and emergency traffic response^{NICJR #1; RPSTF #14}

BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate^{RPSTF #14}

Develop additional capabilities to address public safety goals with appropriate response level^{NICJR #1}

Explore additional or alternate responses specifically related to traffic and bicycle safety^{RPSTF #13}

Analyze the current dispatch center including available hardware and software, current staffing model, current level of training, existing facility, accreditation status and accreditation options, and existing quality improvement practices. Phase I includes a recommendation for a prioritized emergency fire & medical dispatch system^{NICJR# 1, 2; RPSTF# 16, 17, 19, 22, 29, 32, 35, 36, 37, 47, and 48}



Conduct staffing assessment, including a beat study to ensure departmental staffing levels meet public safety expectations and employee health and wellness^{NICJR #1}

Continued support of employee health and wellness; and employee training and professional development

Ensure public and employee safety through recruitment efforts aligned with adequate staffing levels and technology

Provide transparency through public facing data dashboards; and community engagement through increased information sharing^{NICJR #6}

Build relationships with community groups to support best possible outcomes^{RPSTF #45}

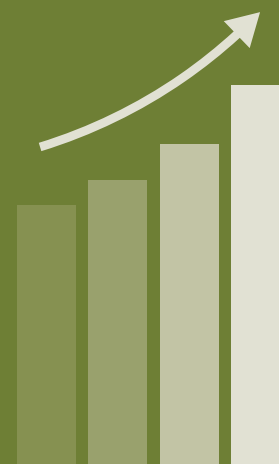
Gather data around mental illness and homelessness to support overall City responses and needs assessment

Strengthen investigation capabilities and victim support network

Expand problem-oriented teams to support community needs and address violent crime^{RPSTF #42}

Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate^{RPSTF #13, 14}

Create a detailed implementation plan for Priority Dispatch including timelines and critical dependencies, a budget identifying one-time and on-going costs, staffing requirements, technology needs, start up and on-going training requirements, and physical/facility improvements^{NICJR# 1, 2; RPSTF# 16, 17, 19, 22, 29, 32, 35, 36, 37, 47, and 48}





REIMAGINE

Implement the Specialized Care Unit Pilot using all of the recommendations of the consultant and the SCU Steering Committee as a road map^{RPSTF #17}



12
MONTHS



REIMAGINE

Continue legislative advocacy for changes in state law to grant cities the authority for non-sworn civilian traffic enforcement, enable automated enforcement for speeding, and modify red light camera enforcement. This continues the City Council’s advocacy for state law changes on these issues that started in 2021, and will help ensure the City’s input in changes are ultimately adopted by the state legislature^{RPSTF #13, 14}

In the FY 2023 and FY 2024 Budget, move crossing guards from the Police Department’s Traffic Unit to Public Works’ Division of Transportation. This consolidates a transportation function into the Transportation Division and aligns this function with the Vision Zero Program^{RPSTF #15}

Continue to plan for a civilian traffic enforcement unit, both by informing the content of state law changes to enable such a unit, and by developing an implementation plan once state law does change^{RPSTF #14}

Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City’s existing transportation fines and fees, especially related to parking. Involve the Transportation Commission in the recommendation of such changes to City Council^{RPSTF #13}

Assess progress in incorporating equity, mobility, Vision 2050, and Vision Zero in transportation functions, and determine which organizational structure best matches a new or revised mission for transportation functions: a stand-alone Berkeley Department of Transportation, Department of Transportation and Infrastructure, or Division of Transportation^{RPSTF #14}



\$450K



18-24
MONTHS



REIMAGINE

Develop BPD and Community-Based organization engagement and collaboration structures^{NICJR #1; RPSTF #24, 38, 42, and 47}

Implement formal BPD community engagement unit^{1; RPSTF #21}

Support reimagining efforts of City Departments²

BPD support and assistance implementing Vision Zero goals and BERKDOT process

BPD expand capacity to provide non-sworn parking enforcement and emergency traffic response^{3; NICJR #1; RPSTF #14}

BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate

Develop additional capabilities to address public safety goals with appropriate response level^{4; NICJR #1}

Explore additional or alternate responses specifically related to traffic and bicycle safety



\$3.1M



12-36 MONTHS

Resources:

1. (1) Community Services Officer position; (1) Sworn Officer position
2. (1) Project Manager position
3. (5) Parking Enforcement Officers and (1) Parking Enforcement Officer Supervisor positions
4. (9) Community Services Officers and (1) Supervising Community Services Officer positions



REIMAGINE

Analyze the current dispatch center including available hardware and software, current staffing model, current level of training, existing facility, accreditation status and accreditation options, and existing quality improvement practices. Phase I includes a recommendation for a prioritized emergency fire & medical dispatch system¹; NICJR# 1, 2; RPSTF# 16, 17, 19, 22, 29, 32, 35, 36, 37, 47, and 48



\$200K



12-72
MONTHS

Resources:

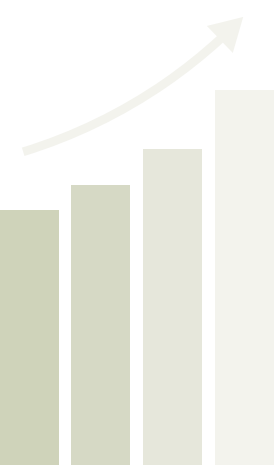
1. For consulting support



IMPROVE

Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvements^{RPSTF #17}

Continue to partner with the SCU Steering Committee, the Mental Health Commission, and community members in implementation



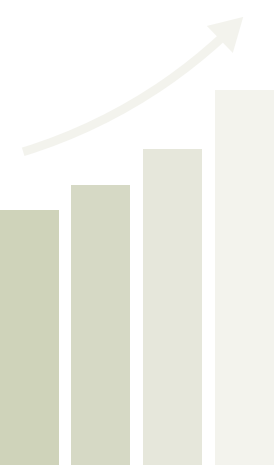
12-24
MONTHS



IMPROVE

Continue the consolidation of transportation-related functions in existing Public Works' Division of Transportation. Public Works has both the engineering and transportation functions reporting up through a Deputy Director, Transportation, and consolidates transportation functions within this reporting structure so that the paving planning and constructions functions both are within this Deputy Director's purview. In addition, with Council's approval, the crossing guard function will shift to this Division of Transportation in FY 2023. The dialogue with the Parking Enforcement Officers and the City's labor partners on the preferred department for the parking enforcement function will continue^{RPSTF #14}

Approve a new Vision Zero staff position in Public Works' Division of Transportation to conduct collision analysis. This will promote the City's Vision Zero approach by boosting the City's capacity to analyze collision data collected by the Police Department, and, with Police input, propose engineering improvements at high-collision corridors and locations^{1; RPSTF #15}



\$175K



12-24
MONTHS

Resources:

- 1. (1) Associate Planner position



IMPROVE

Continue to address disparities in traffic and other enforcement stops; and in Use of Force incidents^{RPSTF #45; NICJR #6}

Support expanding dispatch responsibility and expertise^{1; RPSTF #29, 35}

Conduct regular analysis of data to ensure that departmental responses align with Fair and Impartial Policing concepts^{RPSTF #45}

Conduct ongoing training in support of Fair and Impartial Policing concepts^{3; RPSTF #27, 36}

Conduct staffing assessment, including a beat study, to ensure departmental staffing levels meet public safety expectations and employee health and wellness^{NICJR #1}

Continued support of employee health and wellness; and employee training and professional development

Ensure public and employee safety through recruitment efforts aligned with adequate staffing levels and technology



\$3.8M



12-36
MONTHS

Resources:

1. (1) Supervising Public Safety Dispatcher and (8) Public Safety Dispatcher II positions
2. For consulting support
3. Increased training
4. Seven (7) Sworn Officer positions



IMPROVE

Provide transparency through public facing data dashboards; and community engagement through increased information sharing^{NICJR #6}

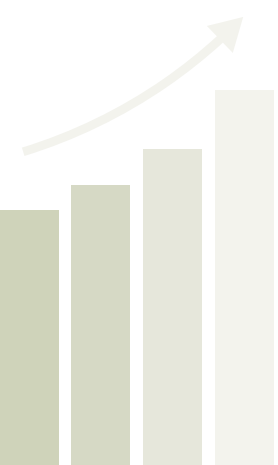
Build relationships with community groups to support best possible outcomes^{RPSTF #45}

Gather data around mental illness and homelessness to support overall City responses and needs assessment

Strengthen investigation capabilities and victim support network

Expand problem-oriented teams to support community needs and address violent crime^{RPSTF #42}

Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate^{RPSTF #13, 14}



\$4.1M



6-36
MONTHS

Resources:

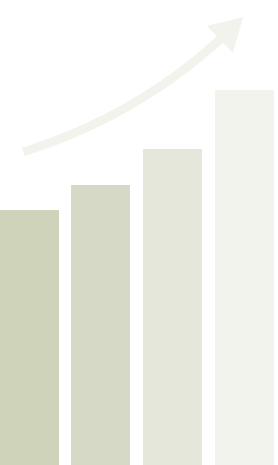
1. Fourteen (14) Sworn Officer positions



IMPROVE

Create a detailed implementation plan for Priority Dispatch including timelines and critical dependencies, a budget identifying one-time and on-going costs, staffing requirements, technology needs, start up and on-going training requirements, and physical/facility improvements NICJR# 1, 2; RPSTF# 16, 17, 19, 22, 29, 32, 35, 36, 37, 47, and 48

Support Reimagining efforts including grant writing services



\$100K



12-72
MONTHS

Resources:

1. For consulting support

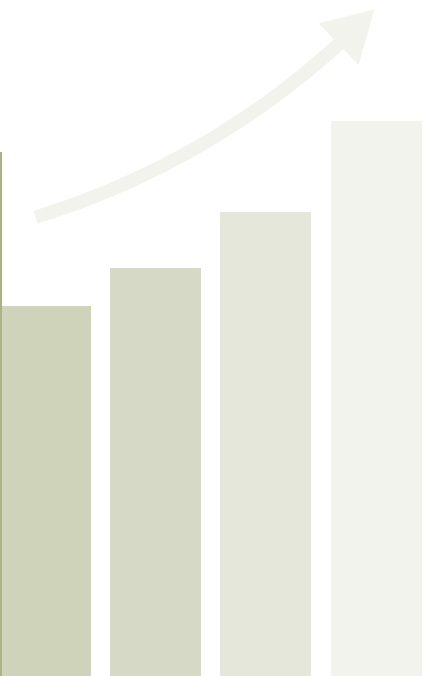


IMPROVE

Fair and Impartial Policing

Building off the work of the Fair and Impartial Policing task force, BPD will continue to address disparities in traffic and other enforcement stops. Throughout the Reimagine Public Safety process, the department listened and heard the community's concerns, and therefore provided specific departmental guidance on the focus for traffic enforcement. Officers have been provided data regarding primary collision factors and have been directed to enforce those violations wherever they are observed. In addition to focusing on enforcement of primary collision factor violations, sworn personnel are also expected to make investigative stops related to criminal intelligence and information brought forth by the community or our investigations. This is a work in progress that we will continue to assess through data metrics.

Also connected to important concepts identified in Fair and Impartial Policing was a need to understand and address disparities in Use of Force incidents. BPD now captures detailed stop data and force data and will regularly provide this information to the community and review and assess the data to identify if additional training, policy, or equipment is needed. Updates to the department's Early Intervention System will provide a framework and means to ensure that the department is able to recognize emerging performance issues.





IMPROVE

Fair and Impartial Policing, continued

Building on Fair and Impartial Policing concepts calling for regular analysis of stop, search and use of force data, BPD has established a data analyst team. A primary responsibility of that team is to analyze data and review effectiveness allowing BPD to prioritize most effective response. Long-term this program could be expanded or replicated to ensure that non-enforcement approaches have access to pertinent data and information to guide appropriate response. Identified problems tend to generate data, whether it be in the form of calls for service, crime reports, city complaints, or service requests. Careful analysis of such data from various sources will help the City to better understand the nature and extent of a problem; and thus be better equipped with the collaborative information to address it; especially with non-traditional interventions.

BPD continued training focus on racial justice issues, deescalation, specialized responses, cultural and disadvantaged community sensitivity.

Again, building of the department's efforts to implement concepts identified in the Fair and Impartial Policing recommendations, BPD will look to partner with more community-based groups to build relationships of understanding and collaboration. The department is responsible for ensuring open lines of communication so that police-civilian encounters result in the best possible outcomes. This work also includes ensuring the community understands their rights and the external and internal processes that are in place to ensure accountability.



12-24
MONTHS



IMPROVE

City Auditor

In the City of Berkeley Auditor’s audit report on the City of Berkeley’s Police Response CFS (Calls For Service) [Data Analysis of the City of Berkeley’s Police Response](#)¹ (see Appendix 10), which was part of the Reimagining Public Safety omnibus package, a recommendation was made by the Auditor that BPD begin more formally collecting information on when homelessness or mental health was a component to a call for service received by the Department. Starting July 1, 2021, BPD formally began utilizing “H” homeless and “MH” mental health disposition codes when closing out any call involving a homeless person or a person with mental health issues. Officers were instructed that they were not required to ask people what their housing status is unless necessary for identification purposes. Further, unless there are mental health issues which are related to the call, they are not required to ask about a person’s mental health status. Officers are expected to use their best judgment or perception in determining if a call is related to a homeless issue or someone suffering from a mental health issue. If so, they are directed to add the “H” and/or “MH” disposition to the CAD (Computer Aided Dispatch) disposition. A review of the total numbers of times “H” and “MH” has been entered as a disposition code in CFS from July 1, 2021 through December 31, 2021 revealed that of the 36,180 CFS during that time period 1,534 (4.2%) involved a person experiencing homelessness and in 1,481 (4.1%) mental health issues were a factor in the call. During this time period 3,015 total calls had associated dispositions codes of “H” and/or “MH” which represents 8.4% of the total CFS for that time. Data from January 1, 2022 through March 19, 2022 reflected similar percentages: 14,525 total CFS, 522 “H” dispositions (3.6%), 500 “MH” dispositions (3.4%) and a total count of 1,022 (7%) “H” and “MH” codes can occur in the same incident, which is why the grand total of dispositions counts is not simply a totaling of the codes. As the department moves closer to production of a public facing dashboard, this specific data will be available regularly updated there.

¹ [https://www.cityauditor/Level_3_-_General/Data Analysis of the City of Berkeley’s Police Response.pdf](https://www.cityauditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf)



6

MONTHS



REINVEST

Develop and implement a finance strategy for long-term sustainability of the SCU^{RPSTF #17}



12-36
MONTHS



REINVEST

Assist the Communication Center with change management and implementation of the plan. This will include considerations for design changes to the existing center, staffing alternations, initial and on-going training and assisting in the accreditation process NICJR# 1, 2, RPSTF# 16, 17, 19, 22, 29, 32, 35, 36, 37, 47, and 48



12-72
MONTHS







04



Budget

Reimagining Public Safety Fiscal Summary

The pathway to reimagining public safety will require transformative change, community involvement and funding to ensure we provide the most appropriate public safety resources. Many of the departments have including reimagining public safety request in their budget development in anticipation of the work. The financial information provided here is a proposed look at what the budget for this process will look like in the future. It provides for some immediate needs, while understanding this will be a multi-year process and staff will collect more experience and data following the implementation of alternative response models in order to determine actual needs, particularly around Police Department staffing levels.

While we are requesting 181 positions be utilized and remain in the Police Department, the City Manager is proposing to defer five (5) Sworn Officer positions in FY23-24 to meet the objectives of council and the community while city staff completes the following:

- 1. Conduct a staffing analysis, which includes a beat study**
- 2. Lift Up SCU and gather data to make very good decisions based upon what we are learning**
- 3. Analyze staffing and workforce data including attrition annually**
- 4. Implement Fair and Impartial Policing**
- 5. Analyze call data and response data**

The recommendation to fully fund our Police Department is in part to the items stated above and the understanding it will take years to recruit and train new officers. We will continue to see officers retire from the City that could yield the appropriate attrition needed for funding programs and initiatives for Reimagining Public Safety.

Staff have been monitoring staffing levels and have determined within the next five (5) years approximately 33% of Sworn Officers are eligible to retire. Eligible means employees who have satisfied the vesting rights for their California Public Employees Retirement Service benefit. It should be noted that the Police Department will be experiencing reduced staffing levels as referenced below:

Current Police Staffing

The Berkeley Police Department have 24 officers who have stated their intent to retire within the next two years. Recruiting Officers is a challenge for most municipalities with many offering hiring incentives, and it takes 18 months to full train and integrate a new officer into the community. This level of attrition would render the City in a very positive position for moving forward to funding the reimagining initiative. As a result we have been monitoring our staffing levels and have determined within the next 5 years approx.. 33% could retire as they are eligible. Eligible means employees who have satisfied the vesting rights for retirement.

•Berkeley Police Department Sworn Staff as of 4/5/22

CURRENT SWORN STAFFING LEVEL*	156
Retirement Eligibility	
Currently Eligible Now	15
Eligible in less than 2 years	15
Eligible in 2-5 years	21
Total eligible in next 5 years	51

Potential Funding

The funding sources available for Reimagining Public Safety include a portion of the City’s remaining allocation of the American Rescue Plan Act Fund, General Fund, Measure P Fund and grants. The City of Berkeley has successfully received a grant for the Specialized Care Unit, and additional grant opportunities may be forthcoming. The City Manager’s Reference Guide for City Council Discussion also includes funding requests for a Project Manager to provide overall project management, a grant writer to research grant funding opportunities, additional parking enforcement positions that have the potential to generate increased revenue to offset operating costs, and Community Services Officers to support community based work and collaboration.

In addition, City Council can consider utilizing salary savings as a result of deferring five (5) Sworn Officer positions in FY23-24.

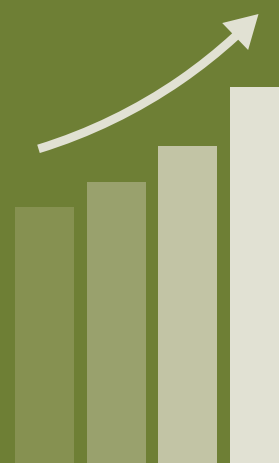
FY23-24 Reimagining Public Safety Budget Analysis¹



REIMAGINE	REQUESTED FUNDING
Consulting Services - BerkDoT, Priority Dispatch	\$ 650,000
City Staffing/Additional Positions	\$3,106,911
Sworn Officer positions (1) *deferred	(\$ 293,334)
Community Services Officer positions (10)	
Community Services Officer Supervisor positions (1)	
Parking Enforcement Officers (5)	
Parking Enforcement Officer Supervisor positions (1)	
Assistant to the City Manager positions (1)	
Specialized Care Unit (1yr Pilot Program—already budgeted)	(\$5,700,000)
Specialized Care Unit (Ongoing)	TBD
Subtotal	\$3,756,911



IMPROVE	REQUESTED FUNDING
Consulting Services - BerkDoT, Grant Writer, PD Training, PD Wellness	\$ 170,000
City Staffing/Additional Positions	\$8,275,258
Associate Planner (1)	
Public Safety Dispatcher II positions (8)	
Supervising Public Safety Dispatcher (1)	
Sworn Officer positions (7) *deferred	(\$6,453,348)
Community Services Officer positions (1)	
Training	\$ 250,000
Subtotal	\$ 8,695,258



REINVEST	REQUESTED FUNDING
City Staffing/Additional Positions	(\$293,334)
Sworn Officer positions (1) *deferred	
Subtotal	(\$293,334)



FY 23-24 TOTAL FUNDING REQUEST*	REQUESTED FUNDING
TOTAL	\$12,452,169

As part of the FY23-24 budget process, additional funding sources available to support the reimagining public safety process include the City Manager’s proposal to defer five (5) Sworn Officer positions, resulting in a \$1,600,000 net salary savings for the City.

¹ See Appendix 11

Intended Purpose of Police Department Positions

SUMMARY OF CITY MANAGER'S RESPONSE	NEW RESOURCES	ESTIMATED COSTS	JUSTIFICATION	TIMELINE
Implement formal BPD community engagement unit	(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$293,334	BPD formalize a unit focused on revitalizing community engagement. This team will be made up of sworn and non-sworn personnel developing stronger relationships with CBO, faith-based organizations, youth groups and others. This unit will have the lead in partnering with community based organizations on violence intervention programs such as Ceasefire.	12-24 months
Implement formal BPD community engagement unit	(1) Community Services Officer Salary and Benefits FY23 Budget FTE = \$150,952	\$150,952	BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement. BPD formalize a unit focused on revitalizing community engagement. This team will be made up of sworn and non-sworn personnel developing stronger relationships with CBO, faith-based organizations, youth groups and others. This unit will have the lead in partnering with community based organizations on violence intervention programs such as Ceasefire.	12-24 months
Develop additional capabilities to address public safety goals with appropriate response level	(9) Community Services Officer Salary and Benefits FY23 Budget FTE = \$150,952 + (1) Supervising Community Services Officer Salary and Benefits FY23 Budget FTE = \$171,466	\$1,530,037	Reimagining Public Safety(RPS) Recommendation: To develop additional capabilities to address public safety goals with appropriate response level, increase capacity for community engagement. Budgeted at mid-step with 3% COLA. Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional CSO positions described above. Budgeted at mid-step with 3% COLA. BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement.	24-36 months

Intended Purpose of Police Department Positions (cont.)

SUMMARY OF CITY MANAGER'S RESPONSE	NEW RESOURCES	ESTIMATED COSTS	JUSTIFICATION	TIMELINE
Strengthen investigation capabilities and victim support network	(3) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$880,002	Reimagining Public Safety(RPS) Recommendation: These additional positions will address various facets of enhanced community engagement and related services to support enhanced safety through increased criminal investigation, collaboration with Community Based Organizations, and victim support.	24-30 months
Expand problem-oriented teams to support community needs and address violent crime	(10) Police Officer Salary and Benefits FY23 Budget for 1 FTE = \$293,334 (deferred)	\$2,933,340	Reimagining Public Safety(RPS) Recommendation: To develop flexible capabilities to support public safety goals through problem solving focused and data driven approaches. Building off of Bike Team success in both engagement capabilities and violent crime reduction. Budgeted at mid-step with 3% COLA	24-30 months
Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate	(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$293,334	To support continued efforts and partnerships with Transportation to prevent, educate, reduce, assess impact of traffic violations and collisions on community safety.	24-30 months

Intended Purpose of Police Department Positions (cont.)

SUMMARY OF CITY MANAGER'S RESPONSE	NEW RESOURCES	ESTIMATED COSTS	JUSTIFICATION	TIMELINE
Ensure public and employee safety through recruitment efforts aligned with adequate staffing levels and technology	(7) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$2,053,338	Lack of adequate staffing and limitations on tools and technology can negatively impact not only overall safety, but also morale and mental health of personnel. BPD will identify and implement the necessary tools, technology and personnel levels to support these important needs. BPD will maintain focus on recruitment efforts which support a diverse workforce reflective of community values.	18-24 months
Develop and implement violence prevention programs such as Ceasefire	(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$293,334	Developing Community violence prevention and intervention programs can be effective in reducing violent crime and create meaningful opportunities for community members to give back. These community based organizations work with to interrupt cycles of violence and the department and crime data can be critical to the success of this work. Programs such as Ceasefire or Voices Against Violence could be supported through dedicated staff managing these efforts.	12-24 months



05



Closing Remarks

Closing Remarks

What we have learned through this process, is that the time has come for leaders, communities and public safety institutions to declare that community safety requires a broad brush of components. Those components include public health, youth programs, re-design of our current police policies and procedures, in addition to structural change to align community safety with the community we serve. While our City Council has led transformative policies to address multiple issues locally, there is still growth needed in how we deploy, engage and serve our community.

Transforming community safety in Berkeley has required deep and complex discussion, joint decisions, and shared goals with the Mayor and Council, National Institute for Criminal Justice Reform, Reimagining Public Safety Task Force, and City staff.

I am profoundly grateful for all the work that has gone into this effort. Reimagining Public Safety for Berkeley has been robust and thoughtful coordination and collaboration with many stakeholders.

The strategies and recommendations from this process all centered around increasing trust and improving the relationship between all members of the community and law enforcement. The recommendations will shape policy and practice and transform how our city provides public safety.

Going forward, we recommend taking actionable steps to further develop our efforts toward an equity-driven safety system.

If approved by Council, we will work toward the following priorities:

- 1.** Analyze our dispatch system to make changes that will support a system with greater triage capabilities
- 2.** Implement the Specialized Care Unit Pilot
- 3.** Implement greater BPD community engagement to build relationships with community groups
- 4.** Establish the Office of Race Equity and Diversity
- 5.** Complete a police staffing assessment and Beat structure analysis
- 6.** Continued funding supports of approximately 14.1M annually to Community Based Organizations to support programs that improve community well-being and collaboration

Our overarching goal of a reimagined public safety system including a new transformative, community-centered way is necessary but there are important matters to consider:

CHALLENGES	CERN MODEL	CONSIDERATIONS
Ongoing funding	Underdeveloped and needed additional data	Honoring our MOU's as it relates to contracting
Staffing considerations	Needs more work and components may be effective to implement as we move forward with the reimagining process	Moving Dispatch to the Fire Department
State Law to changes around traffic enforcement		Labor Issues
Timeline could be 3-5 years for full implementation of all items		Community Services Officers to be housed in Neighborhood Services

While there is more that needs to be done, we must recognize this is a journey to make meaningful change, and a commitment to continue the work and collaboration will be needed from all stakeholders. It is the marathon, not the sprint that we run today, that will dictate the race that is won. We look forward to the journey in implementing this important work.

Thank you, From Your City Team

Dee Williams-Ridley
City Manager

Farimah Brown
City Attorney

David White
Deputy City Manager

LaTanya Bellow
Deputy City Manager

Jen Louis
Interim Police Chief

Abe Roman
Fire Chief

Dr. Lisa Warhuus
HHCS Director

Liam Garland
Public Works Director

Shamika Cole
Senior Management Analyst





06



Appendix



Susan Wengraf
Councilmember District 6

18c

APPENDIX 1: 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

CONSENT CALENDAR
July 14, 2020

To: Honorable Mayor and Members of the City Council

From: Councilmember Wengraf (author), Councilmember Davila (Co-Sponsor)

Subject: 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.

RECOMMENDATION

We must have our communities of color, particularly our African American community, at the forefront of conversations to re-imagine approaches to policing and public safety in Berkeley. The people most disparately impacted must have a vital role in the creation of new ways to enhance accountability, compassion and transparency as we move forward to address racial inequities and disparate outcomes of policing in Berkeley.

This item is an urgent referral to the City Manager to act quickly and thoughtfully in creating substantial community engagement to develop a new model for policing in Berkeley, to address racial inequities, ensure community health and safety needs are met, and to build trust within our communities of color.

This work should begin with public, transparent community forums to listen, learn and receive people's ideas about how policing should be re-imagined and transformed so that communities of color can be safer within their neighborhoods, the City of Berkeley, and trust in the Berkeley Police Department can begin to be rebuilt. The City Manager will send a list of recommendations to the full Council for review and public input.

FINANCIAL IMPLICATIONS

Staff time

BACKGROUND

The recent heinous murders of George Floyd and Breonna Taylor and Ahmaud Arbery in the context of centuries of sanctioned murders of and violence towards Black people in our country, have catapulted the nation and our community to call for change in rooting out systemic racism from our policing models.

At the June 9, 2020 Council Meeting Berkeley residents demanded an end to racial disparities in Berkeley's policing. Some demanded defunding the Berkeley Police Department. This item seeks to vigorously initiate the development of a strategic framework to end disparate racial outcomes resulting from practices, policies and

deployment of the Berkeley Police Department, by engaging the communities most impacted in the discussion about how to re-imagine our Police Department. This is one step towards moving forward with a Police department that is responsive to the health and safety needs of our communities of color.

ENVIRONMENTAL SUSTAINABILITY

None

CONTACT PERSON

Councilmember Wengraf

Council District 6

510-981-7160



Office of the Mayor
Jesse Arreguín

18d

APPENDIX 1: Transform Community Safety and Initiate Robust Community Engagement Process

ACTION CALENDAR
July 14, 2020

To: Honorable Members of the City Council

From: Mayor Jesse Arreguín, Vice-Mayor Sophie Hahn, Councilmember Ben Bartlett, Councilmember Kate Harrison

Subject: Transform Community Safety and Initiate a Robust Community Engagement Process

RECOMMENDATIONS

1. Adopt a Resolution expressing the City Council's commitment to:
 - a. A transformative approach to community-centered safety and reducing the scope of policing,
 - b. Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and
 - c. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.
2. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council and posted on a regularly updated and dedicated page on the City website.
3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community

investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.

- ii. Identify immediate and longer-term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, "neighborhood services" and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to initiate and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - c. Limiting militarized weaponry and equipment.
 - d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- c. The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

SUMMARY

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function, and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

The current re-energized movement for social justice and police reform highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could have been avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that is not traditionally the purview of the police.

This item initiates a restructure and redefinition of "health and safety" for all Berkeleyans, with immediate, intermediate and longer-term steps to transform the city to a new model that is equitable and community-centered. It roots the transformative process in broad, deep and representative community engagement which empowers the community to address social determinants of health and safety and deliver transformative change, with the help of change management professionals and informed by research and analysis of current and best practices.

BACKGROUND

The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice. Across the country, community members have gathered for weeks to demand change and called out the enduring, systemic racism, white supremacy and accompanying police brutality that have defined the United States for too long. Among the more immediate demands are calls to reduce funding and the scope of police work and to invest in alternative models to achieve positive, equitable community safety.

These demands for change go beyond necessary efforts in procedural justice, implicit bias training, and improved use of force policies. Activists, organizers and their allies in our community are seeking a broader discussion about the true foundations for a safe and healthy community for all people. For too long, "public safety" has been equated

with more police, while economic and social welfare programs have been viewed as special projects unrelated to health and safety.

Responding from the epicenter of this moment, the City of Minneapolis has voted to disband their police department and engage in a deep and detailed year long process to fundamentally transform community health and safety in their city.¹ Closer to home, Mayor London Breed has announced that San Francisco will demilitarize their police force and end the use of police as a response for non-criminal activity.²

As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to police. This resolution and recommendations initiate a thoughtful, thorough approach to restructuring and redefining health and safety through investment in the social determinants of health, rooted in deep community engagement and empowerment.

Community members are calling on city leaders to be creative in reimagining the city's approach to health and safety and to make clear, demonstrated commitments and timelines for this work.

In order to earn community buy-in for these important changes it is critical that the future of community health and safety be defined by the Berkeley community, centering the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically, and continue to be, marginalized and under-served by our current system. A community-wide process would ultimately inform recommended investments and approaches to achieve a higher and more equitable level of community safety for the entire community.

CURRENT SITUATION AND ITS EFFECTS

Despite strong efforts and leadership on police reform, homelessness, health, education and housing affordability in Berkeley, racial disparities remain stark across virtually every meaningful measure. According to the City of Berkeley's 2018 Health Status Summary Report, African Americans are 2.3 times more likely to die in a given year from any condition as compared to Whites. In 2013, African Americans were twice as likely to live in poverty in Berkeley. By 2018, they were eight times more likely. The Center for Policing Equity (CPE) found that Black drivers are 6.5 times as likely as white drivers to be stopped by Berkeley police officers and four times as likely to be searched. Latinx people are also searched far more often than white people. Furthermore, there is a striking disproportionality in BPD's use of force against Black community members.

¹ <https://lms.minneapolismn.gov/Download/File/3806/Transforming%20Community%20Safety%20Resolution.pdf>

² <https://sfmayor.org/article/mayor-london-breed-announces-roadmap-new-police-reforms>

Black people comprise 8% of Berkeley's population but 46% of people who are subjected to police force.³

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

In addition to renewed efforts around policing in places like Minneapolis and San Francisco that were prompted by George Floyd's murder, the financial and public health impacts of COVID-19 had already required Berkeley to reimagine and innovate to meet the moment. Berkeley now faces multiple intersecting crises: the COVID-19 pandemic and its economic impacts, the effects of systemic racism and the ongoing climate emergency. There is no returning to "normal."

COVID-19 has demonstrated that we are only as healthy and safe as the most vulnerable amongst us, and we are in fact one community. There is both a moral and fiscal imperative to restructure the way Berkeley envisions and supports health and safety.

Berkeley is facing a \$40 million budget deficit, and while deferrals of projects and positions can help close the gap in the short term, the economic impacts of the pandemic will require deeper restructuring in the coming years. The current structure of the police department consumes over 44% of the City's General Fund Budget. With the increase in payments required to meet pension and benefit obligations, the police budget could overtake General Fund capacity within the next 10 years. Thus, even before the important opportunity for action created through outrage at the murder of George Floyd, the City's current investments in safety were unsustainable. To provide meaningful safety and continue critical health and social services, Berkeley must commit to, and invest in, a new, positive, equitable and community-centered approach to health and safety - this is affordable and sustainable.

³ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

RATIONALE FOR RECOMMENDATIONS

1. Resolution expressing City Council's commitment to a new city-wide approach to public health and safety

Transforming our system of health and safety requires strong commitment from our leaders and the community. This resolution (Attachment 1) is an expression of commitment and a tool for accountability to the public.

The proposed set of principles as well as specific initiatives are the starting point for a robust and inclusive process. Some actions will require significantly more work and additional council direction prior to implementation. For example, moving traffic and parking enforcement from police is a concept that is recommended but would require a significant redesign of city operations. Other changes may be able to move forward more quickly. These ideas are submitted in a spirit of conviction and humility. The future of community health and safety must be addressed in a fundamentally different way and the Council is committed to collaborating with the community to define a new, positive and equitable model of health and safety for everyone.

2. Direct the City Manager to publicly track progress on actions that respond to the directives of the principles herein and others identified by the Coalition. Progress shall be updated regularly and available on a dedicated page on the City website.

This webpage should include a summary of the actions outlined in this item, as well as other work already underway such as the Mayor's Fair and Impartial Working group, the Use of Force policy updates, other work underway by the Police Review Commission and any other Council referrals or direction on public safety, including existing referrals addressing alternative and restorative justice, that reflect the spirit and scope of this item.

Transformative change will only be successful if processes are transparent and information widely disseminated, as the City has so successfully demonstrated in managing the COVID-19 crisis. By publicly posting this information, the public will have the capacity to keep its elected officials, city staff, and our whole community accountable for realizing a new system of community centered safety that meets the needs of all of Berkeley's residents.

3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:

(a) Begin the process of structural change including directing the analysis of the activities of the Berkeley Police Department and other related departments.

Transforming community health and safety has to start by understanding the existing system, the calls to which it responds and other activities. This recommendation seeks to build on Councilmember Bartlett's George Floyd Community Safety Act to immediately engage independent, outside experts to conduct a data-driven analysis of police calls and responses and a broader understanding of how the police actually spend their time.⁴⁵

Engaging the services of outside experts will ensure a transparent and trusted process and provide accurate data required to effectuate substantive change will be identified and that data will inform immediate change and the work throughout the community engagement process. The experts must be knowledgeable about policing, code enforcement, criminal justice and community safety and have deep experience with current and emerging theories, as well as expertise in data collection and analysis to inform recommendations for transformative change.

This analysis should commence as quickly as possible with the goal of providing some recommendations in time for the November 2020 AAO and then to more broadly inform the work of the Community Safety Coalition.

(b) Identify immediate opportunities to shift elements of current policing resources to fund more appropriate community agency responses

This re-energized movement for social justice also highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could be avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that have slowly accreted to the police.

⁴https://www.cityofberkeley.info/uploadedFiles/Clerk/Update_Budget%20Request%20to%20Hire%20a%20Consultant%20to%20Perform%20Police%20Call%20and%20Re...pdf

⁵ [New York Times- How Do the Police Actually Spend Their Time?](#)

By November 2020, with preliminary information provided by outside experts, the City Manager and Council should identify some responsibilities that can be quickly shifted to other programs, departments and agencies. Some areas to be considered include:

- Mental health and crisis management (consideration should be given to possible expansion of the Mobile Integrated Paramedic Unit (MIP) Pilot initiated by the Berkeley Fire Department during the COVID-19 pandemic), and other models for mental health outreach and crisis response, including by non-profits
- Homeless outreach and services
- Civilianizing some or all Code Enforcement + Neighborhood Services and placing these functions elsewhere
- Alternatives for traffic and parking enforcement, and
- Substance abuse prevention and treatment

The consultants should work with the City Manager to provide a specific timeline and process for transitioning functions as quickly as possible, with deliverables to coincide with timelines for budget processes.

(c) Contract with Change Management experts to initiate and facilitate a Community Safety Coalition (“CSC”) and Steering Committee that will begin meeting no later than January 2021.

While the Council can make some important changes and investments in the near future, a complete and enduring transformation in community safety is only possible through robust community engagement. It is critical that the future of community health and safety is defined by the Berkeley community, elevating the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically marginalized and under-served by current systems. The Community Safety Coalition, guided by a steering committee, will serve as the hub for a broad, deep and representative process, and uplift the community’s input into a new positive, equitable, anti-racist system of community health and safety.

Berkeley has a history in leading transformational change to achieve a more equitable society. The robust public process that led to school desegregation is an example of our community’s success in bringing about significant, transformative change (Attachment 4).

The robust public process, led by the Community Safety Coalition and its steering committee, will be guided and facilitated by outside experts.

The work of the Coalition should include but not be limited to:

- Build upon the work of the City Council, City Manager, the Fair and Impartial Policing Working Group, the Use of Force subcommittee and other efforts of the Police Review and other City Commissions, and the work of other community agencies addressing community-centered health and safety
- Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley. This research should explore and propose investments in restorative justice models, gun violence intervention programs, and substance abuse support, among other things.
- Recommend a positive, equitable, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - Limiting militarized weaponry and equipment.
 - Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

FINANCIAL IMPLICATIONS

\$160,000 from the Auditor's budget to assess police calls and responses

\$200,000 from current budget cycle from Fund 106, Civil Asset Forfeiture, for initial subject matter expertise and engagement of outside consultants

Staff time to support the process of identifying and implementing change.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

This effort is in support of the following strategic plan goals:

- Champion and demonstrate social and racial equity
- Create a resilient, safe, connected, and prepared City
- Create affordable housing and housing support services for our most vulnerable community members
- Provide an efficient and financially-healthy City government
- Be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON

Mayor Jesse Arreguin 510-981-7100

Vice-Mayor Sophie Hahn

Councilmember Ben Bartlett

Councilmember Kate Harrison

Attachments:

1. Resolution
2. Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
3. "Shrink the Beast" A Framework for Transforming Police, National Institute for Criminal Justice Reform
4. School Desegregation in Berkeley: The Superintendent Reports, Neil Sullivan 1968

RESOLUTION

Whereas, The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice; and

Whereas, Demands for change go beyond necessary efforts in procedural justice, implicit bias training, and use of force policies and seek a broader discussion about investment in the conditions for a safe and healthy community; and

Whereas, Investment in “public safety” has been equated with more police for too long while economic and social welfare programs have been viewed as special projects unrelated to health and safety; and

Whereas, This movement is highlighting the problematic expansion in the roles and responsibilities of police officers. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders to mental health crises, homelessness, drug addiction, sex work, school disruption, traffic and code violations and neighborhood conflicts; and

Whereas, the adopted 2020 budget allocated \$74 million to the Berkeley Police Department, which represents over 44% of the City’s General Fund of \$175 million, and is more than twice as much as the combined City budgets for Health Housing and Community Services, and Economic Development; and

Whereas, It is clear that our current system of public health and safety is not working and is not sustainable in Berkeley. Despite strong efforts and leadership on police reform, homelessness and affordable housing, racial inequity remains stark across virtually every meaningful measure of health and well-being; and

Whereas, Local government’s most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;⁶⁷⁸ and

Whereas, As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to using the police; and

⁶ [Transforming Community Safety Resolution-Minneapolis](#)

⁷ [San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community](#)

⁸ [The cities that are already defunding the police](#)

Now, Therefore, Be It Resolved by The City Council of The City of Berkeley:

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives⁹;

Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.

Be It Further Resolved that the process will center the role of healing and reconciliation. The process will require healers, elders, youth, artists, and organizers to lead deep community engagement on race and public safety. We will work with local and national leaders on transformative justice in partnerships informed by the needs of every block in our city.

Be It Further Resolved that decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.

Be It Further Resolved that these efforts heed the words of Angela Davis, “In a racist society, it is not enough to be non-racist. We must be anti-racist.”

Be It Further Resolved that the transformation under consideration has a citywide impact, and will be conducted by the City Council in a spirit of collaboration and transparency with all constructive stakeholder contributors including the Mayor’s Office, the City Manager, the Police Chief, and community organizations.

Be It Further Resolved that the City Council of the City of Berkeley is committed to:

1. A transformative approach to community-centered safety and reducing the scope of policing
2. Equitable investment in the essential conditions of a safe and health community especially for those who have been historically marginalized and have experienced disinvestment
3. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

⁹ [A Framework fo Transforming Police- NICJR](#)

Be it Further Resolved that the City Council supports taking the following actions to realize this transformation:

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.
2. Direct the City Manager to collaborate with Councilmembers later selected by the Mayor to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent consultants/Change Management and subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs, or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.
 - ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, “neighborhood services” and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

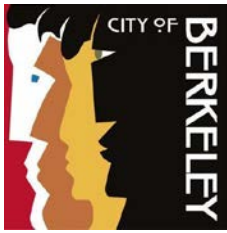
- b. Contract with independent Change Management experts to create and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee, should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

4. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
5. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
6. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:

- a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
- b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
- c. Limiting militarized weaponry and equipment.
- d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.



Councilmember Ben Bartlett
City of Berkeley, District 3

EMERGENCY ITEM AGENDA MATERIAL

Meeting date: June 16, 2020
Item Description: Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
Submitted by: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and Councilmembers Kate Harrison (Co-Sponsor)

Rationale:

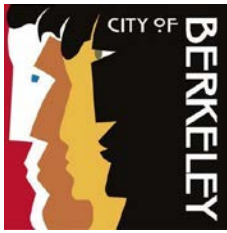
Pursuant to California Government Code Section 54954.2(b) (2), Councilmember Ben Bartlett submits the attached item to the City Council for placement on the June 16, 2020 meeting agenda. Gov. Code Section 54954.2(b) (2) states that “Upon a determination by a two-thirds vote of the members of a legislative body presents at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).”

This item meets the criteria for “immediate action” as follows:

- 1) The budget is being considered and there is public outcry for Council to take action.
- 2) Racism Is a Public Health Emergency.
- 3) Council is considering numerous police items right now.

Hundreds of thousands of people in every state have marched in solidarity to call for an end to police brutality, to demand police accountability, and to reform law enforcement, bringing justice to the Black lives and people of color who have been wrongfully harmed at the hands of the criminal justice system. Police brutality has taken the lives of 46-year-old Black man George Floyd, 26-year-old Black woman Breonna Taylor, and countless other people of color. Often resorting to violent means of punishment, police officers are not trained to handle noncriminal and nonviolent situations. Unfortunately, the lack of sufficient data and reporting has allowed police misconduct to be swept under the rug, which has increased police militarization, failed to prioritize community safety, and prevented providing the civilian with the necessary treatment to resolve the situation.

To respond to urgent calls for police transparency and accountability, this item requests the City Manager to hire third-party consultants to conduct a data-driven analysis of the Berkeley Police Department’s calls, responses, budget, and expenditures to determine which calls can be serviced to non-law enforcement agencies, ensuring noncriminal and nonviolent situations are properly handled by trained community professionals.



Councilmember Ben Bartlett
City of Berkeley, District 3

CONSENT CALENDAR

June 16, 2020

To: Honorable Mayor and Members of the City Council
From: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and
Councilmembers Kate Harrison (Co-Sponsor)
Subject: Safety for All: The George Floyd Community Safety Act - Budget Request to
Hire a Consultant to Perform Police Call and Response Data Analysis

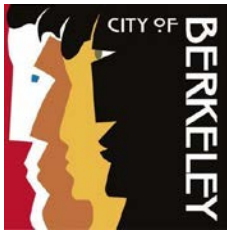
RECOMMENDATION:

1. Refer to the Thursday, 6/18/2020 Budget & Finance Policy Committee and the FY 2020-21 Budget Process the \$150,000 to
 - a. Hire a consultant to conduct a data-driven analysis of police calls and responses to determine the quantity and proportion of these calls that can be responded to by non-police services. The third-party consultant must be hired and engaged in work within three months of the item's passage.
 - b. Hire a consultant to conduct an analysis of the Berkeley Police Department's budget and its expenditures by call type. The third-party consultant must be hired and engaged in work within three months of the item's passage.
2. Direct the City Manager to:
 - a. Implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.

CURRENT SITUATION

In all 50 states and more than 145 cities, Americans are calling to end police violence and brutality, to legitimize police accountability, and to transform the police system to protect the safety of communities and people of color. Police violence and brutality led to the death of a 46-year-old Black man George Floyd and the murders of other Black people, igniting a flame that has been brewing for a long time. These events of police violence gave rise to a wave of demonstrations and demands for change, including many in the City of Berkeley.

Due to the Coronavirus pandemic, the City of Berkeley is facing a nearly 30+ million dollar budget deficit, sharply stalling economic growth with effects that parallel the Great Depression. At the same time, the City is projected to undergo an increase in people experiencing homelessness, trauma, and mental health crises. Therefore, the City must ensure that each dollar is spent for the residents' best interest and will produce the maximum return.



Councilmember Ben Bartlett
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In order to better respond to the needs of the Berkeley community, it is critical that the Council takes local-level action on police reform. In particular, the City must examine the types of calls and responses from the police department and analyze the agency's budgets and expenditures according to call type.

As a component of the **REDUCE, IMPROVE, RE-INVEST** framework, this item works towards the REDUCE goal: *the City should implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.* Specifically, this item proposes to hire an outside consultant to conduct an analysis of police calls and responses as well as the department budget.

With military-style techniques and structure, police officers are trained to combat crime in a manner that exerts violence through punishments, establishing a monopoly on force in communities. While law enforcement is supposed to protect our communities and keep us safe, crime waves from the 1970s and 1980s have transformed the police community into a body for crime control, maintaining such focus until modern-day despite declines in criminal activity¹. With this focus on crime control, police officers lack the necessary training to adequately respond to noncriminal and nonviolent crimes. Non Criminal crimes refer to issues involving mental health, the unhoused community, school discipline, and neighborhood civil disputes². Nonviolent crimes are categorized as property, drug, and public order offenses where injury or force is absent³. When police respond to these types of matters, they resort to violent means of arrest or problem escalation because they are ill-equipped and not trained to resolve the underlying issues.

According to the Vera Institute of Justice's report between 1980 and 2016, more than 10.5 million arrests are made every year; only 4.83 percent of those arrests were for violent offenses⁴. Eighty percent of these arrests were for low-level offenses, such as "disorderly conduct," non-traffic offenses, civil violations, and other offenses. This criminalization may be attributed to the arrest quotas for police productivity, which promotes punishment by rewarding the number of arrests for police funding instead of finding solutions to these issues⁵. This high percentage of low-level offenses resulted in

¹ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

² <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>

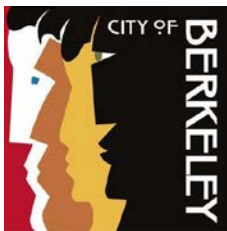
³

<https://www.bjs.gov/content/pub/ascii/pnoesp.txt#:~:text=Nonviolent%20crimes%20are%20defined%20as%20possession%2C%20burglary%2C%20and%20larceny.>

⁴

<https://arresttrends.vera.org/arrests?compare%5Boffense%5D%5Bpart1%5D=part1&compare%5Boffense%5D%5Bpart2%5D=part2#infographic>

⁵ <https://theintercept.com/2019/01/31/arrests-policing-vera-institute-of-justice/>



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arrest when other nonviolent, rehabilitative methods could have occurred from the solutions of community workers with the experience to handle these situations.

It is imperative that the City of Berkeley develops, implements, and enforces a clear and effective roadmap towards making real change, ending anti-Black racism, stopping police violence, and holding police accountable for their actions. Thus, the Council should direct the City Manager to hire third party consultants to conduct a data-driven analysis of police calls and responses as well as their budget and expenditures in order to determine ways in which experienced community workers can reduce the police footprint by addressing noncriminal situations. We recommend that community workers also resolve nonviolent situations.

BACKGROUND

In order to achieve the aforementioned goals, the City must implement a series of important law enforcement reforms and take action by initiating the following:

REDUCE:

I. Hire a consultant to conduct a data driven analysis of police calls and responses.

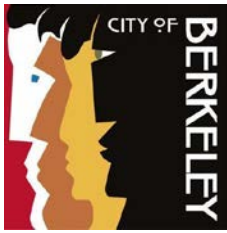
University of Denver Political Science Professor Laurel Eckhouse stated, “One method of reducing police presence... is to separate and reassign to other authorities various problems currently delegated to the police... such as the problems of people who don’t have housing... mental health issues... and even things like traffic⁶.” Community organizations, civilian workers trained in mental health situations, or neighborhood problem-solvers would better address these specific issues due to their experience, ensuring that the police are not the only force addressing these issues and promoting community vitality⁷.

Conducting a data driven analysis of police calls and responses would signify a report of the calls and responses that police receive and would inform the city where to better allocate resources to resolve specific issues. Noncriminal and nonviolent activities can thus be properly addressed by those who are equipped to handle these situations and would relieve law enforcement from these calls to then pursue more serious criminal situations. For example, the San Francisco Police Department receives approximately 40,000 calls per year about homeless people on the streets⁸. Social workers who can help unhoused citizens and those with mental health disorders are better equipped to help these citizens receive

⁶ <https://www.stanforddaily.com/2020/06/04/police-abolition-looks-like-palo-alto/>

⁷ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

⁸ <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>



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proper treatment while also protecting the safety of our communities, which would give law enforcement time to handle other crimes.

One suggestion to reduce the costs of policing is to boost productivity by allocating a portion of the calls for service to community organizations who have the resources and training to handle such situations⁹. For example, in Mesa, Arizona from 2006 to 2008, a third of calls for service are handled by civilians; these calls are for incidents of “vehicle burglaries, unsecured buildings, accidents, loose dogs, stolen vehicles, traffic hazards, and residential burglaries¹⁰.” Approximately half of calls for service in Mesa are handled by police officers, but among those, there are ways to reduce police authority. For example, 11 percent of those calls that police officers handled were in response to burglary alarms, where 99 percent were false. Six percent of those calls included “juveniles disturbing the peace.” This situation in Mesa demonstrates the possibility of reduced police force in exchange for community based response teams who can better resolve these issues with their experience.

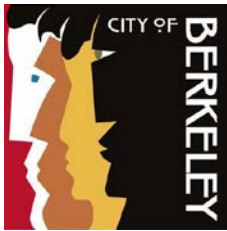
The City Manager should hire a third party consultant within three months of this item’s passage to conduct the data analysis, ensuring that the report is completed in an impartial and timely manner.

The third party consultant should create a report with the following information by analyzing and gathering the data from the police department, reporting their findings to the City every two years. We recommend the following data to be considered for analysis:

- a. Number of calls the police department receives per day, week, month, and year, which will be categorized into noncriminal, misdemeanor, nonviolent felony, and serious and violent felony calls.
- b. Demographics for these calls
- c. Characteristics of traffic stops
 - i. Quantity
 - ii. Type/reason
 - iii. Number of those resulting in searchings paired with the frequency at which illegal items were found
 - iv. Police response (i.e. citation, arrest, use of force)
 - v. Demographics of the civilian in the traffic stop that is broken into type of stop and whether a search occurred
- d. Number of complaints against an officer
 - i. Enumerate the officers with a high number of complaints

⁹ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>

¹⁰ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>



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ii. Reason behind the complaints.

With the results of the data analysis, the City can determine the portion of calls that the community crisis worker pilot can properly address with the resources and experience they have.

II. Hire a consultant to conduct an analysis of the police department budget.

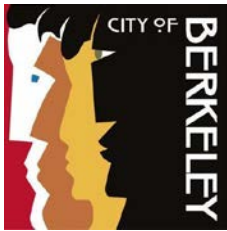
Using the analysis generated by a review of police call and response data, a third party consultant should be hired to analyze the police department's expenditures and budgets for various calls of service and report their findings to the City every two years.

According to the 2019 budget, the Berkeley Police Department's expenditures were approximately \$69 million, which consists of 5.6 percent of the city's net expenditures. However, for the 2020 budget, the BPD is expected to have \$74 million in expenditures, reflecting a \$5 million increase from the previous year and approximately \$8 million higher than 2017's expenditures¹¹. Unfortunately, anecdotal evidence suggests that only 20 percent of police time is spent on solving crime and the majority is spent towards addressing those experiencing homelessness and mental health crises. The City should reallocate resources to a crisis worker entity who would be tasked with responding to noncriminal calls. We recommend that nonviolent calls also be addressed by this entity. This would give police officers more time to focus on crime, leading to better outcomes for public safety, community health, and a higher quality of life.

In Canada, Police Information and Statistics Committee police services Waterloo Police Regional Service and Ontario Provincial Police collaborated with Justice Canada and Public Safety to collect data on their calls for service and determine the costs of policing¹². Their research reported that in 2013, bylaw complaints were listed as the most frequent call for service in Waterloo at 8,769 calls and non-crime policing activities were listed as the most frequent. In contrast, the only criminal activity listed in the top 10 generated calls were domestic dispute, theft under \$5000, and major violent crime in property damage. Considering the most frequent of costly calls are noncriminal activities such as selective traffic enforcement programs (\$22,212.45 in sum of total unit service time in hours) and vehicle stops (\$206,668.13), the greatest cost in calls were for noncriminal activities. As noncriminal activities result in the greatest costs, it would be more efficient for community workers to handle these situations in order to reduce

¹¹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/FY-2020-2021-Adopted-Budget-Book.pdf>

¹² <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2015-r018/index-en.aspx#c-1-i>



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police department costs, allowing trained professionals to resolve the issue and giving police officers time to spend on more serious criminal offenses.

By analyzing the budget expenditures for the police for each call type, the community can divest from the police and reallocate those funds for trained community organizations who can handle noncriminal and nonviolent offenses. Considering the significantly delayed response to former requests for the police department's budget, the data analysis should be conducted by a third party consultant that is hired and engaged in active service within three months of this item's passage, ensuring that the police department's budget information is transparent to the public and reported in an impartial, timely manner.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

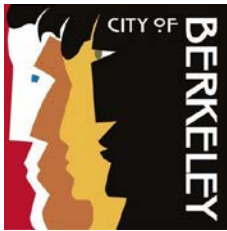
The City Manager provides regular reports on crime in Berkeley and on the policies of the Berkeley Police Department¹³. The data on serious crime is collected annually by the Federal Bureau of Investigation (FBI), which consists of over 17,000 law enforcement agencies that represent over 90 percent of the United States population. The FBI's Uniform Crime Report (UCR) reports crime statistics on violent crimes (including murder, rape, robbery, and aggravated assault) and property crimes (including burglary, larceny, auto theft, and arson). This data allows the BPD to analyze national and local crime trends, determine effectiveness of response to crime, and plan for future policies and resource allocation. Additionally, the City of Berkeley implements the Daily Calls for Service Log that the community can access to see the volume and nature of police activity.

Currently, Utah requires agencies to report tactical deployment and forcible entries where such reports are summarized by the Utah Commission on Criminal and Juvenile Justice. Utah Law Enforcement Transparency reporting interface was added to Utah Criminal Justice Information System in 2014 through the use of federal grant funding. Law enforcement agencies are required to report incidents of forcible entry and the deployment of tactical groups, representing data collection of police use of force¹⁴.

However, these reports do not analyze the demographics or types of calls and responses from the BPD, which makes it difficult to hold police officers accountable for the mistreatment of individuals. Without this information, it becomes difficult to determine how to decrease the police footprint or implement safer policing practices if the analysis only pertains to the quantity and types of arrests and does not include the

¹³ https://www.cityofberkeley.info/Police/Home/Annual_Crime_Reports.aspx

¹⁴ <https://justice.utah.gov/Documents/CCJJ/LETR/2018%20LET%20Annual%20Report.html>



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background, call of service, reason, demographics, complaints against the police officer, and other important factors to the BPD's response.

Despite voluntary data sharing and crime reports, data collection still remains vague and insufficient, leaving many unanswered questions regarding the number of instances of and reasons for use of force, complaint process against police officers, and other information about police actions. This lack of clarity allows police misconduct to perpetuate due to the lack of research that would hold police departments accountable.

ACTIONS/ALTERNATIVES CONSIDERED

One possible alternative to the community response teams would be to implement better training procedures so that police officers are more equipped to handle nonviolent and noncriminal activities. For example, the state of Washington requires both violence de-escalation and mental health training for police officers¹⁵. Such reform may render the data analysis on the types of calls unnecessary because the police department would be trained to handle all services regardless of the type of call.

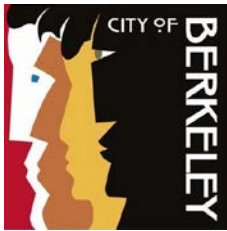
However, training police officers to handle situations such as mental health or homelessness would signify an increase in funding for the police department to provide such training services. Not only would this type of training be difficult to maneuver when police forces are currently trained in a militarized manner, but it would be more efficient for community professionals to peacefully and properly resolve such issues since they have already engaged in this training and experience for years.

Reforming police training may be beneficial, but in this case, it would also indicate the lack of basis for reporting the police department's types of calls and responses, which is necessary to hold the police accountable and ensure safer practices. While reporting the data analysis could still occur without the community crisis workers, only having the police department manage all situations would increase their authority over the communities, which would lead to increased militarization of the police forces if other community organizations do not intervene or hold them accountable.

OUTREACH OVERVIEW AND RESULTS

The District 3 Office has consulted with David Muhammad, who is the Executive Director of the National Institute for Criminal Justice Reform; the former Chief Probation Officer in Alameda County; and the former Deputy Commissioner of Probation in New York City. David Muhammad is a leading expert on criminal justice who has helped inform our response to the current situation.

¹⁵ <https://www.theatlantic.com/ideas/archive/2020/06/how-actually-fix-americas-police/612520/>



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The District 3 Office has also consulted with Marcus McKinney, the Senior Director of Government Affairs & Public Policy at the Center for Policing Equity.

The District 3 Office has also consulted with Professor Tracey L. Meares, Walton Hale Hamilton Professor and Faculty Director of the Justice Collaboratory at Yale Law School.

RATIONALE FOR RECOMMENDATION

Police departments across the country enforce policies and practices that breed a culture of violence resulting in killings--like those of Floyd and Moore, and of countless other people of color. These authoritative, militarized behaviors are often rooted in anti-Black racism, and such behavior must stop being acceptable. Transformation of police departments, their role, and relationship to our communities requires a change in culture, accountability, training, policies, and practices.

To prioritize community safety and reduce police violence, the City must hire a third party consultant to analyze police data in order to decide how to divest from the police to fund experienced community workers who can adequately resolve noncriminal and nonviolent situations. These community workers would protect the community from violence and emphasize revitalization and rehabilitation over the punishment that police officers often enforce. Implementing a data-driven analysis on police data would increase the transparency of the police department and hold them accountable, detecting the issues within the police force that community response teams can help heal. The Council must make informed legislative decisions that will reduce police footprint, improve current practices of law enforcement, and reinvest in the community for the safety of our civilians.

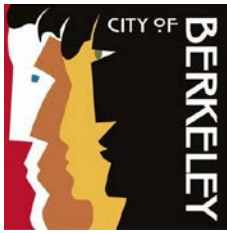
FISCAL IMPACTS OF RECOMMENDATION

The third party consultant/s would cost approximately \$150,000 to \$200,000. It is up to the City Manager to hire the third party consultants who will analyze the data of the police department's calls, responses, budget, and expenditures. Consultants must be hired and engaged in service within three months if this item passes. These consultants would ensure that noncriminal situations are handled by those with the necessary training, which may lead to a decrease in repeat offenses when community workers properly resolve the situation and guide civilians to helpful resources.

ENVIRONMENTAL SUSTAINABILITY

We do not expect this recommendation to have significant negative impacts on environmental sustainability.

OUTCOMES AND EVALUATION



Councilmember Ben Bartlett
City of Berkeley, District 3

If this item is passed, third party consultants would be hired by the City and engaged in data analysis within three months of passage. These consultants would produce biennial reports regarding the Berkeley Police Department's types of calls and responses as well as the budgets and expenditures in order to inform the City how to reallocate funds from the police into a community response team with better experience to handle noncriminal situations. We recommend that nonviolent situations also be addressed by community crisis workers.

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ATTACHMENTS

1. Cover Letter - Safety for All: George Floyd Community Safety Act
 - <https://drive.google.com/file/d/16pqqd9J6NPRzh6298Bgazo7jw1qxTK6Y/view?usp=sharing>

SHRINK THE BEAST:

A Framework for Transforming Police

NICJR★
National Institute for
Criminal Justice Reform



The killing of George Floyd by Minneapolis police was the match that lit a fire that has been building in our communities for a long time. Nationwide demands for not just reform, but complete transformation of policing have put pressure on local jurisdictions across the country to make rapid and real change.

Since its founding, the National Institute for Criminal Justice Reform (NICJR) has worked to reform the juvenile and criminal justice systems through a process of Reduce – Improve – and Reinvest. This framework can also be effective in transforming policing. In the past 15 years, the U.S. juvenile justice system has been reduced by more than half. Youth correctional facilities have been shuttered and investment into community services has increased. While there is certainly more progress to be made, the movement to transform policing can learn a great deal from criminal justice reform.

NICJR's framework to Shrink the Beast focuses on three areas: reducing the footprint of law enforcement, significantly improving what remains of policing, and reinvesting the savings from smaller police budgets into community services.

Reduce

One of the most significant structural reforms we must advance in policing, already happening in the criminal justice arena, is shrinking its scope. Officers are asked to do too much with too few resources. The warrior mentality that police are indoctrinated with, starting as early as the first day of the police academy, does not allow them to handle many of those responsibilities well. It is time for an alternative response network for all non-violent calls for service. Similar to the community-based organizations that provide diversion programs for youth and adults who would otherwise end up in the justice system, a new infrastructure of community safety and problem-solving responders, with expertise in crisis response, mental health, and de-escalation techniques, must be developed. Such a network should be vast and well equipped, including 24-hour on-call community crisis response and outreach workers. The resulting reduced police force would then focus primarily on responding to serious violence. Small, but promising examples of this model already exist:

- In Oakland, CA**, non-profit organizations employ street outreach workers and crisis response specialists who respond to shooting scenes, intervene in and mediate conflicts, and sit down with young adults who have been identified as being at very high risk of violence to inform them of their risk and offer them intensive services. These City-funded efforts have been credited with a [50 percent reduction in shootings](#) and homicides in the city.
- In Eugene, OR**, Crisis Assistance Helping Out on the Streets ([CAHOOTS](#)) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers. This represents nearly 20 percent of the total public safety call volume for the metropolitan area.
- In Austin, TX**, the [Expanded Mobile Crisis Outreach Team](#) is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.
- In Albuquerque, NM**, where the police have been involved in numerous unjustified killings, the Mayor has proposed creating a [new non-law enforcement public safety agency](#) that will respond to non-violent calls.

Steps To Reduction



Create a robust alternative emergency response network with mental health workers, crisis intervention specialists, and street outreach workers – the Community Emergency Response Network (CERN).



Significantly reduce police patrol divisions which are currently primarily responsible for responding to 911 calls. Police will instead focus on responding to serious and violent incidents, a small percentage of all current calls.



CERN Crisis Intervention Specialists would respond to all other calls.



Traffic policing should be replaced by technology to the maximum extent possible.



Violence reduction teams should be created or remain intact: Patrol and investigation units focused on reducing gun violence. Like all remaining police personnel, these units must be trained in and adhere to strict use of force and Procedural Justice policies.



Investigation Units should also remain intact.

Improve

The primary challenge in police agencies is culture. Many have described it as a warrior culture. Adrenaline-filled young officers want to “knock heads” during their shifts; the “us vs them,” military occupation syndrome. We must confront and transform this destructive culture. Policing should focus on protection and service to the community.

Improving the smaller police departments that remain, after taking the steps to reduction outlined above, includes three components: policy, training, and accountability. Implement new policies including restricting the use of force, mandating verbal de-escalation, community policing, and eliminating stop and frisk. Implement high quality and frequent training on these newly developed policies. And, most importantly, hold all police personnel accountable for adhering to and demonstrating these policies in action.



Steps To Improvement

- 1 Increase hiring standards to screen out candidates with any signs of racial bias, interest in the warrior culture, or those who have been fired or forced to resign from previous law enforcement positions.
- 2 Prioritize hires of those who grew up in the city and/or live in the city.
- 3 Make deliberate efforts to have the police force representative of the community it serves.
- 4 Revise use of force policies to limit any use of deadly force as a last resort in situations where a suspect is clearly armed with a firearm and is using or threatening to use the firearm.
- 5 All other force must be absolutely necessary and proportional.
- 6 Provide thorough, high quality, and intensive training in subjects including:
 - New use of force policy
 - Verbal de-escalation
 - Bias-free policing
 - Procedural Justice
- 7 Transparency: Provide regular reports to the public on stops, arrests, complaints, and uses of force, including totals, demographics, and aggregate outcomes data.
- 8 Effectively use an early intervention system that tracks various data points to identify high risk officers and implement discipline, training, and dismissal where necessary.
- 9 Use aggressive, progressive discipline to root out bad officers.
- 10 Rescind state and local laws that provide undue protection to police unions and prohibit effective and efficient disciplinary action.

Reinvest

A smaller footprint of law enforcement should result in a reduced police budget. Resources should be shifted away from the police department to the CERN and other community-based intervention initiatives, including Credible Messengers/Life Coaches, social workers, and mental health service providers.



The National Institute for Criminal Justice Reform (NICJR) is a non-profit organization providing technical assistance, consulting, research, and organizational development in the fields of juvenile and criminal justice, youth development, and violence prevention. NICJR provides consultation, program development, technical assistance, and training to an array of organizations, including government agencies, non-profit organizations, and philanthropic foundations.

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R E P O R T R E S U M E S

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SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT REPORTS.

BY- SULLIVAN, NEIL V.

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DESCRIBED IS THE HISTORY OF THE EFFORTS TO DESEGREGATE THE BERKELEY, CALIFORNIA, SCHOOL DISTRICT, WHICH IS SCHEDULED TO BE FULLY DESEGREGATED BY SEPTEMBER 1968. CHANGE BEGAN IN THE 1950'S WITH THE ELECTION OF A "LIBERAL" TO THE BOARD OF EDUCATION. FIRST STEPS INVOLVED IMPROVING EDUCATIONAL OPPORTUNITIES FOR MINORITY GROUP CHILDREN AND MAKING EFFORTS FOR BETTER RACE RELATIONS. DESEGREGATION BEGAN IN THE JUNIOR HIGH SCHOOLS BUT NOT WITHOUT COMMUNITY FRICTION TO THE POINT OF A DEMAND FOR A RECALL ELECTION OF THE BOARD. HOWEVER THE BOARD WAS VINDICATED ON ITS STAND FOR VOLUNTARY INITIATION OF DESEGREGATION. A NEW SCHOOL SUPERINTENDENT WAS FACED WITH THE JOB OF IMPLEMENTING THE PLAN AND BEGAN HIS EFFORTS BY DEVELOPING COMMUNITY SUPPORT AND PRODUCTIVE LIAISON WITH HIS STAFF. THE NEXT STEP INVOLVED DESEGREGATING THE ELEMENTARY SCHOOLS. THE WIDE GEOGRAPHIC SEPARATION OF IMBALANCED SCHOOLS IN THE CITY REQUIRED THE DESIGNATION OF CERTAIN WHITE SCHOOLS AS RECEIVING SCHOOLS AND THE USE OF FEDERALLY FUNDED BUSES AND ADDITIONAL STAFF FOR THE 230 INCOMING PUPILS. HOWEVER THIS WAS ONLY A "TOKEN" EFFORT. VOLUNTARY REVERSE BUSING AND A TIMETABLE FOR COMPLETE DESEGREGATION HAVE BEEN RECOMMENDED. IT IS FELT THAT THE REQUISITES FOR SUCCESSFUL SCHOOL DESEGREGATION ARE FULL COMMITMENT BY THE SCHOOL ADMINISTRATION AND THE BOARD, COMMUNITY INVOLVEMENT WITH AND FAITH IN THE BOARD AND ADMINISTRATION, AND THE DEVELOPMENT OF "WORKABLE" PLANS. THIS PAPER WAS PREPARED FOR THE NATIONAL CONFERENCE ON EQUAL EDUCATIONAL OPPORTUNITY IN AMERICA'S CITIES, SPONSORED BY THE U.S. COMMISSION ON CIVIL RIGHTS, WASHINGTON, D.C., NOVEMBER 16-18, 1967. (NH)

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**SCHOOL DESEGREGATION IN BERKELEY:
THE SCHOOL SUPERINTENDENT REPORTS**

Prepared by
Neil V. Sullivan, Ed. D., Superintendent of Schools
Berkeley Unified School District-Berkeley, California
for the
National Conference on Equal Educational Opportunity
in America's Cities
sponsored by the
U.S. Commission on Civil Rights, Washington, D.C.
November 16-18, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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POSITION OR POLICY.

In recent years Berkeley, California, has been fortunate to have a school district which recognizes its problems and works effectively toward their solution. The city schools already have completely desegregated the junior high schools, and have made a token start at the elementary level. The School Board has committed itself to completing the process in all schools by September 1968. When that goal is reached, Berkeley will be a rare example of a major city working out a solution to this problem without court orders, violence, boycotts, or compulsion, but only with the conviction of the Board of Education, the Administration, and the citizens that it was right.

This has not been achieved overnight. To place the present achievements in their proper context it is necessary to trace the development of events in the recent past.

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PRE-1964

The Liberal Renaissance - Prior to the mid-1950's Berkeley's local government -- including the Board of Education -- was typical of those found in most middle-size, middle-class communities. The orientation was pro-business, with a heavy emphasis on keeping the tax rate down. This condition was so pronounced that teachers, in order to obtain a much needed and earned salary increase, were forced to use an initiative petition to get school revenues raised; the Board had refused to do so.

There are many different versions concerning the beginning of the liberal renaissance. There is general agreement that the first concrete step was the election of one liberal to the Board in 1957, followed by another in 1959, and two more in 1961. With the 1961 election the liberals assumed control of both the Board of Education and the City Council. However, even with only one "liberal" Board member in the late 1950's, the Board began to give attention to the problems of race relations in a multi-racial city.

Preliminary Steps - A citizens committee (named the Staats Committee after its chairman) was organized to study race relations within schools. This committee did not come to grips with the question of de facto segregation but sought to deal otherwise with improving educational opportunities for minority youngsters and improving race relations in the schools. For the late 1950's this report was a forward-looking document. It led to two particularly noteworthy developments.

First, the hiring practices for minority teachers were greatly improved. The number of Negro teachers increased from 36 in 1958 to 75 in 1962. Negroes also were advanced to principalships and other high positions in the District's administrative hierarchy. And by 1962 there were about 30 Orientals on the certificated staff.*

Second was the Intergroup Education Project (IEP). This project was designed to help teachers appreciate cultural diversities and better understand youngsters from other than middle-class backgrounds. It conducted seminars for teachers, mass community meetings, and weekend conferences for this purpose. The IEP helped prepare the ground for the high staff support for later integration efforts.

Junior High School Desegregation - In 1962 a delegation from the Congress on Racial Equality visited the Superintendent of Schools -- and later the Board of Education. Complimenting the School District for progress already made, the CORE delegation suggested that it was time to get on with the task of desegregating the schools. CORE asked that a citizens committee be appointed to study this problem.

The report included a recommendation for desegregating the junior high schools by assigning some students from the predominantly Caucasian "hill" area to Burbank, the Negro junior high school; students from predominantly Negro west Berkeley would be assigned partly

* The distribution of minority teachers among the various schools did not keep pace with progress in hiring. Most of these recruits were assigned to predominantly Negro schools. In more recent years we have made a concerted effort to achieve a better racial balance on all faculties. It is important, especially to combat stereotypes, to the education of all children to see members of all races working together in such respected vocations as teaching.

to Garfield, the Caucasian junior high school. Since the third junior high school already was racially balanced, this recommendation would have eliminated de facto segregation at the junior high school level.

The report struck the community like a bombshell. Although the community was aware that the committee was functioning, most people had not taken seriously the possibility that such a concrete recommendation would be made. The reaction was intense. During the remainder of 1963 and through January of 1964 there was extensive community discussion of the proposal. Two hearings were held -- one attracting 1200 people and other drawing over 2000. PTA's and other groups set up study committees on this problem; never before had such crowds attended PTA meetings!

In the hill area affected by the recommendation many liberals faced a dilemma. Some asked: "How do we express our opposition to this particular proposal without sounding like bigots?" Our response was to ask them to develop a better plan. Many sincere critics of the citizens committee proposal set out to do just that.

One of these alternative proposals was named the "Ramsey Plan" after the junior high school English teacher who suggested it. This plan proposed desegregation of Berkeley's three junior high schools by making the predominantly Negro school into a 9th grade school and dividing the 7th and 8th graders between the two remaining junior high schools.

In February 1964 a five-member staff committee was asked to study the reactions of the Berkeley school staff to the citizens committee proposal and to other ideas that had been offered. Every school faculty was asked to consider the matter.

In March the 5-member staff committee reported to the Board that the staff as a whole was favorable toward integration, and preferred the Ramsey Plan to the original citizens committee proposal. The Board instructed the Superintendent to consider the educational pros and cons of the Ramsey Plan, and its feasibility for September 1964 implementation.

The results of this study were presented to the Board and the community on May 19, 1964, a landmark date in the history of Berkeley schools. Again there were over 2000 people in the audience. The opposition, which had formed the "Parents Association for Neighborhood Schools" (PANS) solemnly warned that if the Ramsey Plan or any such desegregation proposal were adopted, the Board would face a recall election. The Board members did vote for the Ramsey Plan -- and they did face recall.

The Recall - Through the summer months the opponents of the Board collected signatures on recall petitions. A rival group was formed to defend the Board (Berkeley Friends of Better Schools). By late July the PANS group had enough signatures to force a recall election.

There followed a series of procedural skirmishes before the City Council and the state courts. Finally, an election was called for October 6, and after an intensive and heated campaign it was held. It was a stunning triumph for the courageous incumbent Board members. This election was another landmark for Berkeley education and for the cause of desegregation across the nation. There was more at stake than indi-

vidual Board members continuing in office. The basic issue was the survival of a Board of Education which voluntarily took effective action to desegregate schools -- not because of court order or other compulsion, but simply because the Board believed desegregation was right. If such a board of Education could not be sustained the lesson would not be lost on boards of education in other cities facing the same problem. Thus, it was extremely significant that in this election the Board was vindicated by the Berkeley community.

SULLIVAN ADMINISTRATION

The New Administration - On September 1, 1964, five weeks prior to the recall election, I took office as Berkeley's Superintendent of Schools in the midst of a climate of change and uncertainty. Of the five-member Board of Education which had unanimously invited me to come to Berkeley, only two remained in office. One had resigned because his business interests led him to move from the city. Another was transferred to become minister of one of the largest churches of his denomination in New York City, and a third was appointed by the Governor to be a Superior Court judge. The two who remained were facing a recall election.

There also was a sweeping change in the school administration. Virtually every top ranking member of the central administration was either new to the District or new in his position. Over one-third of our schools had new principals.

Making the New Plan Work - The decision to desegregate the junior high schools had been made before I arrived. The role of the

new administration was to make it work.

School opened as usual and the new system was put into effect with no marked difficulties. In fact, the orderliness of the transition was an important contribution to the defeat of the recall attempt. It demonstrated clearly that desegregation could be achieved without the dire consequences that had been forecast.

Developing Community Support - Defeat of the recall election meant that courageous Board members would remain in office, and the junior high school desegregation plan would continue. My next task as Superintendent was to attempt to reunite a badly split community, to develop a sense of community understanding, and to provide a basis for school support.

I approached this problem by creating a climate of openness with the public. We immediately established the practice of recognizing and admitting our problems and inviting the community's help in seeking solutions. As a new superintendent, I was besieged by invitations to speak publicly. I accepted as many as I could and during the 1964-65 school year scheduled over 100 speaking engagements.

I issued an open invitation to citizens to visit my office and discuss their school concerns, to share their ideas and suggestions. In addition I telephoned or wrote to dozens of people who had been recommended to me as community leaders deeply interested in schools. For several months I met almost continually, often a few times a day, with citizens individually and in groups. These meetings made me familiar with the Berkeley community and established a climate that encouraged exchange of ideas.

I established a liaison channel between my office and the area-wide PTA Council. I made it a practice to convene three or four briefing sessions a year with the unit presidents and council officers of that organization, and included other groups such as the League of Women Voters. At these sessions problems and issues facing the schools, as well as hopes and plans for improvement were discussed.

The day after the recall election I recommended the formation of a broadly-based School Master Plan Committee, to examine all facets of the School District's operation and to develop guidelines for the future. I urged participation of all elements of the community, making it clear that we wanted cooperation, regardless of positions in the recall election. The response was heartwarming; over 200 highly qualified citizens were nominated or volunteered their services. The Board of Education selected 91 people from this list to serve on the committee. Also named were 47 staff members. The committee has been hard at work for two years, and presented its report in the fall of 1967.

During my first year in Berkeley, I was invited by the local newspaper to write a weekly column on local and national education matters. This column has been a valuable means of keeping the community informed and introducing some new ideas. During the past year I accepted the invitation from a local radio station to conduct a weekly program of fifteen minute sessions dealing with events in the school system and issues facing public education. Each month the final week's program is extended to one hour, and features a direct phone-in from the radio audience.

In addition to developing relationships with the general public, we have worked to maintain good liaison with the staff. We have frequent breakfast conferences with the leaders of both teacher organizations, and meet regularly with the Superintendent's Teacher Advisory Council, made up of teacher representatives chosen by each faculty.

The purpose of these communication efforts has been three-fold. First, extensive dialogue with staff and community helps to identify and define problems needing attention. Second, it serves as an excellent source of new ideas and suggestions. Third, it helps interpret our problems, goals, and programs to the community.

Our efforts have been, in short, to "mold consensus" in the community behind the school system. Although we have not achieved unanimity on any single subject (that would be impossible in Berkeley!) there have been good indications during the past three years. It seems that we have succeeded in molding community support for the schools, and in developing sufficient consensus to resolve some of the crucial problems facing urban schools today.

A START TOWARD ELEMENTARY INTEGRATION

Segregation in the Elementary Schools - The Board's adoption of the Ramsey Plan, followed by the defeat of recall election, insured desegregation at the junior high school level. Since there is only one regular senior high school, our entire secondary school program, beginning with grade 7, was desegregated. However, we still face de facto segregated elementary schools. The four elementary schools in south and west Berkeley are overwhelmingly Negro. The seven schools located in

the northern and eastern hill areas of the city are overwhelmingly Caucasian. In between, in a strip running through the middle of Berkeley, are three desegregated schools. Since the racially imbalanced Negro and Caucasian schools are on opposite sides of the city, separated by the integrated schools, boundary adjustments will not solve the problem.

When the Ramsey Plan was adopted the Board tabled a companion recommendation that would have desegregated the elementary schools by dividing the city into four east-to-west strips, each containing three or four schools. The schools within each of these strips would have been assigned students on a Princeton principle, i.e., 1-3 in some schools, grades 4-6 in others.

Educational Considerations - It is not the function of this paper to develop fully the case for school desegregation. However, the basic motivation underlying our progress in Berkeley can be stated concisely.

Many studies, in Berkeley and elsewhere, have documented the fact that segregation hurts the achievement of disadvantaged youngsters. Schools with a preponderance of these boys and girls have low prestige and generally lack an atmosphere conducive to serious study.

The emotional and psychological harm done to children through this type of isolation also has been demonstrated. Regardless of cause, racial segregation carries with it the symbol of society's traditional rejection of Negroes.

The benefit of integration extends to children of all races. We are all sharing this society, and if it is to be successful we must learn to respect each other and get along with one another. This will not happen if segregation remains.

These considerations have been taken seriously in Berkeley as we move toward total school integration.

ESEA Busing Program - The Elementary and Secondary Education Act of 1965 allowed the schools to make a beginning on the problem of elementary school segregation. Berkeley's share under Title I of that Act was approximately a half-million dollars. A major share of these funds was used to reduce pupil-teacher ratios in our four target area (Negro) schools and to provide extra specialists and services for students attending them. The reduction of pupil-teacher ratios left a surplus of 235 children. The seven predominantly Caucasian hill-area schools had spaces for these youngsters. Our proposal for the first year's use of Title I funds, then, included improved services and reduced pupil-teacher ratio in the target area schools and the purchase of buses to transport the 235 "surplus" youngsters to the hill area schools.

In the preparation of this project we again employed our principle of mass community involvement. Each school faculty was invited to submit suggestions. Their response was gratifying. These suggestions, when piled together, produced a stack of paper several inches high. When they had been sifted and evaluated, and a project developed, we submitted it to the Board. Copies were made available to the school faculties and the public for their reactions. Two major public meetings were held in different sections of the city, and the Board of Education held a workshop session at which teachers could react. Many valuable suggestions and constructive criticisms resulted and were incorporated into the final proposal.

As might have been predicted, most of the public attention was centered on the busing proposal, although it involved a relatively minor share of the funds. This time the opposition, though by no means silent, was much less severe.

Since the children in the hill area schools were not being asked to go anywhere else -- the hill schools were simply going to receive youngsters from the other areas of the city -- this provided no focal point for the development of opposition. And the proposal included employing eleven extra teachers, paid with local money, and placing them in the receiving schools to maintain the pupil-teacher ratio there. A few scattered voices were raised against the proposal, but the preponderance of community opinion was favorable. Both teacher organizations endorsed the project, and on November 30, 1965, the Board adopted the program for implementation the spring semester.

The proposal went to the State Board of Education and became one of the first fourteen ESEA projects approved in the State of California. We had approximately two months to prepare for its implementation -- the selection of youngsters (this was voluntary on the part of the parents), the employment of teachers, arrangement of transportation, and other administrative details. Parent groups in the receiving schools helped by establishing contact with the parents of the transferring students. The students in the receiving schools likewise participated, and some wrote letters of welcome to the newcomers. Dry runs were conducted with the buses so that by the time the program was implemented in February 1966, the necessary advance preparation had been accomplished.

Results to Date - Although the program has not been in effect long enough for an extensive objective evaluation, early indications are that it has been extremely successful. The children have adjusted well in their new school environment and, by their performance, have made friends for integration. One evaluation, made by an outside consultant employed by the District, found that receiving school parents whose children were in class with Negroes were more favorable to integration than parents whose children were not in class with Negroes. And parents of the bused students were so pleased with the results that many requested that their other children be included.

This limited program provided an integrated experience for the 230 youngsters being transferred, less than 10 percent of the sending schools' enrollment. It also provided token integration for the receiving schools. However, it left the four southwest Berkeley schools just as segregated as they were before, although with a somewhat improved program due to the reduced pupil-teacher ratio and added services.

COMMITMENT TO TOTAL INTEGRATION

The Problem - Although the ESEA program has provided a start in the direction of elementary school desegregation, we never regarded the busing of only 235 youngsters as the solution to the segregation problem. The problem will not be solved as long as our four south and west Berkeley schools remain overwhelmingly Negro, and the schools in the north and east overwhelmingly Caucasian. The segregation problem must be solved if minority youngsters are ever to close the achievement gap and if all youngsters, regardless of race, are to be adequately prepared for life in a multi-racial world.

Although we have integrated the schools down to the 7th grade, we strongly believe that integration must begin earlier. In too many cases attitudes already are hardened and stereotypes developed by the time the youngsters reach the 7th grade. It is, of course, politically and logistically easier to desegregate the secondary schools. In fact, a bi-racial city that has not desegregated its secondary schools is by definition not committed to integration. The problem is much more difficult at the elementary level. Buildings and attendance areas are smaller, children are younger, and community emotions are more intense. Yet, the problem must be solved at the elementary level. It is ironic that solutions come more easily at one level, but more good can be accomplished at the other.

The Commitment - The commitment of the Board of Education to desegregation of all elementary schools in Berkeley came in the spring of 1967. In early April a delegation from west Berkeley made a resen- tation to the Board, stating that it was time to get on with the job of total desegregation. The delegation had many other recommendations specifically relating to the south and west Berkeley schools and the programs available to minority youngsters. At this meeting I recommended that the Board authorize the Administration to develop a program of voluntary reverse busing from Caucasian areas to south and west Berkeley. I let it be known that this was to be regarded only as a stop-gap measure to demonstrate good faith and did not represent a solution to the desegregation problem.

At the next meeting, however, before we could develop a reverse busing plan, the issue moved ahead. Both of our certificated staff organizations made appeals to the Board for action either to erase de facto

segregation completely or at least to make a significant step in that direction. Officials of the local NAACP and other members of the audience supported these appeals. A motion was presented to the Board calling for desegregation of all Berkeley schools. The Board concurred and established September 1968 as the target date for desegregating the schools.

The next two or three Board meetings, including one workshop or "open hearing", drew crowds of several hundred spectators and many speakers. Most of the speakers and most of the crowds were supportive of the Board's action; there was a minority who disagreed with the Board's position -- some opposed desegregation altogether, and others felt that 1968 was too long to wait.

On May 16 the Board adopted a formal resolution reaffirming the September 1968 commitment and adding an interim calendar of deadlines for the various steps required to achieve desegregation. The Administration was instructed to develop plans for total integration. We were instructed to make our report by the first Board meeting in October, 1967. The timetable calls for the Board to adopt a particular program by January or February 1968. Seven or eight months would then remain for implementing the program in time for the opening of school in September 1968. This is the calendar on which we now are operating.

The Board included in its Resolution on Integration two other features: first, the assumption that desegregation is to be accomplished in the context of continued quality education, and second, that massive community involvement was to be sought in development and selection of the program. Both of these features I heartily support.

Developing the Plan - We went to work immediately. The Administration compiled information on enrollment and racial makeup of each school, school capacities and financial data. This information was distributed to each faculty. We then called a meeting of all elementary school teachers; I relayed our charge from the Board and asked each faculty to meet separately and develop suggestions. We also sent information packets to over sixty community groups and invited them to contribute their ideas. By the end of June we had received many suggestions, both from staff members and lay citizens.

Meanwhile both local and national endorsements were pouring in. The Berkeley City Council passed a resolution commending the Board on its commitment to integration. Other local organizations and individuals did the same.

During the summer months two task groups were assigned to work on the problem. One was concerned with the logistics of achieving desegregation and the other was concerned with the instructional program under the new arrangement. The Board appointed a seven-member lay citizens group to advise the Administration in development of its recommendations. Even after the Administration's recommendation has been given to the Board, this group will continue to function as an advisory body to the Board. Upon receiving the Administration's recommendation, the Board plans a series of workshop sessions to provide every opportunity for community reaction and suggestion.

As this paper is written (mid-September) we are making excellent progress toward meeting our deadline. Soon after the opening of school, a report from the Summer Task Group outlining four or five

of the most promising plans was sent to each school faculty and to each group or individual who submitted a plan during the summer. These proposals are being made available to the community as well, along with the many suggestions received earlier from staff and lay citizens. School faculties and the community-at-large are invited to react to these proposals and to make suggestions to the Administration. Procedures have been organized to facilitate a response from school and community groups. Each faculty has been asked to meet at least twice. On one afternoon, schools will be dismissed early and the district-wide staff divided into cross sectional "buzz" groups. Each of these groups will submit ideas. Following these steps we will use the task group proposals, along with the reactions and suggestions that come from the staff and community, in developing our recommendation to the Board. This recommendation will be presented to the Board on schedule, at the first meeting in October. From that point on the matter will be in the hands of the Board, which is to make its decision by January or February 1968.

As our plans develop, we have received invitations to appear before many groups, large and small. Some have been hostile at first. However, meeting with them has made possible an excellent exchange of views and an opportunity for explaining our program to people who had not been reached earlier. We anticipate that the fall months will be crowded with such speaking assignments. It is our firm commitment, and that of the Board of Education, to inform the citizens of Berkeley thoroughly about the issue and about prospective plans prior to the Board's adoption of a program in January or February.

LESSONS LEARNED

While working toward integration in the Berkeley schools over the past several years, we have learned some lessons:

1. Support by the Administration and the Board of Education for the concept of school integration is absolutely essential. The Board must give its consent before any plan of desegregation can occur. The support of the Superintendent and his administrative team is vital in helping to obtain Board support and in making a success of any program adopted. While the Board nor the Administration need broad community support, their leadership role is vital.

2. Integration has the best chance of success when a climate of openness has been established in the community. Lines of communication with Board, Administration, teachers, and the community-at-large must be kept open through frequent use. Anyone who thinks a solution to the problem of integration can be developed in a "smoke-filled room" and then rammed through to adoption while the community is kept in ignorance is simply wrong.

Our citizens are vitally interested; they are going to form opinions and express them, whether we like it or not. It is in our interest to see that these opinions are formed on the basis of correct information. Furthermore, the success of integration, once adopted, depends upon broad community support and understanding between the lay community and the schools. This can be created only through a climate of openness.

3. It can be done! A school district can move voluntarily to desegregate without a court order and without the compulsion of violence or boycotts. Berkeley has demonstrated that a school community can marshal its resources, come to grips with the issue of segregation, and develop a workable solution.

Furthermore, if the new arrangement is well planned and executed, it will gain acceptance on the part of many who opposed it at first.

Many fears and threats which arose in Berkeley were not realized. The Board was not recalled. Our teachers did not quit in droves. In fact, the reverse happened; our teacher turnover rate has been drastically reduced during the last two or three years. Integration did not lead to the kind of mass white exodus being experienced in other cities (which, interestingly enough, have not moved toward integration). In fact, last year for the first time in many years the long-standing trend toward a declining white enrollment in the Berkeley schools was reversed.

The not-so-subtle hints that direct action for integration would lead to loss of tax measures at the ballot box proved to be unfounded. In June 1966 we asked the voters for a \$1.50 increase in the ceiling of our basic school tax rate. Much smaller increase proposals were being shot down in neighboring districts and across the nation. In Berkeley we won the tax increase with over a 60 percent majority.

4. A community can grow. Berkeley did! When the citizens committee report came out in the fall of 1963 with an actual plan for desegregation of the junior high schools, the community suddenly awoke to the fact that desegregation was a real possibility. The furor that

resulted could be predicted in any city. However, as large public hearings and countless smaller meetings were held by dozens of groups, support for integration began to grow and opposition diminish. One area of the city that reacted emotionally at first later provided some of our strongest supporters.

An example in a different but related field can illustrate this point. Berkeley held a referendum election on a Fair Housing Proposal early in 1963, before the citizens committee report, and the measure was defeated by a narrow margin. A year and a half later the community, together with the rest of California, voted on the same issue -- Proposition 14. Although the statewide vote on that issue was a resounding defeat for Fair Housing, the City of Berkeley voted the direct opposite by almost a two-to-one margin. The Proposition 14 election was held only a month after the recall election, after almost a full year of intensive community involvement with the school desegregation issue. In other words, a city that voted down its own Fair Housing proposal, later voted two-to-one for Fair Housing in a statewide election. Many of us feel that this change of direction was substantially influenced by the extensive community involvement in the school integration question between the two elections. The community grew in understanding as it studied the issues.

5. Community confidence in the good faith of its school administration and school board must be maintained. Berkeley has been successful in doing this. The good faith of our Board and Administration has been demonstrated. There have been no court orders, no pickets, no boycotts, no violence. Each advance has been made, after extensive

study and community deliberation, because the staff, the Board and the community thought it was right. By moving in concert with the community we have avoided being placed in polarized positions of antagonism. The climate thus produced has enabled us, as we move step by step, to work with rather than against important segments of the community in seeking solutions. If this climate of good faith is missing, even the good deeds of school officials are suspect.

CONCLUSION

There is no greater problem facing the schools of America today than breaking down the walls of segregation. If our society is to function effectively its members must learn to live together. Schools have a vital role to play in preparing citizens for life in a multi-racial society. The Berkeley experience offers hope that integration can be successfully achieved in a good-sized city. This success can be achieved if the Board of Education, the school staff, and the citizens of the community are determined to solve the problem and work together toward this end.



Office of the Mayor

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APPENDIX 3: Revisions to Enabling Legislation for Reimagining Public Safety Task Force

CONSENT CALENDAR

January 19, 2021

To: Members of the City Council
 From: Mayor Jesse Arreguín
 Subject: Revisions to Enabling Legislation for Reimagining Public Safety Task Force

RECOMMENDATION:

Adopt a Resolution:

1. Rescinding Resolution No. 69,673-N.S.; and
2. Establishing a Reimagining Public Safety Task Force, comprised of: (a) one representative appointed by each member of the City Council and Mayor pursuant to the Fair Representation Ordinance, B.M.C. Sections 2.04.030-2.04.130, (b) one representative appointed by the Mental Health Commission, Youth Commission, and Police Review Commission (to be replaced by a representative of the Police Accountability Board once it is established), and (c) one representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President, one representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and three additional members to be appointed “At-Large” by the Task Force, with appointments subject to confirmation by the City Council.

The Task Force will be facilitated by a professional consultant, the National Institute for Criminal Justice Reform (NICJR), with administrative support by the City Manager’s office, and will serve as the hub of community engagement for the Reimagining Public Safety effort initiated and guided by the NICJR team. The Task Force will also include the participation of City Staff from the City Manager’s Office, Human Resources, Health, Housing and Community Services, Berkeley Fire Department, Berkeley Police Department, and Public Works Department. For visual, see Attachment 3.

With the exception of “At-Large” appointments, appointments to the Task Force should be made by January 31, 2021,¹ and reflect a diverse range of experiences, knowledge, expertise and representation. To maintain the Council’s July 14, 2020,² commitment to

¹ With the exception of the “At Large” appointments, which will be selected by the initial appointees with an eye for adding outstanding perspectives, knowledge and experience.

² “Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present

centering the voices of those most impacted in our process of reimagining community safety appointments should be made with the goal of achieving a balance of the following criteria:

- a. Active Members of Berkeley Community (Required of All)*³
- b. Representation from Impacted Communities
 - Formerly incarcerated individuals
 - Victims/family members of violent crime
 - Immigrant community
 - Communities impacted by high crime, over-policing and police violence
 - Individuals experiencing homelessness
 - Historically marginalized populations
- c. Faith-Based Community Leaders
- d. Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
- e. Health/ Public Health Expertise
- f. City of Berkeley labor/union representation
- g. Law Enforcement Operation Knowledge
- h. City Budget Operations/Knowledge
- i. Committed to the Goals and Success of The Taskforce (Required of All)

As outlined in the July 14, 2020, City Council Omnibus Action,⁴ City Council provided direction for the development of a new paradigm of public safety that should include, but is not limited to:

- 1) Building on the work of the City Council, the City Manager, Berkeley Police Department (BPD), the Police Review Commission and other City commissions and other working groups addressing community health and safety.
- 2) Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
- 3) Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform considering,⁵ among other things:

system. Together, we will identify what safety looks like for everyone.”, [Item 18d, Transform Community Safety, July 14, 2020, Berkeley City Council Agenda](#),

³ * At Large Appointees are not required to be Berkeley Residents, as long as they are active, committed Berkeley Stakeholders.

⁴ [July 14th, 2020, Berkeley City Council Item 18a-e Proposed Omnibus Motion on Public Safety Items](#)

⁵ [Transforming Police](#), NICJR

- A. The social determinants of health and changes required to deliver a holistic approach to community-centered safety.
- B. The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.
- C. Limiting militarized weaponry and equipment.
- D. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- E. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- F. Reducing the Berkeley Police Department budget to reflect its revised mandates, with a goal of a 50% reduction, based on the results of requested analysis and achieved through programs such as the Specialized Care Unit.

Direct the City Manager to ensure that the working group of City Staff as outlined in the October 28th Off-Agenda Memo is coordinating with the Task Force.⁶

The Task Force will provide input to and make recommendations to NICJR and City Staff on a set of recommended programs, structures and initiatives incorporated into a final report and implementation plan developed by NICJR to guide future decision making in upcoming budget processes for FY 2022-23 and, as a second phase produced, in the FY 2024-2025 budget processes.⁷

FINANCIAL IMPLICATIONS

City Council allocated \$270,000 in General Fund revenues to support engagement of outside consultants in the Reimagining Public Safety process.

BACKGROUND

On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions and directions. Central to this proposal is a commitment to a robust community process to achieve this "new and transformative model of positive, equitable and community centered safety for Berkeley". Item 18d, Transforming Community Safety, provides direction on the development of a "Community Safety Coalition", goals and a timeline led by a steering committee and guided by professional consultants. Recommendation 3 above reflects the original scope voted on by the council. However,

⁶[October 28, 2020 Off-Agenda Memo: Update on Re-Imagining Public Safety](#)

⁷ The final report and implementation plan are referenced in the contract approved by the City Council with the NICJR Consultant team on December 15, 2020.

that item did not specify the structure, exact qualifications or process of appointing this steering committee. This item follows the spirit of the original referral, and provides direction on structure, desired qualifications and appointment process.

To avoid confusion with the community organization that has independently formed since the passage of that referral, this steering committee is now being referred to as the Reimagining Public Safety Task Force.

City staff has been diligently been working to implement the referrals in the omnibus motion, including the development, release and evaluation of a request for proposals (RFP) for a consultant to facilitate this process.⁸ Initially, the expectation was that the development of a structure and process for the Task Force would be developed in consultation with the professionals selected by this RFP. However, to ensure thorough review of these proposals the timeline for selecting the consultant is longer than initially expected. At the July 18, 2020, meeting, City Council clearly stated that the Task Force will begin meeting no later than January 2021. To meet this timeline, the Council should adopt the proposed framework and appointment process so that the Task Force and our community process can begin shortly after the RFP process is completed.

This resolution is being reintroduced to clarify the process for transitioning appointments from the Police Review Commission to the newly established Police Accountability Board and to ensure that the Task Force works with the NICJR consultant team to develop one report and set of recommendations. The initial resolution was written prior to the finalization of a contract with NICJR. After consultation with city staff and the consultant team, the revised language will set clear expectations and a foundation for successful collaboration between the work of the Task Force and the consultant team.

RATIONALE FOR RECOMMENDATION

The proposed structure creates a Task Force with 17 total seats, ensuring representation from each Councilmember and the Mayor, key commissions including the Police Review Commission, the Youth Commission and the Mental Health Commission as well as representation from the ASUC, the Berkeley Community Safety Coalition (BCSC) and three “at-large” members to be selected by the Task Force to fill any unrepresented stakeholder position or subject matter expertise, with the community based organization and at-large appointments subject to confirmation by the City Council.⁹

This model was developed with input from all co-authors, the City Manager, community stakeholders including the ASUC and BCSC as well organizations and experts with experience running community engagement processes. Additionally, the Mayor’s office researched a wide range of public processes that could inform the structure and approach

⁸ Ibid

⁹ [The Berkeley Community Safety Coalition](#), initially known as Berkeley United for Community Safety, produced a 40 page report that was shared with the council in July. Their recommendations were referred to the reimagining process as part of the Mayor’s omnibus motion. Co-Founder Moni Law describes BCSC as a “principled coalition that is multiracial, multigenerational and Black and brown centered. We include over 2,000 people and approximately a dozen organizations and growing.”

for Berkeley, including youth-led campaigns, participatory budgeting processes, and long-term initiatives like the California Endowment Building Healthy Communities initiative.¹⁰

The proposed Task Force structure and process draws most directly on the processes underway in Oakland and in Austin, Texas.¹¹¹² In July, Oakland voted to establish a Reimagining Public Safety Task Force with 17 members, including appointees from all councilmembers and the Mayor, three appointees from their public safety boards, two appointees to represent youth and two at-large appointees selected by their council co-chairs¹³. The model proposed for Berkeley draws heavily from the Oakland approach. A key difference is that, unlike Oakland, this proposed structure does not recommend developing additional community advisory boards. Instead, it is recommended that Berkeley leverage our commissions and community organizations to provide additional input and research to inform the Task Force's work rather than establish additional community advisory boards.

The list of proposed qualifications for appointees (recommendation 2) is also modeled after Oakland's approach. In July, the city council committed to centering the voices of those that are most impacted by our current system of public safety as we reimagine it for the future. The list of qualifications is intended to guide councilmembers and other appointing bodies and organizations to ensure that the makeup of the Task Force reflects that commitment. After all appointments are made, the Task Force will select 3 additional "at large" members to join the Task Force with an eye on adding perspectives, expertise or experience that are missing in initial appointments. At Large members are not required to be Berkeley residents, as long as they are active, committed Berkeley stakeholders, and work in the City of Berkeley.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with the action requested in this report.

ALTERNATIVE ACTIONS CONSIDERED

Alternative appointment structures were evaluated, including a citywide application process and an independent selection committee. However, given that the Task Force will ultimately advise the City Council, there was broad agreement that the Council should have a strong role in appointing the Task Force.

CONTACT PERSON

Jesse Arreguín, Mayor, (510) 981-7100

Attachments:

¹⁰ [California Endowment Building Healthy Communities Initiative.](#)

¹¹ [Austin, Texas Reimagining Public Safety Task Force](#)

¹² [Reimagining Public Safety](#), Oakland website

¹³ [Oakland Reimagining Public Safety Task Force Framework](#)

1. Resolution Establishing Reimagining Public Safety Task Force
2. Resolution No. 69,673-N.S.
3. Framework for Reimagining Public Safety Task Force
4. July 14, 2020 City Council Item 18d, Transforming Community Safety
5. July 14, 2020 City Council Item a-e, Proposed Omnibus Motion on Public Safety Items

RESOLUTION NO.

ESTABLISHING THE REIMAGINING PUBLIC SAFETY TASK FORCE

WHEREAS, On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions and directions; and

WHEREAS, Central to this proposal is a commitment to a robust community process to achieve this "new and transformative model of positive, equitable and community centered safety for Berkeley". Item 18d, Transforming Community Safety, provides direction on the development of a "Community Safety Coalition", goals and a timeline led by a steering committee and guided by professional consultants; and

WHEREAS, on December 15, 2020, the City Council authorized the City Manager to enter into a contract with the National Institute for Criminal Justice Reform (NICJR) who will conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley; and

WHEREAS, the NICJR has agreed to perform the following work:

- Working with the City Auditor on the assessment of emergency and non-emergency calls for service.
- Developing a summary and presentation of new and emerging models of community safety and policing.
- Developing and implementing a communications strategy to ensure that the community is well informed, a robust community engagement process, and managing the Task Force to be established by the City Council.
- Identifying the programs and/or services that are currently provided by the Berkeley Police Department that can be provided by other City departments and / or organizations.
- Developing a final report and implementation plan that will be used to guide future decision making.

WHEREAS, to avoid confusion with the community organization that has independently formed since the passage of that referral, this steering committee is now being referred to as the Reimagining Public Safety Task Force; and

WHEREAS, the purpose of this Resolution is to specify the structure, criteria, and role of the Reimagining Public Safety Task Force.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that Resolution No. 69,673-N.S. is hereby rescinded; and

BE IT FURTHER RESOLVED that the Berkeley City Council does hereby establish the Reimagining Public Safety Task Force.

1. The membership shall be comprised of:
 - a. One (1) representative appointed by each member of the City Council and Mayor, pursuant to the Fair Representation Ordinance, B.M.C. Sections 2.04.030-2.04.130,
 - b. One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission (to be replaced by a representative of the Police Accountability Board once it is established), and
 - c. Subject to confirmation by the City Council, one (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President, one (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and three (3) additional members to be appointed "At-Large" by the Task Force.

2. With the exception of the "At-Large" appointments, appointments to the Task Force should be made by January 31, 2021,¹⁴ and reflect a diverse range of experiences, knowledge, expertise and representation. To maintain the Council's July 14, 2020,¹⁵ commitment to centering the voices of those most impacted in our process of reimagining community safety, appointments should be made with the goal of achieving a balance of the following criteria:
 - a. Active Members of Berkeley Community (Required of All)^{*16}
 - b. Representation from Impacted Communities
 - Formerly incarcerated individuals
 - Victims/family members of violent crime
 - Immigrant community
 - Communities impacted by high crime, over-policing and police violence

¹⁴ With the exception of the "At Large" appointments, which will be selected by the initial appointees with an eye for adding outstanding perspectives, knowledge and experience.

¹⁵ "Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.", [Item 18d, Transform Community Safety, July 14, 2020, Berkeley City Council Agenda](#).

- Individuals experiencing homelessness
 - Historically marginalized populations
- c. Faith-Based Community Leaders
 - d. Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
 - e. Health/ Public Health Expertise
 - f. City of Berkeley labor/union representation
 - g. Law Enforcement Operation Knowledge
 - h. City Budget Operations/Knowledge
 - i. Committed to the Goals and Success of The Taskforce (Required of All)
3. At Large Appointees are not required to be Berkeley Residents, as long as they are active, committed Berkeley stakeholders and work in the City of Berkeley.
4. As outlined in the July 14, 2020, City Council Omnibus Action,¹⁷ City Council provided direction for the development of a new paradigm of public safety that should include, but is not limited to:
- 1) Building on the work of the City Council, the City Manager, Berkeley Police Department, the Police Review Commission and other City commissions and other working groups addressing community health and safety.
 - 2) Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
 - 3) Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (NICJR) considering,¹⁸ among other things:
 - A. The social determinants of health and changes required to deliver a holistic approach to community-centered safety.
 - B. The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.
 - C. Limiting militarized weaponry and equipment.
 - D. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - E. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with

¹⁷ [July 14th, 2020, Berkeley City Council Item 18a-e Proposed Omnibus Motion on Public Safety Items](#)

¹⁸ [Transforming Police](#), NICJR

educational, community serving, restorative and other positive programs, policies and systems.

- F. Reducing the Berkeley Police Department budget to reflect its revised mandates, with a goal of a 50% reduction, based on the results of requested analysis and achieved through programs such as the Specialized Care Unit; and

BE IT FURTHER RESOLVED, that the Task Force will provide input to and make recommendations to NICJR and City Staff on a set of recommended programs, structures and initiatives incorporated into a final report and implementation plan developed by NICJR to guide future decision making in upcoming budget processes for FY 2022-23 and, as a second phase produced, in the FY 2024-2025 budget processes.¹⁹; and

BE IT FURTHER RESOLVED, that the City Manager is requested to provide updates and coordinate with the Task Force regarding the work that is underway on various aspects of the July 14, 2020 Omnibus package adopted by City Council including the Specialized Care Unit, BerkDoT, and priority dispatching (For visual, see Attachment 2); and

BE IT FURTHER RESOLVED, the Task Force shall sunset at the earlier of City Council's adoption of the final report and implementation plan developed by NICJR or three years after appointments are made unless the Task Force is otherwise extended by the City Council; and

BE IT FURTHER RESOLVED, the Task Force should be subject to the Commissioner's Manual; and

BE IT FURTHER RESOLVED, Mayor and City Council appointments to the Task Force shall be made, and vacancies shall be filled, in accordance with the provisions of Sections 2.04.030 through 2.04.130 of the Berkeley Municipal Code; and

BE IT FURTHER RESOLVED, The appointment of any member of the Task Force shall automatically terminate as set forth in Berkeley Municipal Code Chapter 3.02 due to attendance; and

BE IT FURTHER RESOLVED, The City Clerk shall notify any member whose appointment has automatically terminated and report to the appointing City Councilmember or appointing authority that a vacancy exists on the Task Force and that an appointment should be made to fill the vacancy; and

BE IT FURTHER RESOLVED, Temporary appointments may be made and leaves of absence may be granted by the appointing authority pursuant to Berkeley Municipal Code Section 3.03.030 and the Commissioners' Manual; and

¹⁹ The final report and implementation plan are referenced in the contract approved by the City Council with the NICJR Consultant team on December 15, 2020

BE IT FURTHER RESOLVED, A majority of the members appointed to the Task Force shall constitute a quorum and the affirmative vote of a majority of the members appointed is required to take any action; and

BE IT FURTHER RESOLVED, The Task Force shall keep an accurate record of its proceedings and transactions; and

BE IT FURTHER RESOLVED, The Task Force may make and alter rules governing its organization and procedures which are not inconsistent with Resolution or any other applicable ordinance of the city, or any resolution of the city governing commission procedures and conduct; and

BE IT FURTHER AND FINALLY RESOLVED, The Task Force shall establish a regular place and time for meeting. All meetings shall be noticed as required by law and shall be scheduled in a way to allow for maximum input from the public. The frequency of meetings shall be as determined by the Task Force Chair in consultation with NICJR and City Staff.

RESOLUTION NO. 69,673-N.S.

ESTABLISHING THE REIMAGINING PUBLIC SAFETY TASK FORCE

WHEREAS, On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions and directions; and

WHEREAS, Central to this proposal is a commitment to a robust community process to achieve this "new and transformative model of positive, equitable and community centered safety for Berkeley". Item 18d, Transforming Community Safety, provides direction on the development of a "Community Safety Coalition", goals and a timeline led by a steering committee and guided by professional consultants; and

WHEREAS, that item did not specify the structure, exact qualifications or process of appointing this steering committee; and

WHEREAS, To avoid confusion with the community organization that has independently formed since the passage of that referral, this steering committee is now being referred to as the Reimagining Public Safety Task Force.

NOW, THEREFORE BE IT RESOLVED that the City Council does hereby establish the Reimagining Public Safety Task Force.

1. The membership shall be comprised of: One (1) representative appointed by each member of the City Council and Mayor, one (1) representative appointed by the Mental Health, Police Review and Youth Commissions, one (1) representative appointed by the Associated Students of the University of California (ASUC), one (1) representative appointed by the Berkeley Community Safety Coalition (BCSC), and three (3) additional members to be appointed "At Large" by the Task Force, all subject to confirmation by the City Council. The Task Force will be guided by a professional consultant, and will include the participation of City Staff from the City Manager's Office, Human Resources, Health, Housing and Community Services, Berkeley Fire Department, Berkeley Police Department, and Public Works Department. For visual, see Attachment 2.
2. Appointments to the Task Force should be made by January 31, 2021,¹ and reflect a diverse range of experiences, knowledge, expertise and representation. To maintain the Council's July 14, 2020,² commitment to centering the voices of those most

¹ With the exception of the "At Large" appointments, which will be selected by the initial appointees with an eye for adding outstanding perspectives, knowledge and experience.

² "Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or

impacted in our process of reimagining community safety appointments should be made with the goal of achieving a balance of the following criteria:

- a. Active Members of Berkeley Community (Required of All)*³
 - b. Representation from Impacted Communities
 - Formerly incarcerated individuals
 - Victims/family members of violent crime
 - Immigrant community
 - Communities impacted by high crime, over-policing and police violence
 - Individuals experiencing homelessness
 - Historically marginalized populations
 - c. Faith-Based Community Leaders
 - d. Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
 - e. Health/ Public Health Expertise
 - f. City of Berkeley labor/union representation
 - g. Law Enforcement Operation Knowledge
 - h. City Budget Operations/Knowledge
 - i. Committed to the Goals and Success of The Taskforce (Required of All)
3. The charge of the Task Force is as outlined in the July 14, 2020, City Council Omnibus Action,⁴ and should include but is not limited to:
- 1) Building on the work of the City Council, the City Manager, BPD, the PRC and other City commissions and other working groups addressing community health and safety.
 - 2) Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
 - 3) Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform considering,⁵ among other things:
 - A. The social determinants of health and changes required to deliver a holistic approach to community-centered safety.

under-served by our present system. Together, we will identify what safety looks like for everyone.”, Item 18d, Transform Community Safety, July 14, 2020, Berkeley City Council Agenda,

³ * At Large Appointees are not required to be Berkeley Residents, as long as they are active, committed Berkeley Stakeholders.

⁴ July 14th, 2020, Berkeley City Council Item 18a-e Proposed Omnibus Motion on Public Safety Items

⁵ Transforming Police, NICJR

- B. The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.
- C. Limiting militarized weaponry and equipment.
- D. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- E. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- F. Reducing the Berkeley Police Department budget to reflect its revised mandates, with a goal of a 50% reduction, based on the results of requested analysis and achieved through programs such as the Specialized Care Unit; and

BE IT FURTHER RESOLVED, that the outcome of the Task Force will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY 2024-2025 budget processes to ensure that recommended changes will be achieved. The Task Force shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY 2022-23 Budget Process; and

BE IT FURTHER RESOLVED, the Task Force shall sunset after two years unless otherwise extended by the City Council;

BE IT FURTHER RESOLVED, the Task Force should be subject to the Commissioner's Manual; and

BE IT FURTHER RESOLVED, Berkeley City Council appointments to the Task Force shall be made, and vacancies shall be filled, in accordance with the provisions of Sections 2.04.030 through 2.04.130 of the Berkeley Municipal Code; and

BE IT FURTHER RESOLVED, The appointment of any member of the Task Force shall automatically terminate as set forth in Berkeley Municipal Code Chapter 3.02 due to attendance; and

BE IT FURTHER RESOLVED, The City Clerk shall notify any member whose appointment has automatically terminated and report to the appointing City Councilmember or appointing authority that a vacancy exists on the Task Force and that an appointment should be made to fill the vacancy; and

BE IT FURTHER RESOLVED, Temporary appointments may be made and leaves of absence may be granted by the appointing authority pursuant to Berkeley Municipal Code Section 3.03.030 and the Commissioners' Manual; and

BE IT FURTHER RESOLVED, The Task Force annually shall elect one of its members as the chairperson and one of its members as the vice-chairperson; and

BE IT FURTHER RESOLVED, A majority of the members appointed to the Task Force shall constitute a quorum and the affirmative vote of a majority of the members appointed is required to take any action; and

BE IT FURTHER RESOLVED, The Task Force shall keep an accurate record of its proceedings and transactions; and

BE IT FURTHER RESOLVED, The Task Force may make and alter rules governing its organization and procedures which are not inconsistent with this Resolution or any other applicable ordinance of the city, or any resolution of the city governing commission procedures and conduct; and

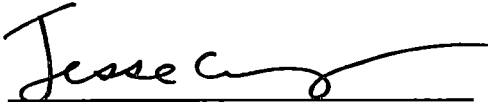
BE IT FURTHER RESOLVED, The Task Force shall establish a regular place and time for meeting. All meetings shall be noticed as required by law and shall be scheduled in a way to allow for maximum input from the public. The frequency of meetings shall be as determined by the Task Force Chair in consultation with City Staff.

The foregoing Resolution was adopted by the Berkeley City Council on December 15, 2020 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest: 

Mark Numainville, City Clerk



Reimagining Public Safety Task Force



Task Force Purpose & Goals

As Defined by July 14th Council Action



Purpose: The Community Safety Coalition, guided by a task force, will serve as the hub for a broad, deep and representative process, and uplift the community's input into a new positive, equitable, anti-racist system of community health and safety.

The work of the task force should include but not be limited to:

1. Building on the work of the City Council, the City Manager, BPD, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

Task Force Purpose & Goals



Continued...

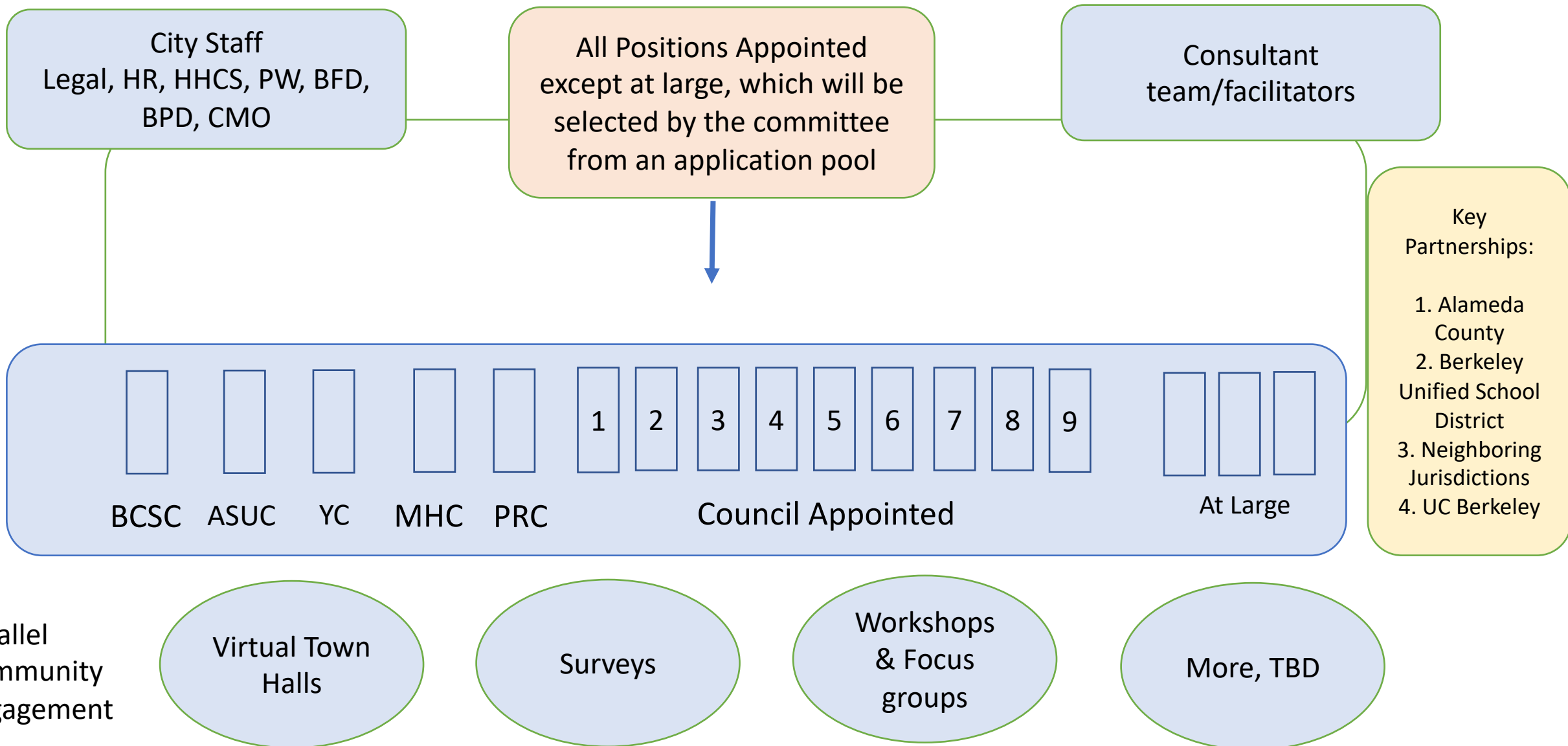
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform considering, among other things:

- a) The social determinants of health and changes required to deliver a holistic approach to community-centered safety
- b) The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.
- c) Limiting militarized weaponry and equipment.
- d) Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e) Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- f) Reducing the Berkeley Police Department budget to reflect its revised mandates, with a goal of a 50% reduction, based on the results of requested analysis and achieved through programs such as the Specialized Care Unit



Proposed Task Force Structure

Selected by Councilmembers, Mayor & Key Commissions and Community Stakeholders





Task Force Membership

Knowledge, Expertise, & Experience Needed

- Active Members of Berkeley Community (Required of All*)
- Representation from Impacted Communities
 - Formerly incarcerated individuals
 - Victims/family members of violent crime
 - Immigrant community
 - Communities impacted by high crime, over-policing and police violence
 - Individuals experiencing homelessness
 - Historically marginalized populations
- Faith-Based Community Leaders
- Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
- Health/ Public Health Expertise
- City of Berkeley labor/union representation
- Law Enforcement Operation Knowledge
- City Budget Operations/Knowledge
- Committed to the Goals and Success of The Taskforce (Required of All)

**At Large appointees may not be Berkeley residents, so long as they are active and committed stakeholders*

Task Force Responsibilities

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Active membership & Participation Required of Selected members

- Work collaboratively to achieve the purpose and goals established
- Thorough preparation for and active participation in all taskforce meetings (1-2 meetings per month)
- Participate in and support various community engagement efforts
- Other responsibilities – to be determined



Office of the Mayor
Jesse Arreguín

ACTION CALENDAR
July 14, 2020

To: Honorable Members of the City Council
From: Mayor Jesse Arreguín, Vice-Mayor Sophie Hahn, Councilmember Ben Bartlett, Councilmember Kate Harrison
Subject: Transform Community Safety and Initiate a Robust Community Engagement Process

RECOMMENDATIONS

1. Adopt a Resolution expressing the City Council’s commitment to:
 - a. A transformative approach to community-centered safety and reducing the scope of policing,
 - b. Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and
 - c. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.
2. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council and posted on a regularly updated and dedicated page on the City website.
3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community

investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.

- ii. Identify immediate and longer-term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, "neighborhood services" and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to initiate and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - c. Limiting militarized weaponry and equipment.
 - d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- c. The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

SUMMARY

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function, and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

The current re-energized movement for social justice and police reform highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could have been avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that is not traditionally the purview of the police.

This item initiates a restructure and redefinition of "health and safety" for all Berkeleyans, with immediate, intermediate and longer-term steps to transform the city to a new model that is equitable and community-centered. It roots the transformative process in broad, deep and representative community engagement which empowers the community to address social determinants of health and safety and deliver transformative change, with the help of change management professionals and informed by research and analysis of current and best practices.

BACKGROUND

The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice. Across the country, community members have gathered for weeks to demand change and called out the enduring, systemic racism, white supremacy and accompanying police brutality that have defined the United States for too long. Among the more immediate demands are calls to reduce funding and the scope of police work and to invest in alternative models to achieve positive, equitable community safety.

These demands for change go beyond necessary efforts in procedural justice, implicit bias training, and improved use of force policies. Activists, organizers and their allies in our community are seeking a broader discussion about the true foundations for a safe and healthy community for all people. For too long, "public safety" has been equated

with more police, while economic and social welfare programs have been viewed as special projects unrelated to health and safety.

Responding from the epicenter of this moment, the City of Minneapolis has voted to disband their police department and engage in a deep and detailed year long process to fundamentally transform community health and safety in their city.¹ Closer to home, Mayor London Breed has announced that San Francisco will demilitarize their police force and end the use of police as a response for non-criminal activity.²

As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to police. This resolution and recommendations initiate a thoughtful, thorough approach to restructuring and redefining health and safety through investment in the social determinants of health, rooted in deep community engagement and empowerment.

Community members are calling on city leaders to be creative in reimagining the city's approach to health and safety and to make clear, demonstrated commitments and timelines for this work.

In order to earn community buy-in for these important changes it is critical that the future of community health and safety be defined by the Berkeley community, centering the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically, and continue to be, marginalized and under-served by our current system. A community-wide process would ultimately inform recommended investments and approaches to achieve a higher and more equitable level of community safety for the entire community.

CURRENT SITUATION AND ITS EFFECTS

Despite strong efforts and leadership on police reform, homelessness, health, education and housing affordability in Berkeley, racial disparities remain stark across virtually every meaningful measure. According to the City of Berkeley's 2018 Health Status Summary Report, African Americans are 2.3 times more likely to die in a given year from any condition as compared to Whites. In 2013, African Americans were twice as likely to live in poverty in Berkeley. By 2018, they were eight times more likely. The Center for Policing Equity (CPE) found that Black drivers are 6.5 times as likely as white drivers to be stopped by Berkeley police officers and four times as likely to be searched. Latinx people are also searched far more often than white people. Furthermore, there is a striking disproportionality in BPD's use of force against Black community members.

¹ <https://lms.minneapolismn.gov/Download/File/3806/Transforming%20Community%20Safety%20Resolution.pdf>

² <https://sfmayor.org/article/mayor-london-breed-announces-roadmap-new-police-reforms>

Black people comprise 8% of Berkeley's population but 46% of people who are subjected to police force.³

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

In addition to renewed efforts around policing in places like Minneapolis and San Francisco that were prompted by George Floyd's murder, the financial and public health impacts of COVID-19 had already required Berkeley to reimagine and innovate to meet the moment. Berkeley now faces multiple intersecting crises: the COVID-19 pandemic and its economic impacts, the effects of systemic racism and the ongoing climate emergency. There is no returning to "normal."

COVID-19 has demonstrated that we are only as healthy and safe as the most vulnerable amongst us, and we are in fact one community. There is both a moral and fiscal imperative to restructure the way Berkeley envisions and supports health and safety.

Berkeley is facing a \$40 million budget deficit, and while deferrals of projects and positions can help close the gap in the short term, the economic impacts of the pandemic will require deeper restructuring in the coming years. The current structure of the police department consumes over 44% of the City's General Fund Budget. With the increase in payments required to meet pension and benefit obligations, the police budget could overtake General Fund capacity within the next 10 years. Thus, even before the important opportunity for action created through outrage at the murder of George Floyd, the City's current investments in safety were unsustainable. To provide meaningful safety and continue critical health and social services, Berkeley must commit to, and invest in, a new, positive, equitable and community-centered approach to health and safety - this is affordable and sustainable.

³ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

RATIONALE FOR RECOMMENDATIONS

1. Resolution expressing City Council's commitment to a new city-wide approach to public health and safety

Transforming our system of health and safety requires strong commitment from our leaders and the community. This resolution (Attachment 1) is an expression of commitment and a tool for accountability to the public.

The proposed set of principles as well as specific initiatives are the starting point for a robust and inclusive process. Some actions will require significantly more work and additional council direction prior to implementation. For example, moving traffic and parking enforcement from police is a concept that is recommended but would require a significant redesign of city operations. Other changes may be able to move forward more quickly. These ideas are submitted in a spirit of conviction and humility. The future of community health and safety must be addressed in a fundamentally different way and the Council is committed to collaborating with the community to define a new, positive and equitable model of health and safety for everyone.

2. Direct the City Manager to publicly track progress on actions that respond to the directives of the principles herein and others identified by the Coalition. Progress shall be updated regularly and available on a dedicated page on the City website.

This webpage should include a summary of the actions outlined in this item, as well as other work already underway such as the Mayor's Fair and Impartial Working group, the Use of Force policy updates, other work underway by the Police Review Commission and any other Council referrals or direction on public safety, including existing referrals addressing alternative and restorative justice, that reflect the spirit and scope of this item.

Transformative change will only be successful if processes are transparent and information widely disseminated, as the City has so successfully demonstrated in managing the COVID-19 crisis. By publicly posting this information, the public will have the capacity to keep its elected officials, city staff, and our whole community accountable for realizing a new system of community centered safety that meets the needs of all of Berkeley's residents.

3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:

(a) Begin the process of structural change including directing the analysis of the activities of the Berkeley Police Department and other related departments.

Transforming community health and safety has to start by understanding the existing system, the calls to which it responds and other activities. This recommendation seeks to build on Councilmember Bartlett's George Floyd Community Safety Act to immediately engage independent, outside experts to conduct a data-driven analysis of police calls and responses and a broader understanding of how the police actually spend their time.⁴⁵

Engaging the services of outside experts will ensure a transparent and trusted process and provide accurate data required to effectuate substantive change will be identified and that data will inform immediate change and the work throughout the community engagement process. The experts must be knowledgeable about policing, code enforcement, criminal justice and community safety and have deep experience with current and emerging theories, as well as expertise in data collection and analysis to inform recommendations for transformative change.

This analysis should commence as quickly as possible with the goal of providing some recommendations in time for the November 2020 AAO and then to more broadly inform the work of the Community Safety Coalition.

(b) Identify immediate opportunities to shift elements of current policing resources to fund more appropriate community agency responses

This re-energized movement for social justice also highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could be avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that have slowly accreted to the police.

⁴https://www.cityofberkeley.info/uploadedFiles/Clerk/Update_Budget%20Request%20to%20Hire%20a%20Consultant%20to%20Perform%20Police%20Call%20and%20Re...pdf

⁵ [New York Times- How Do the Police Actually Spend Their Time?](#)

By November 2020, with preliminary information provided by outside experts, the City Manager and Council should identify some responsibilities that can be quickly shifted to other programs, departments and agencies. Some areas to be considered include:

- Mental health and crisis management (consideration should be given to possible expansion of the Mobile Integrated Paramedic Unit (MIP) Pilot initiated by the Berkeley Fire Department during the COVID-19 pandemic), and other models for mental health outreach and crisis response, including by non-profits
- Homeless outreach and services
- Civilianizing some or all Code Enforcement + Neighborhood Services and placing these functions elsewhere
- Alternatives for traffic and parking enforcement, and
- Substance abuse prevention and treatment

The consultants should work with the City Manager to provide a specific timeline and process for transitioning functions as quickly as possible, with deliverables to coincide with timelines for budget processes.

(c) Contract with Change Management experts to initiate and facilitate a Community Safety Coalition (“CSC”) and Steering Committee that will begin meeting no later than January 2021.

While the Council can make some important changes and investments in the near future, a complete and enduring transformation in community safety is only possible through robust community engagement. It is critical that the future of community health and safety is defined by the Berkeley community, elevating the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically marginalized and under-served by current systems. The Community Safety Coalition, guided by a steering committee, will serve as the hub for a broad, deep and representative process, and uplift the community’s input into a new positive, equitable, anti-racist system of community health and safety.

Berkeley has a history in leading transformational change to achieve a more equitable society. The robust public process that led to school desegregation is an example of our community’s success in bringing about significant, transformative change (Attachment 4).

The robust public process, led by the Community Safety Coalition and its steering committee, will be guided and facilitated by outside experts.

The work of the Coalition should include but not be limited to:

- Build upon the work of the City Council, City Manager, the Fair and Impartial Policing Working Group, the Use of Force subcommittee and other efforts of the Police Review and other City Commissions, and the work of other community agencies addressing community-centered health and safety
- Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley. This research should explore and propose investments in restorative justice models, gun violence intervention programs, and substance abuse support, among other things.
- Recommend a positive, equitable, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - Limiting militarized weaponry and equipment.
 - Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

FINANCIAL IMPLICATIONS

\$160,000 from the Auditor's budget to assess police calls and responses

\$200,000 from current budget cycle from Fund 106, Civil Asset Forfeiture, for initial subject matter expertise and engagement of outside consultants

Staff time to support the process of identifying and implementing change.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

This effort is in support of the following strategic plan goals:

- Champion and demonstrate social and racial equity
- Create a resilient, safe, connected, and prepared City
- Create affordable housing and housing support services for our most vulnerable community members
- Provide an efficient and financially-healthy City government
- Be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON

Mayor Jesse Arreguin 510-981-7100

Vice-Mayor Sophie Hahn

Councilmember Ben Bartlett

Councilmember Kate Harrison

Attachments:

1. Resolution
2. Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
3. "Shrink the Beast" A Framework for Transforming Police, National Institute for Criminal Justice Reform
4. School Desegregation in Berkeley: The Superintendent Reports, Neil Sullivan 1968

RESOLUTION

Whereas, The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice; and

Whereas, Demands for change go beyond necessary efforts in procedural justice, implicit bias training, and use of force policies and seek a broader discussion about investment in the conditions for a safe and healthy community; and

Whereas, Investment in “public safety” has been equated with more police for too long while economic and social welfare programs have been viewed as special projects unrelated to health and safety; and

Whereas, This movement is highlighting the problematic expansion in the roles and responsibilities of police officers. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders to mental health crises, homelessness, drug addiction, sex work, school disruption, traffic and code violations and neighborhood conflicts; and

Whereas, the adopted 2020 budget allocated \$74 million to the Berkeley Police Department, which represents over 44% of the City’s General Fund of \$175 million, and is more than twice as much as the combined City budgets for Health Housing and Community Services, and Economic Development; and

Whereas, It is clear that our current system of public health and safety is not working and is not sustainable in Berkeley. Despite strong efforts and leadership on police reform, homelessness and affordable housing, racial inequity remains stark across virtually every meaningful measure of health and well-being; and

Whereas, Local government’s most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;⁶⁷⁸ and

Whereas, As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to using the police; and

⁶ [Transforming Community Safety Resolution-Minneapolis](#)

⁷ [San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community](#)

⁸ [The cities that are already defunding the police](#)

Now, Therefore, Be It Resolved by The City Council of The City of Berkeley:

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives⁹;

Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.

Be It Further Resolved that the process will center the role of healing and reconciliation. The process will require healers, elders, youth, artists, and organizers to lead deep community engagement on race and public safety. We will work with local and national leaders on transformative justice in partnerships informed by the needs of every block in our city.

Be It Further Resolved that decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.

Be It Further Resolved that these efforts heed the words of Angela Davis, “In a racist society, it is not enough to be non-racist. We must be anti-racist.”

Be It Further Resolved that the transformation under consideration has a citywide impact, and will be conducted by the City Council in a spirit of collaboration and transparency with all constructive stakeholder contributors including the Mayor’s Office, the City Manager, the Police Chief, and community organizations.

Be It Further Resolved that the City Council of the City of Berkeley is committed to:

1. A transformative approach to community-centered safety and reducing the scope of policing
2. Equitable investment in the essential conditions of a safe and health community especially for those who have been historically marginalized and have experienced disinvestment
3. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

⁹ [A Framework fo Transforming Police- NICJR](#)

Be it Further Resolved that the City Council supports taking the following actions to realize this transformation:

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.
2. Direct the City Manager to collaborate with Councilmembers later selected by the Mayor to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent consultants/Change Management and subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs, or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.
 - ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, “neighborhood services” and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

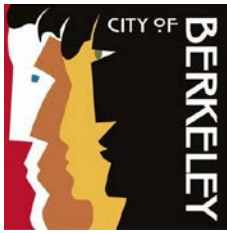
- b. Contract with independent Change Management experts to create and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee, should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

4. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
5. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
6. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:

- a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
- b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
- c. Limiting militarized weaponry and equipment.
- d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.



Councilmember Ben Bartlett
City of Berkeley, District 3

EMERGENCY ITEM AGENDA MATERIAL

Meeting date: June 16, 2020
Item Description: Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
Submitted by: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and Councilmembers Kate Harrison (Co-Sponsor)

Rationale:

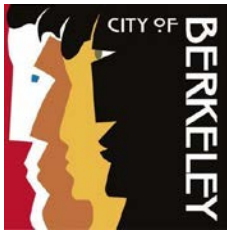
Pursuant to California Government Code Section 54954.2(b) (2), Councilmember Ben Bartlett submits the attached item to the City Council for placement on the June 16, 2020 meeting agenda. Gov. Code Section 54954.2(b) (2) states that “Upon a determination by a two-thirds vote of the members of a legislative body presents at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).”

This item meets the criteria for “immediate action” as follows:

- 1) The budget is being considered and there is public outcry for Council to take action.
- 2) Racism Is a Public Health Emergency.
- 3) Council is considering numerous police items right now.

Hundreds of thousands of people in every state have marched in solidarity to call for an end to police brutality, to demand police accountability, and to reform law enforcement, bringing justice to the Black lives and people of color who have been wrongfully harmed at the hands of the criminal justice system. Police brutality has taken the lives of 46-year-old Black man George Floyd, 26-year-old Black woman Breonna Taylor, and countless other people of color. Often resorting to violent means of punishment, police officers are not trained to handle noncriminal and nonviolent situations. Unfortunately, the lack of sufficient data and reporting has allowed police misconduct to be swept under the rug, which has increased police militarization, failed to prioritize community safety, and prevented providing the civilian with the necessary treatment to resolve the situation.

To respond to urgent calls for police transparency and accountability, this item requests the City Manager to hire third-party consultants to conduct a data-driven analysis of the Berkeley Police Department’s calls, responses, budget, and expenditures to determine which calls can be serviced to non-law enforcement agencies, ensuring noncriminal and nonviolent situations are properly handled by trained community professionals.



Councilmember Ben Bartlett
City of Berkeley, District 3

CONSENT CALENDAR

June 16, 2020

To: Honorable Mayor and Members of the City Council
 From: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and
 Councilmembers Kate Harrison (Co-Sponsor)
 Subject: Safety for All: The George Floyd Community Safety Act - Budget Request to
 Hire a Consultant to Perform Police Call and Response Data Analysis

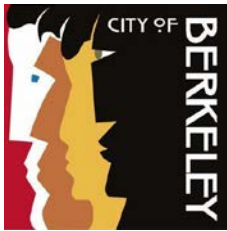
RECOMMENDATION:

1. Refer to the Thursday, 6/18/2020 Budget & Finance Policy Committee and the FY 2020-21 Budget Process the \$150,000 to
 - a. Hire a consultant to conduct a data-driven analysis of police calls and responses to determine the quantity and proportion of these calls that can be responded to by non-police services. The third-party consultant must be hired and engaged in work within three months of the item's passage.
 - b. Hire a consultant to conduct an analysis of the Berkeley Police Department's budget and its expenditures by call type. The third-party consultant must be hired and engaged in work within three months of the item's passage.
2. Direct the City Manager to:
 - a. Implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.

CURRENT SITUATION

In all 50 states and more than 145 cities, Americans are calling to end police violence and brutality, to legitimize police accountability, and to transform the police system to protect the safety of communities and people of color. Police violence and brutality led to the death of a 46-year-old Black man George Floyd and the murders of other Black people, igniting a flame that has been brewing for a long time. These events of police violence gave rise to a wave of demonstrations and demands for change, including many in the City of Berkeley.

Due to the Coronavirus pandemic, the City of Berkeley is facing a nearly 30+ million dollar budget deficit, sharply stalling economic growth with effects that parallel the Great Depression. At the same time, the City is projected to undergo an increase in people experiencing homelessness, trauma, and mental health crises. Therefore, the City must ensure that each dollar is spent for the residents' best interest and will produce the maximum return.



Councilmember Ben Bartlett
City of Berkeley, District 3

In order to better respond to the needs of the Berkeley community, it is critical that the Council takes local-level action on police reform. In particular, the City must examine the types of calls and responses from the police department and analyze the agency's budgets and expenditures according to call type.

As a component of the **REDUCE, IMPROVE, RE-INVEST** framework, this item works towards the REDUCE goal: *the City should implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.* Specifically, this item proposes to hire an outside consultant to conduct an analysis of police calls and responses as well as the department budget.

With military-style techniques and structure, police officers are trained to combat crime in a manner that exerts violence through punishments, establishing a monopoly on force in communities. While law enforcement is supposed to protect our communities and keep us safe, crime waves from the 1970s and 1980s have transformed the police community into a body for crime control, maintaining such focus until modern-day despite declines in criminal activity¹. With this focus on crime control, police officers lack the necessary training to adequately respond to noncriminal and nonviolent crimes. Non Criminal crimes refer to issues involving mental health, the unhoused community, school discipline, and neighborhood civil disputes². Nonviolent crimes are categorized as property, drug, and public order offenses where injury or force is absent³. When police respond to these types of matters, they resort to violent means of arrest or problem escalation because they are ill-equipped and not trained to resolve the underlying issues.

According to the Vera Institute of Justice's report between 1980 and 2016, more than 10.5 million arrests are made every year; only 4.83 percent of those arrests were for violent offenses⁴. Eighty percent of these arrests were for low-level offenses, such as "disorderly conduct," non-traffic offenses, civil violations, and other offenses. This criminalization may be attributed to the arrest quotas for police productivity, which promotes punishment by rewarding the number of arrests for police funding instead of finding solutions to these issues⁵. This high percentage of low-level offenses resulted in

¹ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

² <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>

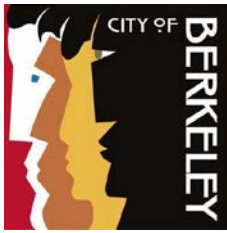
³

<https://www.bjs.gov/content/pub/ascii/pnoesp.txt#:~:text=Nonviolent%20crimes%20are%20defined%20as%20possession%2C%20burglary%2C%20and%20larceny.>

⁴

<https://arresttrends.vera.org/arrests?compare%5Boffense%5D%5Bpart1%5D=part1&compare%5Boffense%5D%5Bpart2%5D=part2#infographic>

⁵ <https://theintercept.com/2019/01/31/arrests-policing-vera-institute-of-justice/>



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arrest when other nonviolent, rehabilitative methods could have occurred from the solutions of community workers with the experience to handle these situations.

It is imperative that the City of Berkeley develops, implements, and enforces a clear and effective roadmap towards making real change, ending anti-Black racism, stopping police violence, and holding police accountable for their actions. Thus, the Council should direct the City Manager to hire third party consultants to conduct a data-driven analysis of police calls and responses as well as their budget and expenditures in order to determine ways in which experienced community workers can reduce the police footprint by addressing noncriminal situations. We recommend that community workers also resolve nonviolent situations.

BACKGROUND

In order to achieve the aforementioned goals, the City must implement a series of important law enforcement reforms and take action by initiating the following:

REDUCE:

I. Hire a consultant to conduct a data driven analysis of police calls and responses.

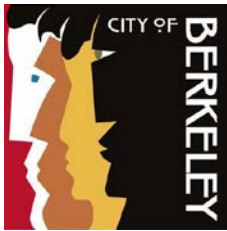
University of Denver Political Science Professor Laurel Eckhouse stated, “One method of reducing police presence... is to separate and reassign to other authorities various problems currently delegated to the police... such as the problems of people who don’t have housing... mental health issues... and even things like traffic⁶.” Community organizations, civilian workers trained in mental health situations, or neighborhood problem-solvers would better address these specific issues due to their experience, ensuring that the police are not the only force addressing these issues and promoting community vitality⁷.

Conducting a data driven analysis of police calls and responses would signify a report of the calls and responses that police receive and would inform the city where to better allocate resources to resolve specific issues. Noncriminal and nonviolent activities can thus be properly addressed by those who are equipped to handle these situations and would relieve law enforcement from these calls to then pursue more serious criminal situations. For example, the San Francisco Police Department receives approximately 40,000 calls per year about homeless people on the streets⁸. Social workers who can help unhoused citizens and those with mental health disorders are better equipped to help these citizens receive

⁶ <https://www.stanforddaily.com/2020/06/04/police-abolition-looks-like-palo-alto/>

⁷ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

⁸ <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>



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proper treatment while also protecting the safety of our communities, which would give law enforcement time to handle other crimes.

One suggestion to reduce the costs of policing is to boost productivity by allocating a portion of the calls for service to community organizations who have the resources and training to handle such situations⁹. For example, in Mesa, Arizona from 2006 to 2008, a third of calls for service are handled by civilians; these calls are for incidents of “vehicle burglaries, unsecured buildings, accidents, loose dogs, stolen vehicles, traffic hazards, and residential burglaries¹⁰.” Approximately half of calls for service in Mesa are handled by police officers, but among those, there are ways to reduce police authority. For example, 11 percent of those calls that police officers handled were in response to burglary alarms, where 99 percent were false. Six percent of those calls included “juveniles disturbing the peace.” This situation in Mesa demonstrates the possibility of reduced police force in exchange for community based response teams who can better resolve these issues with their experience.

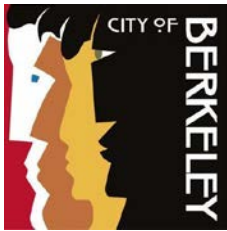
The City Manager should hire a third party consultant within three months of this item’s passage to conduct the data analysis, ensuring that the report is completed in an impartial and timely manner.

The third party consultant should create a report with the following information by analyzing and gathering the data from the police department, reporting their findings to the City every two years. We recommend the following data to be considered for analysis:

- a. Number of calls the police department receives per day, week, month, and year, which will be categorized into noncriminal, misdemeanor, nonviolent felony, and serious and violent felony calls.
- b. Demographics for these calls
- c. Characteristics of traffic stops
 - i. Quantity
 - ii. Type/reason
 - iii. Number of those resulting in searchings paired with the frequency at which illegal items were found
 - iv. Police response (i.e. citation, arrest, use of force)
 - v. Demographics of the civilian in the traffic stop that is broken into type of stop and whether a search occurred
- d. Number of complaints against an officer
 - i. Enumerate the officers with a high number of complaints

⁹ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>

¹⁰ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>



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ii. Reason behind the complaints.

With the results of the data analysis, the City can determine the portion of calls that the community crisis worker pilot can properly address with the resources and experience they have.

II. Hire a consultant to conduct an analysis of the police department budget.

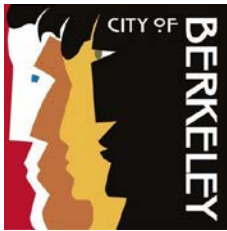
Using the analysis generated by a review of police call and response data, a third party consultant should be hired to analyze the police department's expenditures and budgets for various calls of service and report their findings to the City every two years.

According to the 2019 budget, the Berkeley Police Department's expenditures were approximately \$69 million, which consists of 5.6 percent of the city's net expenditures. However, for the 2020 budget, the BPD is expected to have \$74 million in expenditures, reflecting a \$5 million increase from the previous year and approximately \$8 million higher than 2017's expenditures¹¹. Unfortunately, anecdotal evidence suggests that only 20 percent of police time is spent on solving crime and the majority is spent towards addressing those experiencing homelessness and mental health crises. The City should reallocate resources to a crisis worker entity who would be tasked with responding to noncriminal calls. We recommend that nonviolent calls also be addressed by this entity. This would give police officers more time to focus on crime, leading to better outcomes for public safety, community health, and a higher quality of life.

In Canada, Police Information and Statistics Committee police services Waterloo Police Regional Service and Ontario Provincial Police collaborated with Justice Canada and Public Safety to collect data on their calls for service and determine the costs of policing¹². Their research reported that in 2013, bylaw complaints were listed as the most frequent call for service in Waterloo at 8,769 calls and non-crime policing activities were listed as the most frequent. In contrast, the only criminal activity listed in the top 10 generated calls were domestic dispute, theft under \$5000, and major violent crime in property damage. Considering the most frequent of costly calls are noncriminal activities such as selective traffic enforcement programs (\$22,212.45 in sum of total unit service time in hours) and vehicle stops (\$206,668.13), the greatest cost in calls were for noncriminal activities. As noncriminal activities result in the greatest costs, it would be more efficient for community workers to handle these situations in order to reduce

¹¹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/FY-2020-2021-Adopted-Budget-Book.pdf>

¹² <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2015-r018/index-en.aspx#c-1-i>



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police department costs, allowing trained professionals to resolve the issue and giving police officers time to spend on more serious criminal offenses.

By analyzing the budget expenditures for the police for each call type, the community can divest from the police and reallocate those funds for trained community organizations who can handle noncriminal and nonviolent offenses. Considering the significantly delayed response to former requests for the police department's budget, the data analysis should be conducted by a third party consultant that is hired and engaged in active service within three months of this item's passage, ensuring that the police department's budget information is transparent to the public and reported in an impartial, timely manner.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

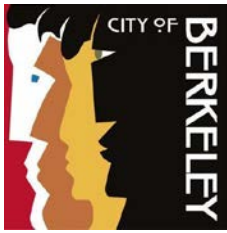
The City Manager provides regular reports on crime in Berkeley and on the policies of the Berkeley Police Department¹³. The data on serious crime is collected annually by the Federal Bureau of Investigation (FBI), which consists of over 17,000 law enforcement agencies that represent over 90 percent of the United States population. The FBI's Uniform Crime Report (UCR) reports crime statistics on violent crimes (including murder, rape, robbery, and aggravated assault) and property crimes (including burglary, larceny, auto theft, and arson). This data allows the BPD to analyze national and local crime trends, determine effectiveness of response to crime, and plan for future policies and resource allocation. Additionally, the City of Berkeley implements the Daily Calls for Service Log that the community can access to see the volume and nature of police activity.

Currently, Utah requires agencies to report tactical deployment and forcible entries where such reports are summarized by the Utah Commission on Criminal and Juvenile Justice. Utah Law Enforcement Transparency reporting interface was added to Utah Criminal Justice Information System in 2014 through the use of federal grant funding. Law enforcement agencies are required to report incidents of forcible entry and the deployment of tactical groups, representing data collection of police use of force¹⁴.

However, these reports do not analyze the demographics or types of calls and responses from the BPD, which makes it difficult to hold police officers accountable for the mistreatment of individuals. Without this information, it becomes difficult to determine how to decrease the police footprint or implement safer policing practices if the analysis only pertains to the quantity and types of arrests and does not include the

¹³ https://www.cityofberkeley.info/Police/Home/Annual_Crime_Reports.aspx

¹⁴ <https://justice.utah.gov/Documents/CCJJ/LETR/2018%20LET%20Annual%20Report.html>



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background, call of service, reason, demographics, complaints against the police officer, and other important factors to the BPD's response.

Despite voluntary data sharing and crime reports, data collection still remains vague and insufficient, leaving many unanswered questions regarding the number of instances of and reasons for use of force, complaint process against police officers, and other information about police actions. This lack of clarity allows police misconduct to perpetuate due to the lack of research that would hold police departments accountable.

ACTIONS/ALTERNATIVES CONSIDERED

One possible alternative to the community response teams would be to implement better training procedures so that police officers are more equipped to handle nonviolent and noncriminal activities. For example, the state of Washington requires both violence de-escalation and mental health training for police officers¹⁵. Such reform may render the data analysis on the types of calls unnecessary because the police department would be trained to handle all services regardless of the type of call.

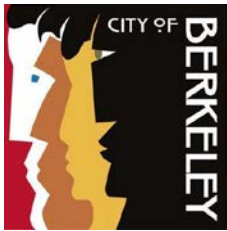
However, training police officers to handle situations such as mental health or homelessness would signify an increase in funding for the police department to provide such training services. Not only would this type of training be difficult to maneuver when police forces are currently trained in a militarized manner, but it would be more efficient for community professionals to peacefully and properly resolve such issues since they have already engaged in this training and experience for years.

Reforming police training may be beneficial, but in this case, it would also indicate the lack of basis for reporting the police department's types of calls and responses, which is necessary to hold the police accountable and ensure safer practices. While reporting the data analysis could still occur without the community crisis workers, only having the police department manage all situations would increase their authority over the communities, which would lead to increased militarization of the police forces if other community organizations do not intervene or hold them accountable.

OUTREACH OVERVIEW AND RESULTS

The District 3 Office has consulted with David Muhammad, who is the Executive Director of the National Institute for Criminal Justice Reform; the former Chief Probation Officer in Alameda County; and the former Deputy Commissioner of Probation in New York City. David Muhammad is a leading expert on criminal justice who has helped inform our response to the current situation.

¹⁵ <https://www.theatlantic.com/ideas/archive/2020/06/how-actually-fix-americas-police/612520/>



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The District 3 Office has also consulted with Marcus McKinney, the Senior Director of Government Affairs & Public Policy at the Center for Policing Equity.

The District 3 Office has also consulted with Professor Tracey L. Meares, Walton Hale Hamilton Professor and Faculty Director of the Justice Collaboratory at Yale Law School.

RATIONALE FOR RECOMMENDATION

Police departments across the country enforce policies and practices that breed a culture of violence resulting in killings--like those of Floyd and Moore, and of countless other people of color. These authoritative, militarized behaviors are often rooted in anti-Black racism, and such behavior must stop being acceptable. Transformation of police departments, their role, and relationship to our communities requires a change in culture, accountability, training, policies, and practices.

To prioritize community safety and reduce police violence, the City must hire a third party consultant to analyze police data in order to decide how to divest from the police to fund experienced community workers who can adequately resolve noncriminal and nonviolent situations. These community workers would protect the community from violence and emphasize revitalization and rehabilitation over the punishment that police officers often enforce. Implementing a data-driven analysis on police data would increase the transparency of the police department and hold them accountable, detecting the issues within the police force that community response teams can help heal. The Council must make informed legislative decisions that will reduce police footprint, improve current practices of law enforcement, and reinvest in the community for the safety of our civilians.

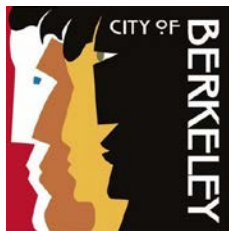
FISCAL IMPACTS OF RECOMMENDATION

The third party consultant/s would cost approximately \$150,000 to \$200,000. It is up to the City Manager to hire the third party consultants who will analyze the data of the police department's calls, responses, budget, and expenditures. Consultants must be hired and engaged in service within three months if this item passes. These consultants would ensure that noncriminal situations are handled by those with the necessary training, which may lead to a decrease in repeat offenses when community workers properly resolve the situation and guide civilians to helpful resources.

ENVIRONMENTAL SUSTAINABILITY

We do not expect this recommendation to have significant negative impacts on environmental sustainability.

OUTCOMES AND EVALUATION



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If this item is passed, third party consultants would be hired by the City and engaged in data analysis within three months of passage. These consultants would produce biennial reports regarding the Berkeley Police Department's types of calls and responses as well as the budgets and expenditures in order to inform the City how to reallocate funds from the police into a community response team with better experience to handle noncriminal situations. We recommend that nonviolent situations also be addressed by community crisis workers.

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ATTACHMENTS

1. Cover Letter - Safety for All: George Floyd Community Safety Act
 - <https://drive.google.com/file/d/16pqqd9J6NPRzh6298Bgazo7jw1qxTK6Y/view?usp=sharing>

SHRINK THE BEAST:

A Framework for Transforming Police

NICJR★
National Institute for
Criminal Justice Reform



The killing of George Floyd by Minneapolis police was the match that lit a fire that has been building in our communities for a long time. Nationwide demands for not just reform, but complete transformation of policing have put pressure on local jurisdictions across the country to make rapid and real change.

Since its founding, the National Institute for Criminal Justice Reform (NICJR) has worked to reform the juvenile and criminal justice systems through a process of Reduce – Improve – and Reinvest. This framework can also be effective in transforming policing. In the past 15 years, the U.S. juvenile justice system has been reduced by more than half. Youth correctional facilities have been shuttered and investment into community services has increased. While there is certainly more progress to be made, the movement to transform policing can learn a great deal from criminal justice reform.

NICJR's framework to Shrink the Beast focuses on three areas: reducing the footprint of law enforcement, significantly improving what remains of policing, and reinvesting the savings from smaller police budgets into community services.

Reduce

One of the most significant structural reforms we must advance in policing, already happening in the criminal justice arena, is shrinking its scope. Officers are asked to do too much with too few resources. The warrior mentality that police are indoctrinated with, starting as early as the first day of the police academy, does not allow them to handle many of those responsibilities well. It is time for an alternative response network for all non-violent calls for service. Similar to the community-based organizations that provide diversion programs for youth and adults who would otherwise end up in the justice system, a new infrastructure of community safety and problem-solving responders, with expertise in crisis response, mental health, and de-escalation techniques, must be developed. Such a network should be vast and well equipped, including 24-hour on-call community crisis response and outreach workers. The resulting reduced police force would then focus primarily on responding to serious violence. Small, but promising examples of this model already exist:

- › **In Oakland, CA**, non-profit organizations employ street outreach workers and crisis response specialists who respond to shooting scenes, intervene in and mediate conflicts, and sit down with young adults who have been identified as being at very high risk of violence to inform them of their risk and offer them intensive services. These City-funded efforts have been credited with a [50 percent reduction in shootings](#) and homicides in the city.
- › **In Eugene, OR**, Crisis Assistance Helping Out on the Streets ([CAHOOTS](#)) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers. This represents nearly 20 percent of the total public safety call volume for the metropolitan area.
- › **In Austin, TX**, the [Expanded Mobile Crisis Outreach Team](#) is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.
- › **In Albuquerque, NM**, where the police have been involved in numerous unjustified killings, the Mayor has proposed creating a [new non-law enforcement public safety agency](#) that will respond to non-violent calls.

Steps To Reduction



Create a robust alternative emergency response network with mental health workers, crisis intervention specialists, and street outreach workers – the Community Emergency Response Network (CERN).



Significantly reduce police patrol divisions which are currently primarily responsible for responding to 911 calls. Police will instead focus on responding to serious and violent incidents, a small percentage of all current calls.



CERN Crisis Intervention Specialists would respond to all other calls.



Traffic policing should be replaced by technology to the maximum extent possible.



Violence reduction teams should be created or remain intact: Patrol and investigation units focused on reducing gun violence. Like all remaining police personnel, these units must be trained in and adhere to strict use of force and Procedural Justice policies.



Investigation Units should also remain intact.

Improve

The primary challenge in police agencies is culture. Many have described it as a warrior culture. Adrenaline-filled young officers want to “knock heads” during their shifts; the “us vs them,” military occupation syndrome. We must confront and transform this destructive culture. Policing should focus on protection and service to the community.

Improving the smaller police departments that remain, after taking the steps to reduction outlined above, includes three components: policy, training, and accountability. Implement new policies including restricting the use of force, mandating verbal de-escalation, community policing, and eliminating stop and frisk. Implement high quality and frequent training on these newly developed policies. And, most importantly, hold all police personnel accountable for adhering to and demonstrating these policies in action.



Steps To Improvement

- 1 Increase hiring standards to screen out candidates with any signs of racial bias, interest in the warrior culture, or those who have been fired or forced to resign from previous law enforcement positions.
- 2 Prioritize hires of those who grew up in the city and/or live in the city.
- 3 Make deliberate efforts to have the police force representative of the community it serves.
- 4 Revise use of force policies to limit any use of deadly force as a last resort in situations where a suspect is clearly armed with a firearm and is using or threatening to use the firearm.
- 5 All other force must be absolutely necessary and proportional.
- 6 Provide thorough, high quality, and intensive training in subjects including:
 - New use of force policy
 - Verbal de-escalation
 - Bias-free policing
 - Procedural Justice
- 7 Transparency: Provide regular reports to the public on stops, arrests, complaints, and uses of force, including totals, demographics, and aggregate outcomes data.
- 8 Effectively use an early intervention system that tracks various data points to identify high risk officers and implement discipline, training, and dismissal where necessary.
- 9 Use aggressive, progressive discipline to root out bad officers.
- 10 Rescind state and local laws that provide undue protection to police unions and prohibit effective and efficient disciplinary action.

Reinvest

A smaller footprint of law enforcement should result in a reduced police budget. Resources should be shifted away from the police department to the CERN and other community-based intervention initiatives, including Credible Messengers/Life Coaches, social workers, and mental health service providers.



The National Institute for Criminal Justice Reform (NICJR) is a non-profit organization providing technical assistance, consulting, research, and organizational development in the fields of juvenile and criminal justice, youth development, and violence prevention. NICJR provides consultation, program development, technical assistance, and training to an array of organizations, including government agencies, non-profit organizations, and philanthropic foundations.

[NICJR.org](https://www.nicjr.org)

R E P O R T R E S U M E S

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UD 004 752

SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT REPORTS.

BY- SULLIVAN, NEIL V.

PUB DATE NOV 67

EDRS PRICE MF-\$0.25 HC-\$0.92 21F.

DESCRIPTORS- *SCHOOL INTEGRATION, *BOARD OF EDUCATION POLICY, *BOARD OF EDUCATION ROLE, SCHOOL ADMINISTRATION, SCHOOL SUPERINTENDENTS, JUNIOR HIGH SCHOOLS, ELEMENTARY SCHOOLS, COMMUNITY COOPERATION, BUS TRANSPORTATION, STAFF ROLE, ELECTIONS, INTEGRATION PLANS, BERKELEY, CALIFORNIA

DESCRIBED IS THE HISTORY OF THE EFFORTS TO DESEGREGATE THE BERKELEY, CALIFORNIA, SCHOOL DISTRICT, WHICH IS SCHEDULED TO BE FULLY DESEGREGATED BY SEPTEMBER 1968. CHANGE BEGAN IN THE 1950'S WITH THE ELECTION OF A "LIBERAL" TO THE BOARD OF EDUCATION. FIRST STEPS INVOLVED IMPROVING EDUCATIONAL OPPORTUNITIES FOR MINORITY GROUP CHILDREN AND MAKING EFFORTS FOR BETTER RACE RELATIONS. DESEGREGATION BEGAN IN THE JUNIOR HIGH SCHOOLS BUT NOT WITHOUT COMMUNITY FRICTION TO THE POINT OF A DEMAND FOR A RECALL ELECTION OF THE BOARD. HOWEVER THE BOARD WAS VINDICATED ON ITS STAND FOR VOLUNTARY INITIATION OF DESEGREGATION. A NEW SCHOOL SUPERINTENDENT WAS FACED WITH THE JOB OF IMPLEMENTING THE PLAN AND BEGAN HIS EFFORTS BY DEVELOPING COMMUNITY SUPPORT AND PRODUCTIVE LIAISON WITH HIS STAFF. THE NEXT STEP INVOLVED DESEGREGATING THE ELEMENTARY SCHOOLS. THE WIDE GEOGRAPHIC SEPARATION OF IMBALANCED SCHOOLS IN THE CITY REQUIRED THE DESIGNATION OF CERTAIN WHITE SCHOOLS AS RECEIVING SCHOOLS AND THE USE OF FEDERALLY FUNDED BUSES AND ADDITIONAL STAFF FOR THE 230 INCOMING PUPILS. HOWEVER THIS WAS ONLY A "TOKEN" EFFORT. VOLUNTARY REVERSE BUSING AND A TIMETABLE FOR COMPLETE DESEGREGATION HAVE BEEN RECOMMENDED. IT IS FELT THAT THE REQUISITES FOR SUCCESSFUL SCHOOL DESEGREGATION ARE FULL COMMITMENT BY THE SCHOOL ADMINISTRATION AND THE BOARD, COMMUNITY INVOLVEMENT WITH AND FAITH IN THE BOARD AND ADMINISTRATION, AND THE DEVELOPMENT OF "WORKABLE" PLANS. THIS PAPER WAS PREPARED FOR THE NATIONAL CONFERENCE ON EQUAL EDUCATIONAL OPPORTUNITY IN AMERICA'S CITIES, SPONSORED BY THE U.S. COMMISSION ON CIVIL RIGHTS, WASHINGTON, D.C., NOVEMBER 16-18, 1967. (NH)

04752

**SCHOOL DESEGREGATION IN BERKELEY:
THE SCHOOL SUPERINTENDENT REPORTS**

Prepared by
Neil V. Sullivan, Ed. D., Superintendent of Schools
Berkeley Unified School District-Berkeley, California
for the
National Conference on Equal Educational Opportunity
in America's Cities
sponsored by the
U.S. Commission on Civil Rights, Washington, D.C.
November 16-18, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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In recent years Berkeley, California, has been fortunate to have a school district which recognizes its problems and works effectively toward their solution. The city schools already have completely desegregated the junior high schools, and have made a token start at the elementary level. The School Board has committed itself to completing the process in all schools by September 1968. When that goal is reached, Berkeley will be a rare example of a major city working out a solution to this problem without court orders, violence, boycotts, or compulsion, but only with the conviction of the Board of Education, the Administration, and the citizens that it was right.

This has not been achieved overnight. To place the present achievements in their proper context it is necessary to trace the development of events in the recent past.

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PRE-1964

The Liberal Renaissance - Prior to the mid-1950's Berkeley's local government -- including the Board of Education -- was typical of those found in most middle-size, middle-class communities. The orientation was pro-business, with a heavy emphasis on keeping the tax rate down. This condition was so pronounced that teachers, in order to obtain a much needed and earned salary increase, were forced to use an initiative petition to get school revenues raised; the Board had refused to do so.

There are many different versions concerning the beginning of the liberal renaissance. There is general agreement that the first concrete step was the election of one liberal to the Board in 1957, followed by another in 1959, and two more in 1961. With the 1961 election the liberals assumed control of both the Board of Education and the City Council. However, even with only one "liberal" Board member in the late 1950's, the Board began to give attention to the problems of race relations in a multi-racial city.

Preliminary Steps - A citizens committee (named the Staats Committee after its chairman) was organized to study race relations within schools. This committee did not come to grips with the question of de facto segregation but sought to deal otherwise with improving educational opportunities for minority youngsters and improving race relations in the schools. For the late 1950's this report was a forward-looking document. It led to two particularly noteworthy developments.

First, the hiring practices for minority teachers were greatly improved. The number of Negro teachers increased from 36 in 1958 to 75 in 1962. Negroes also were advanced to principalships and other high positions in the District's administrative hierarchy. And by 1962 there were about 30 Orientals on the certificated staff.*

Second was the Intergroup Education Project (IEP). This project was designed to help teachers appreciate cultural diversities and better understand youngsters from other than middle-class backgrounds. It conducted seminars for teachers, mass community meetings, and weekend conferences for this purpose. The IEP helped prepare the ground for the high staff support for later integration efforts.

Junior High School Desegregation - In 1962 a delegation from the Congress on Racial Equality visited the Superintendent of Schools -- and later the Board of Education. Complimenting the School District for progress already made, the CORE delegation suggested that it was time to get on with the task of desegregating the schools. CORE asked that a citizens committee be appointed to study this problem.

The report included a recommendation for desegregating the junior high schools by assigning some students from the predominantly Caucasian "hill" area to Burbank, the Negro junior high school; students from predominantly Negro west Berkeley would be assigned partly

* The distribution of minority teachers among the various schools did not keep pace with progress in hiring. Most of these recruits were assigned to predominantly Negro schools. In more recent years we have made a concerted effort to achieve a better racial balance on all faculties. It is important, especially to combat stereotypes, to the education of all children to see members of all races working together in such respected vocations as teaching.

to Garfield, the Caucasian junior high school. Since the third junior high school already was racially balanced, this recommendation would have eliminated de facto segregation at the junior high school level.

The report struck the community like a bombshell. Although the community was aware that the committee was functioning, most people had not taken seriously the possibility that such a concrete recommendation would be made. The reaction was intense. During the remainder of 1963 and through January of 1964 there was extensive community discussion of the proposal. Two hearings were held -- one attracting 1200 people and other drawing over 2000. PTA's and other groups set up study committees on this problem; never before had such crowds attended PTA meetings!

In the hill area affected by the recommendation many liberals faced a dilemma. Some asked: "How do we express our opposition to this particular proposal without sounding like bigots?" Our response was to ask them to develop a better plan. Many sincere critics of the citizens committee proposal set out to do just that.

One of these alternative proposals was named the "Ramsey Plan" after the junior high school English teacher who suggested it. This plan proposed desegregation of Berkeley's three junior high schools by making the predominantly Negro school into a 9th grade school and dividing the 7th and 8th graders between the two remaining junior high schools.

In February 1964 a five-member staff committee was asked to study the reactions of the Berkeley school staff to the citizens committee proposal and to other ideas that had been offered. Every school faculty was asked to consider the matter.

In March the 5-member staff committee reported to the Board that the staff as a whole was favorable toward integration, and preferred the Ramsey Plan to the original citizens committee proposal. The Board instructed the Superintendent to consider the educational pros and cons of the Ramsey Plan, and its feasibility for September 1964 implementation.

The results of this study were presented to the Board and the community on May 19, 1964, a landmark date in the history of Berkeley schools. Again there were over 2000 people in the audience. The opposition, which had formed the "Parents Association for Neighborhood Schools" (PANS) solemnly warned that if the Ramsey Plan or any such desegregation proposal were adopted, the Board would face a recall election. The Board members did vote for the Ramsey Plan -- and they did face recall.

The Recall - Through the summer months the opponents of the Board collected signatures on recall petitions. A rival group was formed to defend the Board (Berkeley Friends of Better Schools). By late July the PANS group had enough signatures to force a recall election.

There followed a series of procedural skirmishes before the City Council and the state courts. Finally, an election was called for October 6, and after an intensive and heated campaign it was held. It was a stunning triumph for the courageous incumbent Board members. This election was another landmark for Berkeley education and for the cause of desegregation across the nation. There was more at stake than indi-

vidual Board members continuing in office. The basic issue was the survival of a Board of Education which voluntarily took effective action to desegregate schools -- not because of court order or other compulsion, but simply because the Board believed desegregation was right. If such a board of Education could not be sustained the lesson would not be lost on boards of education in other cities facing the same problem. Thus, it was extremely significant that in this election the Board was vindicated by the Berkeley community.

SULLIVAN ADMINISTRATION

The New Administration - On September 1, 1964, five weeks prior to the recall election, I took office as Berkeley's Superintendent of Schools in the midst of a climate of change and uncertainty. Of the five-member Board of Education which had unanimously invited me to come to Berkeley, only two remained in office. One had resigned because his business interests led him to move from the city. Another was transferred to become minister of one of the largest churches of his denomination in New York City, and a third was appointed by the Governor to be a Superior Court judge. The two who remained were facing a recall election.

There also was a sweeping change in the school administration. Virtually every top ranking member of the central administration was either new to the District or new in his position. Over one-third of our schools had new principals.

Making the New Plan Work - The decision to desegregate the junior high schools had been made before I arrived. The role of the

new administration was to make it work.

School opened as usual and the new system was put into effect with no marked difficulties. In fact, the orderliness of the transition was an important contribution to the defeat of the recall attempt. It demonstrated clearly that desegregation could be achieved without the dire consequences that had been forecast.

Developing Community Support - Defeat of the recall election meant that courageous Board members would remain in office, and the junior high school desegregation plan would continue. My next task as Superintendent was to attempt to reunite a badly split community, to develop a sense of community understanding, and to provide a basis for school support.

I approached this problem by creating a climate of openness with the public. We immediately established the practice of recognizing and admitting our problems and inviting the community's help in seeking solutions. As a new superintendent, I was besieged by invitations to speak publicly. I accepted as many as I could and during the 1964-65 school year scheduled over 100 speaking engagements.

I issued an open invitation to citizens to visit my office and discuss their school concerns, to share their ideas and suggestions. In addition I telephoned or wrote to dozens of people who had been recommended to me as community leaders deeply interested in schools. For several months I met almost continually, often a few times a day, with citizens individually and in groups. These meetings made me familiar with the Berkeley community and established a climate that encouraged exchange of ideas.

I established a liaison channel between my office and the area-wide PTA Council. I made it a practice to convene three or four briefing sessions a year with the unit presidents and council officers of that organization, and included other groups such as the League of Women Voters. At these sessions problems and issues facing the schools, as well as hopes and plans for improvement were discussed.

The day after the recall election I recommended the formation of a broadly-based School Master Plan Committee, to examine all facets of the School District's operation and to develop guidelines for the future. I urged participation of all elements of the community, making it clear that we wanted cooperation, regardless of positions in the recall election. The response was heartwarming; over 200 highly qualified citizens were nominated or volunteered their services. The Board of Education selected 91 people from this list to serve on the committee. Also named were 47 staff members. The committee has been hard at work for two years, and presented its report in the fall of 1967.

During my first year in Berkeley, I was invited by the local newspaper to write a weekly column on local and national education matters. This column has been a valuable means of keeping the community informed and introducing some new ideas. During the past year I accepted the invitation from a local radio station to conduct a weekly program of fifteen minute sessions dealing with events in the school system and issues facing public education. Each month the final week's program is extended to one hour, and features a direct phone-in from the radio audience.

In addition to developing relationships with the general public, we have worked to maintain good liaison with the staff. We have frequent breakfast conferences with the leaders of both teacher organizations, and meet regularly with the Superintendent's Teacher Advisory Council, made up of teacher representatives chosen by each faculty.

The purpose of these communication efforts has been three-fold. First, extensive dialogue with staff and community helps to identify and define problems needing attention. Second, it serves as an excellent source of new ideas and suggestions. Third, it helps interpret our problems, goals, and programs to the community.

Our efforts have been, in short, to "mold consensus" in the community behind the school system. Although we have not achieved unanimity on any single subject (that would be impossible in Berkeley!) there have been good indications during the past three years. It seems that we have succeeded in molding community support for the schools, and in developing sufficient consensus to resolve some of the crucial problems facing urban schools today.

A START TOWARD ELEMENTARY INTEGRATION

Segregation in the Elementary Schools - The Board's adoption of the Ramsey Plan, followed by the defeat of recall election, insured desegregation at the junior high school level. Since there is only one regular senior high school, our entire secondary school program, beginning with grade 7, was desegregated. However, we still face de facto segregated elementary schools. The four elementary schools in south and west Berkeley are overwhelmingly Negro. The seven schools located in

the northern and eastern hill areas of the city are overwhelmingly Caucasian. In between, in a strip running through the middle of Berkeley, are three desegregated schools. Since the racially imbalanced Negro and Caucasian schools are on opposite sides of the city, separated by the integrated schools, boundary adjustments will not solve the problem.

When the Ramsey Plan was adopted the Board tabled a companion recommendation that would have desegregated the elementary schools by dividing the city into four east-to-west strips, each containing three or four schools. The schools within each of these strips would have been assigned students on a Princeton principle, i.e., 1-3 in some schools, grades 4-6 in others.

Educational Considerations - It is not the function of this paper to develop fully the case for school desegregation. However, the basic motivation underlying our progress in Berkeley can be stated concisely.

Many studies, in Berkeley and elsewhere, have documented the fact that segregation hurts the achievement of disadvantaged youngsters. Schools with a preponderance of these boys and girls have low prestige and generally lack an atmosphere conducive to serious study.

The emotional and psychological harm done to children through this type of isolation also has been demonstrated. Regardless of cause, racial segregation carries with it the symbol of society's traditional rejection of Negroes.

The benefit of integration extends to children of all races. We are all sharing this society, and if it is to be successful we must learn to respect each other and get along with one another. This will not happen if segregation remains.

These considerations have been taken seriously in Berkeley as we move toward total school integration.

ESEA Busing Program - The Elementary and Secondary Education Act of 1965 allowed the schools to make a beginning on the problem of elementary school segregation. Berkeley's share under Title I of that Act was approximately a half-million dollars. A major share of these funds was used to reduce pupil-teacher ratios in our four target area (Negro) schools and to provide extra specialists and services for students attending them. The reduction of pupil-teacher ratios left a surplus of 235 children. The seven predominantly Caucasian hill-area schools had spaces for these youngsters. Our proposal for the first year's use of Title I funds, then, included improved services and reduced pupil-teacher ratio in the target area schools and the purchase of buses to transport the 235 "surplus" youngsters to the hill area schools.

In the preparation of this project we again employed our principle of mass community involvement. Each school faculty was invited to submit suggestions. Their response was gratifying. These suggestions, when piled together, produced a stack of paper several inches high. When they had been sifted and evaluated, and a project developed, we submitted it to the Board. Copies were made available to the school faculties and the public for their reactions. Two major public meetings were held in different sections of the city, and the Board of Education held a workshop session at which teachers could react. Many valuable suggestions and constructive criticisms resulted and were incorporated into the final proposal.

As might have been predicted, most of the public attention was centered on the busing proposal, although it involved a relatively minor share of the funds. This time the opposition, though by no means silent, was much less severe.

Since the children in the hill area schools were not being asked to go anywhere else -- the hill schools were simply going to receive youngsters from the other areas of the city -- this provided no focal point for the development of opposition. And the proposal included employing eleven extra teachers, paid with local money, and placing them in the receiving schools to maintain the pupil-teacher ratio there. A few scattered voices were raised against the proposal, but the preponderance of community opinion was favorable. Both teacher organizations endorsed the project, and on November 30, 1965, the Board adopted the program for implementation the spring semester.

The proposal went to the State Board of Education and became one of the first fourteen ESEA projects approved in the State of California. We had approximately two months to prepare for its implementation -- the selection of youngsters (this was voluntary on the part of the parents), the employment of teachers, arrangement of transportation, and other administrative details. Parent groups in the receiving schools helped by establishing contact with the parents of the transferring students. The students in the receiving schools likewise participated, and some wrote letters of welcome to the newcomers. Dry runs were conducted with the buses so that by the time the program was implemented in February 1966, the necessary advance preparation had been accomplished.

Results to Date - Although the program has not been in effect long enough for an extensive objective evaluation, early indications are that it has been extremely successful. The children have adjusted well in their new school environment and, by their performance, have made friends for integration. One evaluation, made by an outside consultant employed by the District, found that receiving school parents whose children were in class with Negroes were more favorable to integration than parents whose children were not in class with Negroes. And parents of the bused students were so pleased with the results that many requested that their other children be included.

This limited program provided an integrated experience for the 230 youngsters being transferred, less than 10 percent of the sending schools' enrollment. It also provided token integration for the receiving schools. However, it left the four southwest Berkeley schools just as segregated as they were before, although with a somewhat improved program due to the reduced pupil-teacher ratio and added services.

COMMITMENT TO TOTAL INTEGRATION

The Problem - Although the ESEA program has provided a start in the direction of elementary school desegregation, we never regarded the busing of only 235 youngsters as the solution to the segregation problem. The problem will not be solved as long as our four south and west Berkeley schools remain overwhelmingly Negro, and the schools in the north and east overwhelmingly Caucasian. The segregation problem must be solved if minority youngsters are ever to close the achievement gap and if all youngsters, regardless of race, are to be adequately prepared for life in a multi-racial world.

Although we have integrated the schools down to the 7th grade, we strongly believe that integration must begin earlier. In too many cases attitudes already are hardened and stereotypes developed by the time the youngsters reach the 7th grade. It is, of course, politically and logistically easier to desegregate the secondary schools. In fact, a bi-racial city that has not desegregated its secondary schools is by definition not committed to integration. The problem is much more difficult at the elementary level. Buildings and attendance areas are smaller, children are younger, and community emotions are more intense. Yet, the problem must be solved at the elementary level. It is ironic that solutions come more easily at one level, but more good can be accomplished at the other.

The Commitment - The commitment of the Board of Education to desegregation of all elementary schools in Berkeley came in the spring of 1967. In early April a delegation from west Berkeley made a resen- tation to the Board, stating that it was time to get on with the job of total desegregation. The delegation had many other recommendations specifically relating to the south and west Berkeley schools and the programs available to minority youngsters. At this meeting I recommended that the Board authorize the Administration to develop a program of voluntary reverse busing from Caucasian areas to south and west Berkeley. I let it be known that this was to be regarded only as a stop-gap measure to demonstrate good faith and did not represent a solution to the desegregation problem.

At the next meeting, however, before we could develop a reverse busing plan, the issue moved ahead. Both of our certificated staff organizations made appeals to the Board for action either to erase de facto

segregation completely or at least to make a significant step in that direction. Officials of the local NAACP and other members of the audience supported these appeals. A motion was presented to the Board calling for desegregation of all Berkeley schools. The Board concurred and established September 1968 as the target date for desegregating the schools.

The next two or three Board meetings, including one workshop or "open hearing", drew crowds of several hundred spectators and many speakers. Most of the speakers and most of the crowds were supportive of the Board's action; there was a minority who disagreed with the Board's position -- some opposed desegregation altogether, and others felt that 1968 was too long to wait.

On May 16 the Board adopted a formal resolution reaffirming the September 1968 commitment and adding an interim calendar of deadlines for the various steps required to achieve desegregation. The Administration was instructed to develop plans for total integration. We were instructed to make our report by the first Board meeting in October, 1967. The timetable calls for the Board to adopt a particular program by January or February 1968. Seven or eight months would then remain for implementing the program in time for the opening of school in September 1968. This is the calendar on which we now are operating.

The Board included in its Resolution on Integration two other features: first, the assumption that desegregation is to be accomplished in the context of continued quality education, and second, that massive community involvement was to be sought in development and selection of the program. Both of these features I heartily support.

Developing the Plan - We went to work immediately. The Administration compiled information on enrollment and racial makeup of each school, school capacities and financial data. This information was distributed to each faculty. We then called a meeting of all elementary school teachers; I relayed our charge from the Board and asked each faculty to meet separately and develop suggestions. We also sent information packets to over sixty community groups and invited them to contribute their ideas. By the end of June we had received many suggestions, both from staff members and lay citizens.

Meanwhile both local and national endorsements were pouring in. The Berkeley City Council passed a resolution commending the Board on its commitment to integration. Other local organizations and individuals did the same.

During the summer months two task groups were assigned to work on the problem. One was concerned with the logistics of achieving desegregation and the other was concerned with the instructional program under the new arrangement. The Board appointed a seven-member lay citizens group to advise the Administration in development of its recommendations. Even after the Administration's recommendation has been given to the Board, this group will continue to function as an advisory body to the Board. Upon receiving the Administration's recommendation, the Board plans a series of workshop sessions to provide every opportunity for community reaction and suggestion.

As this paper is written (mid-September) we are making excellent progress toward meeting our deadline. Soon after the opening of school, a report from the Summer Task Group outlining four or five

of the most promising plans was sent to each school faculty and to each group or individual who submitted a plan during the summer. These proposals are being made available to the community as well, along with the many suggestions received earlier from staff and lay citizens. School faculties and the community-at-large are invited to react to these proposals and to make suggestions to the Administration. Procedures have been organized to facilitate a response from school and community groups. Each faculty has been asked to meet at least twice. On one afternoon, schools will be dismissed early and the district-wide staff divided into cross sectional "buzz" groups. Each of these groups will submit ideas. Following these steps we will use the task group proposals, along with the reactions and suggestions that come from the staff and community, in developing our recommendation to the Board. This recommendation will be presented to the Board on schedule, at the first meeting in October. From that point on the matter will be in the hands of the Board, which is to make its decision by January or February 1968.

As our plans develop, we have received invitations to appear before many groups, large and small. Some have been hostile at first. However, meeting with them has made possible an excellent exchange of views and an opportunity for explaining our program to people who had not been reached earlier. We anticipate that the fall months will be crowded with such speaking assignments. It is our firm commitment, and that of the Board of Education, to inform the citizens of Berkeley thoroughly about the issue and about prospective plans prior to the Board's adoption of a program in January or February.

LESSONS LEARNED

While working toward integration in the Berkeley schools over the past several years, we have learned some lessons:

1. Support by the Administration and the Board of Education for the concept of school integration is absolutely essential. The Board must give its consent before any plan of desegregation can occur. The support of the Superintendent and his administrative team is vital in helping to obtain Board support and in making a success of any program adopted. While the Board nor the Administration need broad community support, their leadership role is vital.

2. Integration has the best chance of success when a climate of openness has been established in the community. Lines of communication with Board, Administration, teachers, and the community-at-large must be kept open through frequent use. Anyone who thinks a solution to the problem of integration can be developed in a "smoke-filled room" and then rammed through to adoption while the community is kept in ignorance is simply wrong.

Our citizens are vitally interested; they are going to form opinions and express them, whether we like it or not. It is in our interest to see that these opinions are formed on the basis of correct information. Furthermore, the success of integration, once adopted, depends upon broad community support and understanding between the lay community and the schools. This can be created only through a climate of openness.

3. It can be done! A school district can move voluntarily to desegregate without a court order and without the compulsion of violence or boycotts. Berkeley has demonstrated that a school community can marshal its resources, come to grips with the issue of segregation, and develop a workable solution.

Furthermore, if the new arrangement is well planned and executed, it will gain acceptance on the part of many who opposed it at first.

Many fears and threats which arose in Berkeley were not realized. The Board was not recalled. Our teachers did not quit in droves. In fact, the reverse happened; our teacher turnover rate has been drastically reduced during the last two or three years. Integration did not lead to the kind of mass white exodus being experienced in other cities (which, interestingly enough, have not moved toward integration). In fact, last year for the first time in many years the long-standing trend toward a declining white enrollment in the Berkeley schools was reversed.

The not-so-subtle hints that direct action for integration would lead to loss of tax measures at the ballot box proved to be unfounded. In June 1966 we asked the voters for a \$1.50 increase in the ceiling of our basic school tax rate. Much smaller increase proposals were being shot down in neighboring districts and across the nation. In Berkeley we won the tax increase with over a 60 percent majority.

4. A community can grow. Berkeley did! When the citizens committee report came out in the fall of 1963 with an actual plan for desegregation of the junior high schools, the community suddenly awoke to the fact that desegregation was a real possibility. The furor that

resulted could be predicted in any city. However, as large public hearings and countless smaller meetings were held by dozens of groups, support for integration began to grow and opposition diminish. One area of the city that reacted emotionally at first later provided some of our strongest supporters.

An example in a different but related field can illustrate this point. Berkeley held a referendum election on a Fair Housing Proposal early in 1963, before the citizens committee report, and the measure was defeated by a narrow margin. A year and a half later the community, together with the rest of California, voted on the same issue -- Proposition 14. Although the statewide vote on that issue was a resounding defeat for Fair Housing, the City of Berkeley voted the direct opposite by almost a two-to-one margin. The Proposition 14 election was held only a month after the recall election, after almost a full year of intensive community involvement with the school desegregation issue. In other words, a city that voted down its own Fair Housing proposal, later voted two-to-one for Fair Housing in a statewide election. Many of us feel that this change of direction was substantially influenced by the extensive community involvement in the school integration question between the two elections. The community grew in understanding as it studied the issues.

5. Community confidence in the good faith of its school administration and school board must be maintained. Berkeley has been successful in doing this. The good faith of our Board and Administration has been demonstrated. There have been no court orders, no pickets, no boycotts, no violence. Each advance has been made, after extensive

study and community deliberation, because the staff, the Board and the community thought it was right. By moving in concert with the community we have avoided being placed in polarized positions of antagonism. The climate thus produced has enabled us, as we move step by step, to work with rather than against important segments of the community in seeking solutions. If this climate of good faith is missing, even the good deeds of school officials are suspect.

CONCLUSION

There is no greater problem facing the schools of America today than breaking down the walls of segregation. If our society is to function effectively its members must learn to live together. Schools have a vital role to play in preparing citizens for life in a multi-racial society. The Berkeley experience offers hope that integration can be successfully achieved in a good-sized city. This success can be achieved if the Board of Education, the school staff, and the citizens of the community are determined to solve the problem and work together toward this end.



Office of the Mayor

SUPPLEMENTAL AGENDA MATERIAL

Meeting Date: July 14, 2020

Item Number: #18a-e

Supplemental/Revision Submitted By: Mayor Arreguin

“Good of the City” Analysis:

The analysis below must demonstrate how accepting this supplement/revision is for the “good of the City” and outweighs the lack of time for citizen review or evaluation by the Council.

The City Council has before it tonight five different proposals to initiate a robust community process to reimagine policing, and also specific proposals to conduct analyses and initiate new approaches to public safety.

The Mayor is proposing an omnibus motion that adopts elements of every one of the five proposals with some modifications.

Given that the Council is discussing various proposals relating to public safety tonight, and there is strong community interest in Berkeley initiating reforms in light of the murder of George Floyd and the nationwide movement for racial justice, the Good of the City outweighs the lack of time for prior citizen review or evaluation by the Council.

Consideration of supplemental or revised agenda material is subject to approval by a two-thirds vote of the City Council. (BMC 2.06.070)

A minimum of **42 copies** must be submitted to the City Clerk for distribution at the Council meeting. This completed cover page must accompany every copy.

Copies of the supplemental/revised agenda material may be delivered to the City Clerk Department by 12:00 p.m. the day of the meeting. Copies that are ready after 12:00 p.m. must be delivered directly to the City Clerk at Council Chambers prior to the start of the meeting.

Supplements or Revisions submitted pursuant to BMC § 2.06.070 may only be revisions of the original report included in the Agenda Packet.



Office of the Mayor

**Proposed Omnibus Motion on Public Safety Items (Items 18a-e)
July 14, 2020**

RECOMMENDATION

That the Berkeley City Council adopts the following motion:

1. To APPROVE item 18a “George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis” (Bartlett) as revised in Supplemental Packet 1 and further amended below:

- Reaffirming the Council’s prior action adopting Recommendation # 1 through its allocation of \$160,000 for an Auditor I position in the FY 2021 Budget to conduct a data-driven study that includes analysis of police calls and responses, as well as analysis of the Berkeley Police Department (BPD) budget and expenditures by call type, including FTE (full-time equivalent position), cost per FTE, overtime and special pay expenditures and supervisory structure. Recommended data points/areas of focus are included in pages 4-7 of the Bartlett item. The Auditor is encouraged to consult subject matter experts in developing the scope of work for this study and to consult with the community-based organization selected for community outreach (Item 18d) throughout her work.
- Approving Recommendation # 2 as revised below:

Refer to the City Manager and the public safety reimagining process in item 18d to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police’s scope of work primarily to violent and criminal matters.

- Allocate \$100,000 from the FY 2021 Unallocated General Fund Balance (of \$141,518 unallocated in the FY 2021 Adopted Budget) to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consisting of trained crisis-response workers would respond to 911 calls that the operator evaluated as non-criminal and that posed no imminent threat to the safety of first responders. The program would be designed by staff based on existing successful models and likely employ a combination of mental health professionals as well as EMTs and/or nurses, who would be unarmed. The program should be designed to reduce costs while enhancing outcomes in public safety, community health, mental health, social services, civil rights, and overall quality of life. Based on pilot results, a proposal to adjust and/or expand and continue the program, and related reductions in policing services, should be presented to the City Council for consideration in time for

inclusion in the FY 2022 budget. *(Council previously approved a study of the creation of a Specialized Care Unit pilot on June 16, 2020)*

2. To APPROVE the following recommendations based on Councilmember Davila's item 18b "Support Redistribution of City Resources and Operations from the Berkeley Police":

- As previously recommended in other areas of this motion by other Councilmembers, refer as part of the public safety reimagining process to evaluate functions currently served by Berkeley Police personnel which could be better served by trained non-sworn city staff or community partners and how those positions/responsibilities could be transferred out of the police department as soon as practicable. (Davila Recommendation 1 modified)
- Refer to the public safety reimagining process the goal of reducing the Berkeley Police Department budget by 50%, to be based on the results of requested studies and analysis and achieved through programs such as the Specialized Care Unit. Functions to consider shifting away from the Police Department include non-emergency calls that are evaluated to pose no danger to the safety of responders, such as calls related to enforcement of COVID-19 Shelter in Place orders, mental health calls (including wellness checks), calls related to quality of life crimes, calls related to homelessness, and any other calls that can be safely served by another new or existing city or community partner resource (Davila Recommendation 2 and 3 modified)
- Engage in a full and complete operational analysis, undertake meaningful community consultation and develop a transition plan. This reduction will enable a reallocation of public safety resources so that Police are focused on violent and criminal matters, and consider how to shift resources to, among others, non-sworn mental health, homeless outreach, and parking and traffic enforcement professionals. This will also enable the reallocation of existing police dollars for community programs and priorities to support communities of color, promote violence prevention and restorative justice and improve community health and safety. (Davila Recommendation 3 modified)
- Reducing the Berkeley Police Department budget will allow funding to be considered for these and other similar priorities: youth programs, or community groups and programs, violence prevention and restorative justice programs, domestic violence prevention, housing and homeless services, food security, mental health services including a specialized care unit, healthcare, new city jobs, expanded partnerships with community organizations, public health services, and the creation of a new Department of Transportation to administer parking regulations and traffic laws. (Davila Recommendation 4 modified)
- Refer to the City Manager and the public safety re-imagining process to identify the expertise needed for non-police responses to calls, taking into account comparable

approaches including CAHOOTS and other existing programs that might be expanded such as the Berkeley Free Clinic, Building Opportunities for Self Sustainability (BOSS), and the Women's Daytime Drop-in Center, Consider the Homeless and others. (Davila recommendation 6 modified)

- Create plans and protocols for emergency/911 dispatch to send calls to the preferred responding entity and consider placing dispatch in the Fire Department or elsewhere outside the Police Department. (Davila recommendation 7 modified)
- Request that the Berkeley Unified School District end programs that place police officers in schools. (Davila recommendation 8 modified)

(Councilmember Davila's suggested language encouraging BUSD to adopt policies to safeguard information from ICE is already adopted district policy. BUSD was one of the first districts in the country to adopt a sanctuary schools policy and should be commended for its forward-thinking leadership.)

- Refer to the City Manager and public safety reimagining process to explore the creation of a city policy to prohibit the expenditure of Police Department settlements from the General Fund. In the interim, it is recommended that the projected cost of settlements be included in the Police Department budget and the Department be responsible for requesting additional funding as needed. (Davila recommendation 9 modified)

3. To APPROVE the report and resolution in item 18d "Transform Community Safety and Initiate a Robust Community Engagement Process" (Mayor/Hahn/Bartlett/Harrison) with the following revisions below:

- Amend recommendation 3 to clarify that the City Manager would "collaborate with the Mayor and **all** Councilmembers to complete the work, to inform investments and reallocations to be incorporated into future Budget processes."
- Amend recommendation 3 to refer all of the recommendations from the Berkeley United for Community Safety coalition (see attached) to the City Manager and public safety reimagining process.
- Amend recommendations 3(a) (ii) to clarify that the analysis and initial recommendations on shifting police resources to alternate, non-police responses and toward alternative and restorative justice models will coincide with the November 2020 AAO#1 process and the **June 2021 budget process**.
- Amend recommendation 3(b) to add the following language proposed by Councilmember Wengraf in item 18c:

This work should include public, transparent community forums to listen, learn and receive people's ideas about how policing should be re-imagined and transformed so that communities of color can be safer within their neighborhoods, the City of Berkeley, and trust in the Berkeley Police Department can begin to be rebuilt.

- Amend recommendation 3(b)(1) to read:
Building on the work of the City Council, the Council Public Safety Policy Committee, the City Manager, the PRC, other City commissions and working groups (e.g. the Mayor's Fair and Impartial Policing Working Group) addressing community health and safety, the Community Safety Coalition and community process will engage relevant city commissions in this work on an ongoing basis.

4. To APPROVE Item 18e "BerkDOT: Reimagining Transportation for a Racially Just Future" (Robinson) as revised in Supplemental Packet 1:

Refer to the City Manager, the FY 2021-22 budget process, and the proposed community engagement process to reimagine public safety to:

- (1) Pursue the creation of a Berkeley Department of Transportation (*BerkDOT*) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, & infrastructure, and
- (2) Identify & implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.



Berkeley United for Community Safety

June 27, 2020 / Event Recommendations (Partial List)

- Adopt best practices, one example Alameda County Connect: access screening, resources, mobile crisis team.
- Look for models that provide services that keep the community healthy and safe. Research the Oakland Model and the Oakland Power Project.
- We need an all new well-resourced, holistic and intersectional first responder team that responds to mental health, addiction issues, sexual harm, and homeless camp response. One that does not involve the police.
- We need more licensed and trained mental health professionals; culturally competent, compassionate, and aware. Diverse therapists also needed to relate to clients.
- We need to train professionals; “mental health clinicians” in both substance abuse and mental health issues. Outreach workers are needed who can de escalate and properly assist fellow community members in crisis.
- Fund a program with Community Care Workers on the street with proper training and resources to assist - leaving police to work on investigating and arresting criminals.
- Consider whether Berkeley Free Clinic can assist with developing a group of Community Care volunteers who assist in responding to crisis in homes and on the street that exhibit mental health, substance abuse when no crime is being committed.
- Create a City Department that focuses on Social Equity and Racial Justice.
- Make the city budget process MORE TRANSPARENT. Invest in Budget Town Halls that break down how the document works.
- Protect funding for youth programming including schools, Anticipated cuts to BUSD (2-6 million) due to COVID-19. Black and Brown Youth disproportionately affected by these cuts (fund and fast track African American Holistic Health Center)
- Divest funds from BPD into restorative justice programming run by the city or contracted to a community organization.
- Bolster nutrition programs that are at risk of being cut.
- Offer officer trainings that align with annual goals for the department. Professional development opportunities are to be made available only when these trainings support achievement of the annual goals for the department.



- BPD should not accept, request or seek to acquire military grade weapons or materials.
- BPD should receive a revised mission statement as a result of community discussions that redefines what is wanted from a "police force".
- Grant the community the ability to be autonomous.
- Have a specific public security priority to consolidate funding for all the communities' security efforts and needs. This will help create a system that will help further accountability in the police department.
- Create a stronger police accountability board.
- Ban rubber bullets as tear gas has been banned. Use less lethal tools.
- Council members need to fight for accountability and for what the community needs.



City of Berkeley

Crisis Response Models Report



City of Berkeley

Specialized Care Unit Model Recommendations

Crisis Response Models Report

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Resource Development Associates, September 2021





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Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. This report provides a synthesized summary of RDA's findings, including common themes that emerged from across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned. Please see the table below for a list of the programs that RDA reviewed. For the first nine programs listed (in bold and italics), RDA conducted phone interviews with representatives to obtain a further understanding of their program models; these programs are cited more often in this report because RDA had more details about them. For the remaining programs listed, RDA reviewed information that was available online. For a tabular summary of the key components of each crisis response program that RDA reviewed, please see Appendix C at the end of this report.

Additionally, SAMHSA's summary of its National Guidelines for Behavioral Health Crisis Care (released in 2020) is included in Appendix A of this report.

<u>Program Name</u>	<u>Location</u>
<i>B-HEARD (the Behavioral Health Emergency Assistance Response Division)</i>	<i>New York, NY</i>
<i>Crisis Assistance Helping Out On The Streets (CAHOOTS)</i>	<i>Eugene, OR</i>
<i>Crisis Response Pilot</i>	<i>Chicago, IL</i>
<i>Expanded Mobile Crisis Outreach Team (EMCOT)</i>	<i>Austin, TX</i>
<i>Mental Health First / Anti-Police Terror Project</i>	<i>Sacramento and Oakland, CA</i>
<i>Portland Street Response</i>	<i>Portland, OR</i>

<u>Program Name</u>	<u>Location</u>
<i>REACH 24/7 Crisis Diversion</i>	<i>Edmonton, Alberta, Canada</i>
<i>Support Team Assisted Response (STAR)</i>	<i>Denver, CO</i>
<i>Street Crisis Response Team (SCRT)</i>	<i>San Francisco, CA</i>
Albuquerque Community Safety Department	Albuquerque, NM
Boston Police Department's Co-Responder Program	Boston, MA
Community Assessment & Transport Team (CATT)	Alameda County, CA
Community Paramedicine	California (statewide)
Crisis Call Diversion Program (CCD)	Houston, TX
Crisis Now	National model (via SAMHSA)
Crisis Response Unit	Olympia, WA
Cuyahoga County Mobile Crisis Team	Cuyahoga County, Ohio
Department of Community Response	Sacramento, CA
Department of Community Solutions and Public Safety	Ithaca, NY
Downtown Emergency Service Center (DESC) Mobile Crisis Team	King County, WA
Georgia Crisis & Access Line (GCAL)	Georgia (statewide)
Los Angeles County Department of Mental Health – ACCESS Center	Los Angeles County, CA
Los Angeles County Department of Mental Health – Co-Response Program	Los Angeles County, CA
Los Angeles County Department of Mental Health – Psychiatric Mobile Response Teams (PMRT)	Los Angeles County, CA
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, CA
Mental Health Acute Assessment Team (MHAAT)	Sydney, Australia
Mental Health Mobile Crisis Team (MHMCT)	Nova Scotia, Canada
Mobile Crisis Assistance Team (MCAT)	Indianapolis, IN
Mobile Crisis Rapid Response Team (MCRRT)	Hamilton, Ontario, Canada
Mobile Emergency Response Team for Youth (MERTY)	Santa Cruz, CA
Mobile Evaluation Team (MET)	East Oakland, CA
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team	Stockholm, Sweden

<u>Program Name</u>	<u>Location</u>
Police and Clinician Emergency Response (PACER)	Australia (several locations)
Seattle Crisis Response Team	Seattle, WA
Street Triage	England (several locations)
Therapeutic Transportation Pilot Program/Alternative Crisis Response	Los Angeles City and County, CA
Toronto Crisis Response	Toronto, Ontario, Canada

Crisis Response Models: An Overview

Of the crisis response program models reviewed, almost all specify that they respond to mental health and behavioral health concerns in their communities. Some models additionally specify that they respond to non-emergency calls, crises or disturbances related to substance use, homelessness, physical assault and sexual assault, family crises, and/or youth-specific concerns, as well as conduct welfare checks.

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state.¹ Of those Alameda County individuals placed on a 5150 psychiatric hold that were transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medically necessary criteria to be placed in inpatient acute psychiatric services. This demonstrates an overuse of emergency psychiatric services in Alameda County, which creates challenges in local communities such as having lengthy wait times for ambulance services when these ambulances are tied up transporting and waiting to discharge individuals on 5150 holds at psychiatric emergency service units.

Mental health crises are varied - they affect individuals across their lifespans, manifest in a variety of behaviors, and exist on a spectrum of

¹ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) – October 25, 2018. (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. <http://www.mhsoac.ca.gov/document/inn-plan-alameda-county-community-assessment-and-transport-team-catt-october-25-2018> & https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

severity and risk. A crisis response system ultimately seeks to provide care to individuals in the midst of a mental health crisis, keeping the individual and their surrounding community safe and healthy, and preventing the escalation of the crisis or exacerbating strains to mental and emotional well-being. As such, there are many considerations for the design of a mental health crisis response system that addresses the current shortcoming or flaws in existing models around the country and internationally.

Traditionally, the U.S. crisis response system has been under the purview of local police departments, typically with the support of local fire departments and emergency medical services (EMS), and activated by the local 911 emergency phone line. Over time, communities have responded to the need for a response system that better meets the mental health needs of community members by activating medical or therapeutic personnel in crisis response instead of traditional first responders (i.e., police, fire, EMS).

Term	Definition
Traditional Crisis Response Model	For the purposes of this report, we assume a traditional crisis response model includes having all crises routed through a 911 center that then dispatches the local law enforcement agency (as well as fire department and/or EMS, if necessary) to respond to the crisis.
Co-Responder Model	Co-responder models vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.
911 Diversion Programs	Programs with processes whereby police, fire, and EMS dispatchers divert eligible non-emergency, mental health-related calls to behavioral health specialists, who then manage crisis by telephone and offer referrals to needed services.
Alternate Model	Emerging and innovative behavioral health crisis response models that minimize law enforcement involvement and emphasize community-based provider teams and solutions for responding to individuals experiencing behavioral health crises.

Like a physical health crisis that requires treatment from medical professionals, a mental health crisis requires responses from mental health professionals. Tragically, police are 16 times more likely to kill someone

with a mental health illness compared to others without a mental illness.² A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.³ As a result, communities have begun to consider the urgent need for crisis response models that include mental health professionals rather than police.

In the current national discussion about appropriate crisis response strategies for individuals experiencing mental health crises, the prominent concerns voiced have typically focused on the safety of crisis responders and community members, the funding of such programs, and balancing a sense of urgency to implement new models quickly with the need for intentional planning and preparation. In order to understand the current models that exist, RDA reviewed nearly 40 national and international crisis response programs and specifically interviewed staff from 9 programs about their:

- Program planning efforts, including community engagement strategies, coordinating across city agencies and partner organizations, and program planning, implementation, and evaluation activities;
- Models' key elements, including dispatch, staffing, transport capabilities, follow-up care, and more;
- Program financing;
- Other considerations that were factored into their program planning; and
- Key lessons learned or advice for the City of Berkeley's implementation of its SCU.

Components of Crisis Response Models

While each crisis response program was designed to meet the needs of its local community, there are several overarching components that were common across the programs that RDA explored. The majority of crisis response programs use their community's existing 911 infrastructure for dispatch. Most programs respond to mental health and behavioral health calls where they engage in de-escalation, assessment, referral, and

² Szabo, L. (2015, December 10). People with mental illness 16 times more likely to be killed by police. *USA Today*.

<https://www.usatoday.com/story/news/2015/12/10/people-mental-illness-16-times-more-likely-killed-police/77059710/>

³ DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths Due to Use of Lethal Force by Law Enforcement. *American Journal of Preventive Medicine*, 51 (5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

transport. Nearly all programs recognize the need to operate 24/7. Staffing structure varies by the needs of the community, but many response team units are staffed by teams of two to three individuals and can include a combination of mental health professionals, physical health professionals, and peers with lived experience. Many teams arrive in plainclothes or T-shirts with logos in a vehicle equipped with medical and engagement items. Teams typically receive skills-based training in de-escalation, crisis intervention, situational awareness, and communication. Crisis teams will either transport clients themselves or call a third party to transport, depending on the legal requirements and staffing structure of the crisis response team. Programs varied in their inclusion and provision of follow-up care.

Underneath the high-level similarities of the crisis response models that RDA researched are the tailored nuances that each program adapted to its local needs, capacities, and priorities. Below are additional details, considerations, and examples from existing models to further inform the City of Berkeley's development and implementation of its SCU.

Accessing the Call Center

Of the reviewed crisis response programs, the majority use the existing local 911 infrastructure, including its call receiving and dispatch technology and staff. There are several advantages to this approach. The general public is typically familiar with the number and process for calling 911, which can reduce the barrier for accessing services. Also, because 911 call centers already have a triage protocol for behavioral health calls, there can be a more seamless transfer of these types of calls to the local crisis response program. Additionally, some calls might not be reported as a mental health emergency but can be identified as such by trained 911 dispatch staff.

Generally, the administration of 911 varies across the nation. In some locales, 911 is operated by the police department, while in other locales it is administered centrally across all emergency services. Some programs have mental health staff situated in the 911 call center to: a) directly answer calls; b) support calls answered by 911 staff; and/or c) provide services over the phone as a part of the 911 call center's response. In Chicago, in addition to diverting more calls to the crisis response program, the staff of Chicago's Crisis Response Pilot anticipates that having mental health clinicians embedded in their call center to do triage and telemedicine will help them lay the foundation for a smooth transition to 988.

988 is the three-digit phone call for the National Suicide Prevention Lifeline. By July 16, 2022, phone service providers across the country will direct all calls to 988 to the National Suicide Prevention Lifeline, so that Americans in crisis can connect with suicide prevention and mental health crisis

counselors.⁴ In California, AB 988 was passed in the State Assembly on June 2, 2021 (and is currently waiting on passage by the State Senate) – AB 988 seeks to allocate \$50 million for the implementation of 988 centers that have trained counselors receiving calls, as well as a number of other system-level changes.⁵ In RDA's research of crisis response models, some programs are actively planning for the upcoming 988 implementation when exploring the functionalities of their local 911 infrastructure and responsibilities; other programs were not differentiating 988 from 911 in the communities. For the purposes of this report, moving forward, we will not differentiate 911 from 988, and will refer to all emergency calls for service as going to 911.

Other programs use an alternative phone number in addition to or instead of 911. These numbers can be an existing non-emergency number (like 211) or a new phone number that goes directly to the crisis response program. Oftentimes a program will utilize an alternative phone number when they believe that people, particularly those disproportionately impacted by police violence, do not feel safe calling 911 because they fear a law enforcement response. Portland's Street Response team & Denver's STAR team use both a non-emergency number and 911, routed to the same call center. This supports community members that are hesitant to use 911 while also ensuring that calls that do come through 911 are still routed to Portland's Street Response team. Overall, designing a system in Portland with both options was intended to increase community members' access to mental health crisis services. Given that Portland's program began on February 16, 2021, not enough time has elapsed for findings to be generated regarding the success of this model. But a current challenge that Portland shared with RDA is that some calls to their non-emergency number have wait times upwards of an hour because their call center needs to prioritize 911 calls.

In other program models, an alternate phone number may have been used in the community for years and, therefore, is a well-known resource. For example, in Canada's REACH Edmonton program, the 211 line is well-used for non-emergency situations, so it is used as the main connection point for its crisis diversion team.

Triage & Dispatch

Once a call is received, dispatch or call center staff will assess whether services could be delivered over the phone or whether the call requires an in-person response, and whether the response should be led by the crisis response team or another entity. Several programs utilize existing

⁴ Federal Communications Commission. (2021). *Suicide Prevention Hotline*. <https://www.fcc.gov/suicide-prevention-hotline> & <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

⁵ Open States. (n.d.). *California Assembly Bill 988*. Retrieved September 2, 2021, from <https://openstates.org/ca/bills/20212022/AB988/>

well-used triage tools and/or made modifications to those triage tools based on a renewed emphasis of having non-police responses for mental health crises. Please see Appendix B for sample outlines of types of scenarios for crisis response teams that were shared with RDA. A dispatch's assessment of mental health related calls is dependent on the services provided by the local mental health crisis response team, an assessment of the situation and the caller's needs, who the caller has identified as the preferred response team, and any other safety concerns.

Some programs prioritize staff assignment based on call volume and need, such as programs that have chosen to pilot non-police crisis response teams in specific geographic locations within their jurisdiction. In these programs, the call center must, therefore, determine the location of the requested response when dispatching a crisis response team. For example, Chicago's Crisis Response Pilot has four teams that are assigned to different areas of the city based on their local ties and expertise of community needs; each team, therefore, only responds to calls that come from their assigned area. When programs are able to scale their services and hire more staff, many pilot programs plan to expand their geographical footprints.

Many crisis response teams are dispatched via radio or a computer-aided dispatch (CAD) system, and some have the ability to listen in on police radio and activate their own response if not dispatched. Of the nine programs that RDA interviewed, the Eugene CAHOOTS program allows its team to be self-dispatched, the Denver STAR program allows its team to directly see what calls are in the queue so they can be more proactive in taking and responding to calls, and the San Francisco SCRT program allows its team to respond to incidences that they witness while being out in the streets. Regarding the ability to self-dispatch, San Francisco's SCRT program is currently figuring out the regulatory requirements that might prohibit self-dispatching paramedics because they must be dispatched through a dispatch center.

Having multiple opportunities to engage the crisis response team is important to ensure community members have the most robust access to the service. For example, in Denver, their police, fire, and EMS can call their Support Team Assisted Response (STAR) team directly. Across all incidents that the Denver STAR team responded to in the first six months of its pilot implementation, it was activated by 911 dispatch in 42% of incidents, by police/fire/EMS in 35% of incidents, and self-activated in 23% of incidents.⁶ These data from the Denver STAR team demonstrate how, especially in the early stages of a new program's implementation, new processes and relationships are continually being developed, learned, refined, and implemented. For this reason, it is beneficial to have safeguards in place in triage and dispatch processes so that the crisis

⁶ Denver STAR Program. (2021, January 8). *STAR Program Evaluation*. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

response team can be flexible in responding to the various ways in which crisis response calls originate.

Assessing for Safety

The presence of weapons or violence are the most common reasons why a crisis response team would not be sent into the field. Some of the reviewed programs only respond to calls in public settings and do not go to private residences as an effort to protect crisis team staff, though this was the case in a few of the 40 reviewed programs. Calls that are deemed unsafe or not appropriate for a crisis response team will often be responded to by police, co-responder teams, police officers trained in Critical Intervention Team (CIT) techniques, or other units within the police department. Many alternative models have demonstrated that the need for a police response is rare for calls that are routed to non-law enforcement involved crisis response teams. For instance, in 2019, Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) team only requested police backup 150 times out of 24,000 calls, or in fewer than one percent of all calls received by the crisis team;⁷ this demonstrates that effective triage assessments and protocols do work in crisis response models.

Several of the programs interviewed by RDA mentioned that they are currently evaluating options for their non-police crisis response teams to respond to situations that may involve weapons or violence. These are situations that would otherwise be scenarios that default to a police response. These programs are aware of the risks of police responses to potentially escalate situations that could otherwise be deescalated with non-police involved responses and are trying to find ways to reduce those types of risks.

The types of harm and concerns for safety that should be assessed are not only for crisis response team staff, but also for the individual(s) in crisis and surrounding bystanders or community members. SAMHSA's best practices on behavioral health crisis response underscores that effective crisis care is rooted in ensuring safety for all staff and consumers, including timely crisis intervention, risk management, and overall minimizing need for physical intervention and re-traumatization of the person in crisis.⁸ When call center staff deem a call safe and appropriate for the crisis response team, they will assign the call to the crisis response team. There may be multiple calls and situations happening concurrently, in which case the call center staff

⁷ White Bird Clinic. (n.d.). *What is CAHOOTS?*. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Crisis Services – Meeting Needs, Saving Lives*.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PE_P20-08-01-001%20PDF.pdf (page 32)

prioritize the calls based on pre-established criteria, such as acuity and risk of harm.

Crisis Response Teams Increase Community Safety

New York City's Behavioral Health Emergency Assistance Response Division (B-HEARD) program is being piloted in a region that receives the city's highest number of mental health emergency calls.⁹ In the first month of implementation, the program demonstrated:

- Increased rates of people accepting care from the B-HEARD team compared to traditional 911 response teams.
- The proportion of people transported by the crisis response team to the hospital for more care was far smaller than the proportion transported with their traditional 911 response.
- An anticipated increase of 911 operators routing mental health emergency calls to the B-HEARD team.

"A smarter approach to public health and public safety. A smarter use of resources. And the evidence — from Denver to New York — shows that responding with care works."

- U.S. Representative Jamaal Bowman, D-NY

Hours of Operation

Because a mental health crisis can happen at any time, many programs have adopted a 24-hour model that supports the community seven days a week; of the 40 programs that RDA reviewed, 12 have adopted a 24/7 model. Some programs that are in their early phases of implementation have launched with initially limited hours but have plans to expand to 24/7 coverage once they are able to hire more staff for crisis response teams. If a program uses 911 as a point of access for the crisis response team, then there may be a community perception or expectation that the crisis response team also operates 24/7 the same way that 911 operates 24/7.

Other programs with more restricted resources often have limited hours; some offer services during business hours (9am to 5pm, Monday through Friday) while others offer services after-hours. Using historical data to prioritize coverage during times with highest call volumes can help a program adapt to local needs. For example, Mental Health First Oakland currently responds to calls Friday through Sunday from 7pm to 7am

⁹ Shivaram, D. (2021, July 23). Mental Health Response Teams Yield Better Outcomes Than Police In NYC, Data Shows. *National Public Radio (NPR)*. <https://www.npr.org/2021/07/23/1019704823/police-mental-health-crisis-calls-new-york-city#:~:text=Hourly%20News-.New%20York%20City%20Mental%20Health%20Response%20%20Teams%20Show%20Better%20Results,were%20admitted%20to%20the%20hospital.>

because they have found that those times are when mental health services are unavailable but need is high.

Types of Calls

Some crisis response programs only respond to specific call types, such as calls pertaining to mental health, behavioral health, domestic violence, substance use, or homelessness. A fraction of programs only respond to acute mental health situations, such as suicidal behavior, or conversely only non-acute mental health calls, such as welfare checks. And, some crisis response programs respond to any non-emergency, non-violent calls, which may or may not include mental health calls. Every program is unique in the calls that they are currently responding to as well as how agencies coordinate for different types of calls. Additionally, given that many programs are actively learning and adapting their models, what and how they respond to calls is evolving.

The most common types of calls that programs are responding to are calls regarding trespassing, welfare checks, suicidal ideation, mental health distress, and social disorder. Several programs mentioned that their main call type - trespassing - is to move an unwanted person, usually someone that is unsheltered and sitting outside the caller's home or business. While programs provide this service, many advocate for increased public education around interacting with unhoused residents and neighbors without the need to call for a third-party response.

The programs in New York City, Chicago, and Portland shared with RDA that they are keeping their scopes of services small for their current pilot implementations. At a later time, they will learn from the types of calls receive and determinations made in order to determine how they will expand their program to respond to more situations (e.g., including serving more types of crises, more types of spaces like private residences, etc.).

In order to demonstrate the variety of incidents that different programs respond to, below are highlights regarding the types of calls that some of the programs that RDA interviewed respond to:

- New York City's B-HEARD program is currently responding to calls regarding suicidal ideation with no weapons, mental health crisis, and calls signaling a combination of physical health and mental health issues. For calls where weapons are involved or are related to a crime, NYPD is the initial responder. The B-HEARD program provides transport and linkage to shelters, where the shelters then provide follow-up services.
- Chicago's Crisis Response Pilot is determining how they will address "low-level crimes" and crimes related to homelessness, especially if the root cause of the crime is an unmet behavioral health and/or housing need. The program does not have an official protocol or decision tree yet for determining which calls it will respond to. But,

its emphasis is on responding to mental health crisis and mental health needs.

- The Portland Street Response program is currently only responding to calls regarding crises that are happening outdoors or public settings (e.g., storefronts), not in private residences. The majority of their calls are related to substance use issues, co-occurring mental health and substance use issues, and welfare checks. The program cannot respond to suicide calls because of a Department of Justice (DOJ) contract that the City of Portland has that would require the Portland Street Response Program to appear before a judge and renegotiate that contract that the city currently has; this process would take at least two years to happen.
- Denver's STAR program currently responds primarily to calls where individuals have schizophrenia, bipolar disorder, major depression, and/or express suicidal thoughts but have no immediate plans to act upon them. The STAR program also conducts many Welfare checks. The program is currently primarily dealing with issues related to homelessness because its pilot rolled out in Denver's downtown corridor where there is a high number of unsheltered individuals.

Services Provided Before, During, and After a Crisis

The reviewed programs offer a variety of services before, during, and after a mental health crisis. Regarding services provided before crises occur, some programs view their role as supporting individuals prior to crisis, including proactive outreach and building relationships in the community with individuals. Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) that do direct outreach to communities; street ambassadors work to explain the team's services and ultimately increase trust. Portland's Street Response team also works with nursing students who provide outreach and medical services to nearby encampments. Mental Health First has a strong cohort of repeat callers who request accompaniment through issues they are facing that the team will go into the field to provide – these services can help them avoid escalating into a crisis. Denver's STAR program initiates outreach with local homeless populations to ensure they have medicines and supplies. These proactive efforts are examples of crisis response teams supporting potential individuals before they are in crisis, and thus also promoting their overall health and well-being.

During a crisis response, most programs offer various crisis stabilization services, including de-escalation, welfare checks, conflict resolution and mediation, counseling, short-term case management, safety planning, assessment, transport (to hospitals, sobering sites, solution centers, etc.), and 5150 evaluations. To engage the individual in crisis, staff will provide supplies to help meet basic needs with items such as snacks, water, and clothing. If there is a medical professional on the team, they can provide

medical services including medical assessments, first aid, wound care, substance use treatment (i.e., medicated-assisted treatment), medication assistance and administration, and medical clearance for transport to a crisis stabilization unit (CSU).

After a crisis, the teams may provide linkage to follow-up care. Some crisis response teams do short-term case management themselves, but most refer (and sometimes transport) individuals to other providers for long-term care. Referrals can be a commonly provided service of a crisis response program. For example, 41% of Denver STAR's services are for information and referrals.¹⁰ Many programs have relationships with local community-based organizations for providing referrals and linkages, while some programs have a specific protocol for referring individuals to a peer navigation program or centralized care coordination services.

¹⁰ Alvarez, Alayna. (2021, July 21). Denver's pilot from police is gaining popularity nationwide. Axios. <https://www.yahoo.com/now/denver-pivot-police-gaining-popularity-122044701.html>

Term	Definition
Transport	Placing an individual in a vehicle and driving them to or from a designated mental health service or any other place.
5150	5150 is the number of the section of the Welfare and Institutions Code which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.
Peer Worker	A mental health peer worker utilizes learning from their own recovery experiences to support other people to navigate their recovery journeys.
Medication-Assisted Treatment (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.
Narcan	Narcan (Naloxone) is a nasal spray used for the treatment of known or suspected opioid overdose emergencies.
Crisis Stabilization Unit	A mental health voluntary facility that provides a short-term stay for individuals needing additional stabilization services following a behavioral health crisis.
Sobering Center	A facility that provides a safe, supportive environment for publicly intoxicated individuals to become sober.

Staffing Crisis Teams

Most teams include a combination of a medical professional (e.g., an EMT or nurse), a mental health clinician (e.g., a psychologist or social worker), and a peer. Having a variety of staff on a team allows the program to respond to a diverse array of calls, meet most needs that a client might have, and gives the client the ability to engage with whomever they feel most comfortable.

The reviewed programs staffed their crisis teams with a variety of medical professionals. There was consensus among interviewed programs that crisis response team EMTs, paramedics, nurse practitioners, or psychiatric nurse practitioner clinicians should have at least three to five years of experience in similar settings, as well as having comprehensive de-escalation and trauma-informed care training and skills. Austin's Extended Mobile Crisis Outreach Team (EMCOT) program cited that a paramedic's ability to address a client's more acute physical health and substance use

needs is a beneficial diversion away from an EMS or police response.¹¹ However, in many cities, the skills and expertise of paramedics are not heavily utilized, as many mental and behavioral health calls do not require a high level of medical care. However, a medical professional can be an important addition to the team, especially for services like providing first aid, wound care, the administration of single-dose medication, medication-assisted treatment (MAT) for substance use issues, and 5150 transports. Considerations for which medical professionals should be staffed on a crisis team depends on the types of services the model intends to provide, the historical data on the types of calls or service needs, the local rules for which services can be provided by specific professions, and the overall program budget.

All programs had a mental health provider on their crisis response teams. There is variability in the level of formal education, training, and licensure of the type of mental health provider in each program. Some programs have licensed, masters-level therapists and clinicians (e.g., ASW, LCSW), while other programs utilize unlicensed mental health providers. Considering if a program wants or needs to be able to bill Medicaid or other insurance payors, the ability to place a 5150 hold, as well as the direct costs of providers with differing levels of education and training are examples of considerations and decision points that programs have when determining what type of professional they want to provide mental health services.

Across the programs reviewed and interviewed by RDA, there is variability in the current presence of peer support specialists on teams. By definition, peer workers are “those who have been successful in the recovery process who help others experiencing similar situations.”¹² Studies demonstrate that by helping others engage with the recovery process through understanding, respect and mutual empowerment, peers increase the likelihood of a successful recovery. While they do not replace the role of therapists and clinicians, evidence from the literature and testimonials given to RDA leave no doubt about their value added on a crisis response team. Peer support specialists are able to connect with clients in crisis in ways that are potentially very different from how mental health clinicians and medical providers are trained to provide their specific types of services.

Although 21 of the 40 reviewed programs were classified as alternative models for mental health crisis response, it is important to note that co-responder programs, which were 11 of the 40 reviewed programs, include a police officer on the response team. A co-responder program will often

¹¹ *Expanded Mobile Crisis Outreach Team*. (n.d.). Integral Care Crisis Services. Retrieved August 29, 2021, from

<https://www.austintexas.gov/edims/document.cfm?id=302634>

¹² *Who Are Peer Workers?*. (2020, April 16). Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

be used for higher acuity calls that involve the risk of violence by the person in crisis or the risk that the person in crisis has a weapon. As co-responders, police may arrive on site before the rest of the crisis team does. Other models treat the police officer as a back-up personnel, allowing the crisis team to evaluate the level of risk or danger of the situation and then, if de-escalation tactics are unsuccessful, call the police for support.

Team structures vary depending on funding, local salary structures for different types of providers, program design, and program administration. For example, 24-hour programs require more teams and staffing while programs with limited hours will likely have fewer shift rotations and therefore fewer teams. San Francisco's Street Crisis Response Team has six teams with three members per team; shifts are 12 hours long with two teams assigned to each shift. Overlap between the shifts has improved coordination between the teams. Programs with unionized staff (e.g., EMTs, paramedics) require regimented 8-, 10-, or 12-hour shifts, which also influences a team's capacity and scheduling.

Training

Training requirements vary based on the staffing structure and services provided by a crisis response program as well as the specific needs of the local community. Across the board, programs train their staff in crisis intervention topics such as de-escalation, mental health intervention, substance use management, and situational awareness. Many teams are trained together as a cohort to build relationships and trust between staff. Most teams are trained for around 40 hours in the classroom and then supervised in the field. In co-responder teams, police officers often receive 40 hours of Crisis Intervention Team (CIT) Training.

Specialized staff also receive specific training relevant to their role. Dispatch staff typically receive separate training focused on risk assessment and triage. In programs with clinicians embedded within the call center, the clinicians often provide training to other dispatch staff on mental health topics. Interviewed programs also recommended the crisis response team's dispatch team learn to assess call risk level by building an intake/eligibility tool, as well as through risk assessment and motivational interviewing. For both Denver's STAR and Portland's Street Response programs, dispatch staff were trained by and then shadowed Eugene's CAHOOTS dispatch team, leveraging the decades of experience of CAHOOTS' established alternative crisis response model.

Specific de-escalation and crisis intervention training in which programs participate include key strategies to mitigate risk in the field, learning effective radio communication, and motivational interviewing skills. Some interviewed programs shared that substance use training should be attended by all crisis response staff, not just clinicians; for example, Narcan administration, tourniquet application, and harm reduction training are critical training skills for all team members when supporting a client during a substance use emergency.

Training on implicit bias was also regarded as essential among interviewed programs. Many interviewed programs agreed that receiving training in team-building and communication strategies, trauma-informed care, cultural competency, and racial equity advances the intention and principles of their alternate response program.

Equipment: Uniforms, Vehicles, and Supplies

Most teams arrive either in plain clothes or a T-shirt with a logo. Interviewed programs attested that casual clothing helps crisis response teams appear approachable and creates a sense of comfort for the person in crisis. In contrast, programs worried that formalizing their uniforms could trigger negative past experiences that community members have had with institutions (e.g., police, psychiatric hospitals, prisons) and, therefore, escalate someone in crisis. However, EMTs or police in a co-responder team do wear their usual uniform so that they are easily identifiable as first responders.

The types of vehicles and equipment needed for each model vary based on the scope of services provided, types of calls to which the team responds, and the team's staffing structure. The majority of programs have a van or fleet of vans with the program logo on it and are stocked with necessary supplies. Some programs use their vehicles for on-site service delivery, while others use them only for transporting a client to an alternate location. Programs situated within fire departments often have EMTs or paramedics on-staff, so those teams ride in ambulances or vans with transport capabilities. Co-responder programs often use police vehicles, either marked or unmarked.

There are several considerations for how the design of the vehicle increases accessibility and safety for clients, as well as supports the security of providers. Vans should be accessible to wheelchairs so that crisis response teams can provide services within the interior of the van (to ensure client privacy) and in the event of a needed transport. Also, vans equipped with lights allow them to park on sidewalks and increase traffic safety. Several interviewed programs mentioned using Eugene's CAHOOTS program's van specifications. One component of this design is a plexiglass barrier between the van's front and back seats, which protects both the driver and anyone riding in the back in the case of an accident; additionally, the barrier keeps clients in the back of the vehicle and protects the driver from any disruption that could decrease safety during the transport. However, some cities are moving away from including the plexiglass barrier between the front and back seats in their vans due to the stigma and lack of trust it communicates to the client.

Many vehicles and teams are equipped with various technologies, including radios with connection to dispatch, cell phones, and data-enabled tablets for mobile data entry. Denver's STAR program has access to the local 911 dispatch queue to understand what calls are being

assessed and which could potentially use the program's response. The STAR program teams also have direct access to an electronic health record (EHR) system where they can look-up an individual's health history or communicate directly with a client's psychiatrist or case manager and thus provide tailored, high quality of care in real-time.

If crisis response teams provide medical services, they often carry items such as personal protective equipment, wound care supplies, a stethoscope, blood pressure armband, oxygen, and intravenous bags. Teams also often carry engagement items to initiate client interactions and meet basic needs, such as food, water, clothing, socks, cigarettes, "mercy beers," tampons, condoms, and hygiene packs. When it is able to go into the field again, the Mental Health First model intends to use an RV instead of a van, so they can invite clients into the RV for more privacy and then supply them with a variety of supplies for their basic needs (e.g., clothing).

Overall, when deciding the types of uniforms, vehicles, and equipment to obtain, programs considered what would be recognizable, establish expertise, support the service delivery, build trust with those whom they serve, and not trigger or further harm individuals in crisis.

Transport

The ways that programs transport clients to a subsequent location varies in many ways, including when the transport is allowed, who is doing the transport, where clients are transported, and who is affected by the transport decision.

While some programs have the capability to transport clients themselves, others call a third party to do the transport. This depends on whether staff are licensed to do involuntary transports, whether the vehicle is able to transport clients, and whether it is deemed safe to provide transport at that time. Oftentimes, programs will only conduct voluntary transports, and they may pre-establish specific locations or allow the client's location of choice. If clients do not want to be transported to another location, some programs will end the interaction. Because Denver's STAR team does not use an ambulance, they can refuse someone's requested transport to a hospital if a lower level of care is appropriate, such as a sobering center. Some programs conduct involuntary holds, either done by program staff or by calling for police backup. Waiting for police can undermine the level of care provided, a delay which poses a threat to the client's safety and well-being. Portland's Street Response program experiences delays of up to an hour when requesting police for involuntary holds; for this reason, the team hopes to have the ability to do 5150 transports themselves, and in a trauma-informed way that gives individuals a sense of control over the situation. Whether a crisis response team can transport clients, initiate involuntary holds, and/or call police for back-up in these situations are all considerations which implicate the continued involvement of law enforcement in crisis response.

In the transport process, clients may be transported to short- or long-term service providers as well as the client's location of choice. Some short-term programs include a crisis stabilization facility, detox center, sobering center, homeless shelter, primary care provider, psychiatric facilities, diversion and connection center, hospital, and urgent care. Long-term programs include residential rehabilitation and direct admission to inpatient units of psychiatric emergency departments. Building relationships at these destinations and with providers is key to successful warm handoffs and ensuring clients in crisis receive the appropriate care. For example, challenges can arise when bringing someone to an emergency room if the hospital is not fully aware of what the crisis response program is, which makes it more difficult to advocate for the client to receive services.

There are many things to consider about client and provider safety when transporting a client. Some programs do not give rides home and only transport the person to a public place. Others have restrictions on when they will transport a client to a private residence. For example, Denver's STAR team will not take a person home if they are intoxicated and if someone else is in the home because they do not want to put the other person in potential harm. Instead, when responding to an intoxicated individual, the STAR team transports them to a sobering center, detox facility, or similar location of choice. In Portland, first responders and crisis response providers use a risk assessment tool that helps them determine if ambulance transport needs to be arranged. Portland's risk assessment tool asks providers to determine if the individual has received sedation medication in the last six hours, had a Code Gray in the last 6 hours, had a history of violence and/or aggression, had a history of AWOL, or are showing resistance to hospitalization; if the answer is yes to any of these five questions, then they will arrange for ambulance transport for the individual in crisis.

Follow-up Care & Service Linkage

Follow-up care and linkage to services are handled in a variety of ways. Some programs include referrals to internal, non-crisis response program staff as a service provided directly by the crisis response team. When community health workers and peer support specialists are staffed on crisis response teams, they often lead the referral and navigation support role. After responding to a crisis, Portland's Street Response team (an LCSW and paramedic) call a community health worker if the client wants linkages or additional follow-up supports. While referrals and linkages are important to client outcomes and prevention, this kind of follow-up care can be challenging for many programs to do because it can be difficult to find individuals in the community, particularly if they are not stably housed or do not have a working phone. Portland's Street Response team often goes to encampments to provide follow-up care, which is a program element that is also effective as proactive outreach into local communities.

Other programs refer individuals to other external teams or organizations not affiliated with the crisis response team whose primary role is to provide follow-up care to individuals who served by the crisis response team. Olympia's Crisis Response Unit specifically identifies repeat clients for a referral to a peer navigation program for linkage to care. Additionally, many programs have relationships with community-based organizations and refer clients there for follow-up services. Newer programs that have yet to fully launch stated this was a focus of their program design, as well. For example, San Francisco's Street Crisis Response Team partners with a centralized Office of Care Coordination within the San Francisco Department of Public Health that provides clients with linkages to other services; the Street Crisis Response Team essentially embeds this handoff in their own processes.

And, there are some programs that do not include follow-up care within the scope of their services. For example, Eugene's CAHOOTS program has a narrower focus on crisis stabilization and short-term care; they do not provide referrals or linkage to longer-term services for their clients.

Program Administration

Across the crisis response models that RDA researched and interviewed, there was variability in how they are each administered. As each program is constructed around their local agency structures, resources, needs, and challenges, how their programs are administered are also just as adaptive.

Administrative Structure

The administrative structure and placement of crisis response programs varies significantly. Some programs are administered and delivered by the city/county government, some programs are run in collaboration between a city/county government and community-based organizations (CBO), while others are entirely operated by CBOs.

The administration and structure of a crisis response program may be affected by the geographic and/or population size of the local region and what stage of implementation the program is in. For instance, consistent and guaranteed funding helps sustain programs for the long-term, so developing a program within the local municipal structure may be an advantage over contracting the crisis response program to a CBO. Some programs found that staff retention was higher for government positions, due to their generally higher wages and increased benefits compared to what CBOs generally offer. Additionally, the use of the existing 911 and dispatch infrastructure may be streamlined for crisis response programs administered by city/county governments because they can be situated within existing emergency response agencies and use existing interagency data sharing and communication processes

more easily. Finally, programs that are situated within a local health system -- such as Departments of Public Health, Behavioral Health, or public hospitals -- may have existing protocols and processes with which to collaborate with CBOs for referral assistance, case management, resourcing, and follow-up service provision.

On the other hand, programs that are primarily administered and staffed through CBOs reported a sense of flexibility and spontaneity in their program design, expansion, and evolution, especially for early-stage pilots that intend to change and grow over time. These programs shared that they experienced reduced bureaucratic barriers that were conducive to community engagement and program redesign. Additionally, most programs that included peer support specialists in their crisis response program had these roles sourced by CBOs -- these peer support specialists were either fully integrated into crisis response teams or were referred to by crisis response teams to provide linkage and follow-up services.

Though there is variety in what entity administers crisis response programs, who sources or contracts the crisis responders, and where funds are generated, all programs require cross-system coordination for designing the program and implementing the dispatch, training, funding, and program evaluation/monitoring activities.

Staffing and sourcing a crisis response program entirely by volunteers can also be helpful in reducing barriers for potential providers to enter this professional field, elevating lived experience of staff, addressing community distrust of the police-involved response system, and building a mental health workforce. However, currently, all-volunteer models face challenges in having consistent and full staffing coverage, which limits a program's overall service provision and hours of operation.

Financing

Aside from the health benefits of increasing mental health and medical resources in crisis responses, there are financial benefits, too. For example, in Eugene, the CAHOOTS program's annual budget is \$2.1 million. In contrast, the City of Eugene estimates it would cost the Eugene Police Department \$8.5 million to serve the volume and type of calls that are directed to CAHOOTS.¹³

Several cities are funding crisis response systems through the city's general fund, which offers a potentially sustainable funding source for the long-term because it demonstrates that city officials are committed to investing in these services with public funds. To generate these funds, Denver added a sales and use tax in 2019 (one-quarter of a percent) to cover mental health services, a portion of which funds the STAR program.

¹³ White Bird Clinic. (n.d.). *What is CAHOOTS?*. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

Some cities have funded crisis response programs by reallocating other city funds. Chicago's Police Department currently pays the salary of the CIT-officer in Chicago's crisis response pilot program. Chicago's crisis response pilot also receives additional funding from Chicago's Department of Public Health. Austin's EMCOT program is funded by \$11 million reallocated from the Police Department. And Eugene's CAHOOTS program is fully funded through a contract by the Eugene Police Department.

Federal or state dollars have also been used for some crisis response programs. Alameda County's Community Assessment and Transport Team (CATT) is funding by California's Mental Health Services Act (MHSA) Innovation funds. Chicago's current crisis response pilot uses Centers for Disease Control and Prevention (CDC) funding. New York City and Los Angeles both plan to bill Medicaid as a funding source for their emerging crisis response programs. The national Crisis Now program bills per service and per diem for mobile crisis and crisis stabilization services, which is reimbursed by Medicaid.

Some programs are able to leverage private funds to support their services. In addition to the allocation of city funds, Chicago receives funding from foundations and corporations to fund its crisis response program. The Mental Health First program is entirely supported by donations, grants, and volunteer time.

These financing mechanisms provide varying levels of sustainability and predictability, which may affect the longevity of a program and, therefore, its overall impacts. Ensuring that programs can be continuously funded ensures resources go into direct service provision and program administration, rather than on development, fundraising, or grant management. Staff recruitment and retention is also more successful when there is long-term reliability of positions.

Program Evaluation

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact. Standardizing data collection practices (i.e., data collection tools, measures, values for measures, aligned electronic sources for data entry, etc.) across participating teams and agencies within and across cities/locales, especially for regional plans, supports effective program evaluation and reporting. Addressing this consideration is best done early in program planning because it affects the protocols developed for triage and dispatch, the equipment that crisis response teams use to record service delivery notes or accessing clients' EHR records, the way referrals and hand-offs are conducted, whether or how Medicaid billing/financing will be leveraged, and more. Several cities noted that they incorporated data sharing and access into MOUs that outlined the scope of work. The providers in most programs have access to an electronic health record (EHR) system that they are able to enter

their contact notes into – having access to a centralized data collection portal like this can greatly aid a program's evaluation efforts.

Pilot Program Evaluation Highlight: Denver's Support Team Assisted Response (STAR) Program

Denver planned to evaluate the STAR program after an initial six-month pilot phase. For the evaluation, data was collected from both the 911 CAD database and the Mental Health Center of Denver. Data was kept in separate systems to protect health-related information from the law enforcement database. The program evaluation provided data on incident locations, response time, response dispatch source (i.e., 911, police unit, or STAR-initiated), social demographics of consumers served, services provided, location of client transport/drop-off, and more. The use of two data systems also allowed the program to evaluate what the STAR team identified as the primary issue of concern compared to clinical diagnoses from the health data.¹⁴

As a result of analyzing these data, Denver identified its program successes and impacts and is committed to expanding the funding and scope of the program. This expansion includes purchasing more vans, staffing more teams, expanding the hours of operation, expanding the service area across the City, hiring a supervisor, and investing in program leadership. Additional plans for future evaluation include building a better understanding of populations served and more rigorous data capture, a longitudinal study to understand consumer long-term outcomes, and a cost-benefit analysis to understand the economic impacts of the program.

Once data is collected, a process for analyzing, visualizing, and reviewing data supports the overall effectiveness of program monitoring, thus contributing to changes to a pilot and the overall outcomes achieved by the program. Some programs have developed internal data dashboards to compile and organize their data in real-time, thus allowing them to review their program data on a weekly basis. And, some programs are also planning for an external evaluation to assist them in developing a broader understanding of their program's impacts for their clients and in the larger community.

¹⁴ Denver STAR Program. (2021, January 8). *STAR Program Evaluation*. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

Examples of Metrics that Cities Collect, Review, and Publish Data On

- *Call volume*
- *Time of calls received*
- *Service areas*
- *Response times*
- *Speed of deployment*
- *Determinations and dispositions of dispatch (including specific coding for violence/weapons/emergency)*
- *Which teams are deployed across all emergency response*
- *Actual level of service needed compared to the initial determination at the point of dispatch*
- *Number of involuntary holds that are placed*
- *Number of transports that are conducted*
- *Type of referrals made*
- *Priority needs of clients served (housing, mental health)*
- *Frequency of police involvement*

Making data about crisis response programs publicly available is also important for community transparency and public research. For example, New York City is planning to publish B-HEARD program data on a monthly basis. And, Portland has a public data dashboard for its crisis response program that is updated at least once per week.¹⁵ Such data transparency allows local constituents and stakeholders to check on the progress of their local crisis response program and whether it is making a difference. Such transparency can also contribute to public research and dissemination efforts about emerging alternate crisis response models.

Coordinating the Crisis Response System

Given the complexity of a crisis response system -- from its administrative structure and financing, the technical integration of dispatch with responders, the coordination of referrals and linkages, to client case management -- coordination is an essential, ongoing element of any program. This coordination requires investing in staff time and skills to participate in coordination efforts, focusing on de-siloing all components of crisis response, and effective leadership and vision. Coordination affects financing decisions and contributes directly to client outcomes; therefore, coordination implicates every aspect of program planning, implementation, and evaluation. Overall, program administration benefits

¹⁵ *Portland Street Response Data Dashboard*. (n.d.). City of Portland, Oregon. Retrieved August 29, 2021, from <https://www.portland.gov/streetresponse/data-dashboard>

from having coordination done at a high level, ensuring there is a person(s) responsible for holding the program at a birds-eye view.

Coordinating services between the crisis response team and community partners includes ensuring there are open communication channels between various entities at a structural level down to a client case management level. At a structural level, it requires investing in staff time, technology, and protocol development, not just at the initial program launch but on an ongoing basis. Based on the program evaluation and data collection design, system-level coordination can support ongoing data review and inform future decisions made about a program.

For example, the managers of San Francisco's Street Crisis Response Team participate in interagency meetings to ensure strategic coordination of service delivery across San Francisco's Department of Public Health, Fire Department, and Office of Care Coordination. Additionally, when Austin's EMCOT program's call center staff integrated the call center technology and co-located their crisis response services within the city's 911 dispatch, the crisis response program had reduced dropped calls, increased communication around safety and risk assessment during triage, more effective handoffs to mental health clinicians for telehealth, and increased deployment of the crisis response team by dispatch.

System-level coordination also has important downstream effects, such as ensuring that first responders (i.e., police, fire, EMS) can call the crisis response team to respond to a situation if they are dispatched first. At a client level, system coordination can support case management, referrals and linkages, and improved client outcomes. For example, Canada's REACH Edmonton program provides governance support and coordination to a network of CBO providers, including facilitating a bimonthly meeting for frontline workers to discuss shared clients. The program shared that for its most complex cases, this coordination significantly increased positive client outcomes. The program also found that they were able to better leverage the expertise of peer support specialists by having a specified coordinator leading these meetings and ensuring their voice and participation was valued. Service providers within this network all utilize the same EHR for documenting and sharing client notes, though the program has encountered challenges in data sharing. Overall, the REACH Edmonton program shared that system-level coordination must be tightly managed but that most program staff and frontline workers do not have the capacity to do so, so having a centralized governance and coordinating body is essential.

Program Planning Process

Planning the large and small details of a crisis response program is an essential part of a successful launch. Although each city will have a different planning process and timeline based on the local community's needs and administrative designs, some common themes emerged across the crisis response models that RDA reviewed.

Planning across city departments typically includes active involvement from emergency medical services, fire, and police as well as leaders from local public health and mental/behavioral health agencies and CBOs. Many cities stated that having emergency responders involved in the collaborative brainstorming and discussions from the earliest planning stages was essential in garnering buy-in from other city or county departments, including identifying the best resource(s) when responding to mental health needs and crises. Planning also requires engaging other entities; for instance, Portland has to negotiate with the local police union for all services provided by Portland's Street Response program. Some cities shared that they are aware of beliefs of local police departments and unions about potentially losing funding for police services when new crisis response services are added to the local infrastructure. But, cities found that when they focused the conversation about shared objectives between the crisis response program and the police, police began to see the program as a resource to them as mental health professionals could often better handle mental health crises because of their training and backgrounds. This alignment on shared goals and values underpins the reason that the Eugene Police Department funds the city's non-police crisis response program, CAHOOTS. Developing a collective and shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force, is essential in promoting any crisis response program.

Program planning allows cities to identify elements to include in the pilot that will be investigated throughout the pilot stages. For instance, the planning process may include heat mapping the highest call-volume areas of the city or discussing preliminary milestones to support scaling or expansion of a pilot program. As an example, New York City's B-HEARD model is currently focused on deploying the B-HEARD team using the existing 911 determination process for identifying mental health emergencies; but, in the future, the program will also assess how those determinations are made to improve the determination and dispatch processes. Their sequencing of planning priorities allowed the program to be launched on a shorter timeline while preparing for an iterative evaluation and design process.

In the future, many learnings can be extrapolated from the ways that crisis response programs are being implemented across the United States and internationally. At this point in time, given that many implementations began within the past two years and are still actively evolving and changing, it is premature to pinpoint common themes in how similar and different jurisdictions and communities (e.g., population size, population density, geography, etc.) are unfolding their emerging crisis response programs.

Planning Timeline

While some cities operated co-responder models for years before moving to a non-police model, other cities are launching non-police models for the first time. Some cities engaged in extensive community engagement

processes while others launched programs quickly and plan to collect feedback for future iterations of their program.

For instance, Denver had a co-responder model from 2016-2020 and launched the STAR program in 2020 for an initial six-month pilot. The program was launched very quickly in 2020, and then it held community forums to hear from community members for input on the expansion. In Chicago, planning began in the summer of 2019 and the mental health advisory commission developed recommendations in October 2019, then planning and funding continued throughout the summer of 2020, with the program launched in the summer of 2021 (two years after initial program planning began).

New York City's B-HEARD program was originally announced in November 2020 with an initial launch target of February 2021, though the launch was delayed until June 2021 (eight months later). San Francisco's Street Crisis Response Team began planning in July 2020 and launched with one team in November 2020 (five months later); the program added a second team and additional hours in January 2021, added four more teams in March 2021, and integrated the local Office of Coordinated Care team for follow-up and linkages in April 2021 (all over a span of four months); the City of San Francisco wanted to move quickly due to its budgeting timeline so it did not conduct much initial community engagement, but rather expected the program design to be an iterative process with future opportunities for community input and evaluation. Additionally, for many pilot crisis response programs, when they are able to scale their services and hire more staff, then they plan to expand their geographical footprints.

Community Engagement

Community engagement is an invaluable element of program design and evaluation that leverages the expertise of the local community members directly impacted by these services. Community engagement activities are conducted to include the perspectives of potential service recipients, existing consumers of the behavioral health and crisis systems, existing coalitions, and/or local community-based service providers in the development and implementation of crisis response programs.

Cities may face barriers in hearing from community members that are the most structurally marginalized, so engaging existing coalitions and networks can support more equitable and targeted outreach. For instance, in Chicago, Sacramento, and Oakland, program planners worked with credible messengers that were connected to networks that the cities were not connected to, such as a teen health council, street outreach teams, homeless advocacy organizations, and disability rights collectives. There was a focus especially on working with mutual aid collectives and other underground groups that do not receive city funding, including voices that may otherwise be neglected in government spaces. This level of outreach and intentionality is essential because, historically, government institutions and other structures have prevented

the full and meaningful engagement of people of color, working class and cash-poor people, immigrants and undocumented people, people with disabilities, people who are cognitively diverse, LGBTQ+ people, and other structurally marginalized people. Engaging community members that are most directly impacted by crisis response programs, such as unsheltered people, will lead to feedback that is informed by direct lived experiences with the prior and existing programs in a given community. Additionally, prioritizing the engagement, participation, and recommendations of community members that are most harmed by existing institutions - such as the disproportionate rates of police violence against people of color¹⁶ - will ensure that systems of inequity are not reproduced by a crisis response program. Instead, intentional community engagement can support the program to address existing structural inequities.

Community engagement can inform program planning, program implementation, and program evaluation in unique ways. When planning for a crisis response program, community engagement can be used to survey existing needs, collect input on priorities, and engage hard-to-reach consumers. To hear directly from community members, Chicago interviewed 100 people across the city to ask about their service needs and how to implement a co-responder or alternative crisis response model. Denver targeted specific community stakeholder groups when collecting feedback for its program design, including perspectives from residents with lived experience, community activists for reimagining policing, a Latinx clinic, and a needle exchange program.

When implementing a crisis response program, engaging the community can identify opportunities for program improvement in real-time and promote community education about the program's services and partners. To collect feedback on key components of its model, Portland worked with a local university to send a questionnaire to service recipients. Denver prioritized community education by working with Business Improvement Districts (BIDs) to educate them on appropriate and inappropriate times to call 911 and how to more effectively and compassionately engage with unsheltered neighbors. Denver also worked to build trust with local CBOs to increase their engagement of the STAR crisis response team. Such community engagement can improve program implementation by increasing community awareness of the program, clarifying existing barriers for community members, and modifying service provision processes and priorities on an ongoing basis.

¹⁶ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, 116(34), 16793-16798.

<https://www.pnas.org/content/116/34/16793>

Lessons Learned

As cities have begun planning, launching, and iterating on a variety of crisis response program models, they shared key lessons learned and recommendations for new cities considering implementing non-police crisis response programs.

Community members are essential sources of knowledge:

Co-creating a crisis response model with community members that have directly experienced the crisis system will make the program more accessible and utilized.

Community engagement requires time:

Build the engagement and planning time into the overall program development approach and timeline.

Use a pilot approach: Test, modify, and expand specific aspects of each crisis response model based on program successes, challenges, and consumer feedback.

Build trust across the network: Cities must build trust across city agencies and local CBOs to successfully launch and implement a crisis response program.

The 911 dispatch system is complex: Successful implementation of a crisis response program requires sufficient planning, time/resources investment, and buy-in for revising 911 call determination and dispatch processes.

Look to the future: While alternative models are currently focused on crisis response, future models could also support a population's holistic health outcomes and redefine what "safety" means in a community.

Community members are essential sources of knowledge.

Program representatives that spoke with RDA emphasized the many considerations that programs must make to ensure a program is utilized and accessible to community members. The interviewed programs emphasized the importance of co-creating programs with community members because community members have experienced the existing crisis response options, know where the gaps exist, and may have already implemented or witnessed community-based short-term solutions that should directly inform program design. Cities explained that creating a program or model that does not appeal to the consumer, especially in terms of the involvement and presence of law enforcement, will decrease

the reach and impact of the program. Community members must trust the program if they are going to call and engage in services. For example, because they understood that a significant barrier was that the general public was not confident that they could call 911 to engage a non-police response to a mental health or related crisis, the San Francisco's Street Crisis Response Teams have done significant outreach at community events and presentations at CBOs to build relationships and trust.

Community engagement requires time.

Learning from the community requires time, so plans for community engagement should be part of any new program's overall timeline and approach. For example, after their initial implementation began, Denver's STAR teams learned that there is a need to expand their program with multilingual teams, which they have since been effective in making progress towards achieving this. It has been a part of the STAR program's process to prioritize program needs as they arise while planning for expansion.

Use a pilot approach.

Cities also recommended using a pilot approach so that the model can evolve and expand over time. For example, Chicago piloted two crisis response teams with a CIT-officer and piloted two teams without a CIT-officer to determine the role and efficacy of the CIT-officer in a crisis response. New York City designed their pilot to focus on one zone (a geographic subsection of a borough) before broadening the pilot to more of the city. A pilot approach allows a city to learn from implementation successes and challenges, hear from service recipients, and generate buy-in from potentially hesitant stakeholders.

Build trust across the network.

Cities elevated that building trust across city departments and with CBOs was an essential component of their processes. Cities recognize the different cultures and priorities across city departments and agencies as well as CBOs and volunteers. Within a local government, framing this work as a health response helps to align all partners on their shared values. Moreover, emphasizing to the local police departments that taking a responsibility off their plate is a benefit to them, which may help them to see the crisis response teams as assets and resources to them. Additionally, while bringing onboard internal (i.e., city departments and agencies) stakeholders to the table, it is important to ensure that they each have the appropriate degree of weight in decision making for the program. For example, New York City emphasized that law enforcement should not have an imbalance in controlling the conversation or

decisions. Programs also shared examples of opportunities to build trust across staff members: San Francisco's Street Crisis Response Team used all-team debriefs to strengthen communication and establish processes; and Canada's REACH Edmonton used data on their program and outcomes to promote accountability between providers. Ultimately, building and sustaining trust across a network of crisis response teams, first responders, and law enforcement agencies is a type of role that the central coordinating governance structure of a crisis response system should aim to lead and support.

The 911 dispatch system is complex.

The 911 dispatch component of a crisis response model is complex and requires effective collaboration for successful implementation. New York City felt that the dispatch and deployment components of its B-HEARD program took the most time to design well (e.g., diagramming calls, finding existing data), even though the 911 data infrastructure already existed. Similarly, Los Angeles' Department of Mental Health found the call diversion process and decision-making to be the most challenging aspect to align across departments. By being aware of this hurdle from the beginning, a new program can allocate sufficient time and resources as well as identify strategic personnel to support the development of this important component of any crisis response program.

Look to the future.

Finally, cities offered that they are only in their first steps of a longer process of designing alternative models of care in their communities. Planning for a program's next steps can make the initial pilots even more successful and support the transition to future iterations. For instance, Portland's Street Response program is primarily focused on low-acuity crises, though there is a need for a non-police response that can respond to higher acuity calls, including incidences with weapons, in order to achieve Portland's aim of reducing police violence. Mental Health First emphasized that an armed officer does not necessarily provide security and safety to bystanders, providers, or consumers, and so alternative crisis response models are countering a larger system of socialization around notions of safety and the role of 911 in a community. Additionally, these models are operating within larger mental health response systems that must work together to ensure fewer community members are going into crisis in the first place. Programs should always be considering how alternative models of care can support individuals from entering into crises, too. Denver's STAR program shared that they have numerous opportunities for prevention efforts, such as proactive response after encampment sweeps, checking in with consumers in high visibility areas even if there is not a call there, and proactively connecting people to services. By keeping an open mind for what a more holistic crisis response system could look like in their future, cities can plan for their present day,

early-stage pilot programs to be a part of their evolving and innovative models of care.

Appendices

Appendix A. SAMHSA's National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit Executive Summary¹⁷

The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Implementing care that aligns with national guidelines; *and*
- ✓ Evaluating alignment of systems to national guidelines.

Given the ever-expanding inclusion of the term “crisis” by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime**. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are overburdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the “crisis system” has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and

¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary*. <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care> & <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and even suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this Best Practice Toolkit. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.

Core Services and Best Practices

The following represent the *National Guidelines for Crisis Care* essential elements within a **no- wrong-door** integrated crisis system:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time;
2. **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

In addition to the essential structural or programmatic elements of a crisis system, the following list of essential qualities must be “baked into” comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. “Suicide safer” care;
3. Safety and security for staff and those in crisis; *and*

4. Law enforcement and emergency medical services collaboration.

Regional Crisis Call Hub Services – Someone To Talk To

Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational standards regarding suicide risk assessment and engagement and offer quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

Minimum Expectations to Operate a Regional Crisis Call Service

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region;
and
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

To align with National Suicide Prevention Lifeline (NSPL) operational standards, centers must:

1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;

2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;
3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual’s consent to initiate medically necessary rescue services;
4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;
5. Practice active engagement with persons calling on behalf of someone else (“third-party callers”) towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; *and*
7. Maintain caller ID or other method of identifying the caller’s location that is readily accessible to staff.

True regional crisis call center hub services that offer air traffic control-type functioning are essential to the success of a crisis system. Cracks within a system of care widen when individuals experience interminable delays in access to services which are often based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response; namely mobile crisis teams and crisis stabilization facilities.

Mobile Crisis Team Services – Someone To Respond

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. EMS services should be aware and partner as warranted.

Minimum Expectations to Operate a Mobile Crisis Team Services

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrants transition to other locations.

Best Practices to Operate Mobile Crisis Team Services

To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

Crisis Receiving and Stabilization Services – A Place to Go

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed by facility license) and clinical conditions (such as serious emotional disturbance, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. It is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in

order to transfer the individual to more medically staffed services if needed;

5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
 - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - b. Nurses
 - c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
 - d. Peers with lived experience similar to the experience of the population served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no rejection policy for first responders;
8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*
9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Best Practices to Operate Crisis Receiving and Stabilization Services

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

The Role of the Psychiatrist/Psychiatric Nurse Practitioner

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.

Essential Principles for Modern Crisis Care Systems

Best practice crisis care incorporates a set of core principles that must be systematically “baked in” to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,

2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide/Suicide Safer Care,*
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day.

Implementation Guidance

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options clearly and offer materials regarding the process in writing in the individual's preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*
6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*

2. *Develop support and supervision that aligns with the needs of your program's team members.*
3. *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; *and*
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Implementation Guidance

1. *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2. *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide*

Prevention (2012), specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas “fishbowl” observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing “no force first” prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for

home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Implementation Guidance

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Implementation Guidance

1. *Have local crisis providers actively participate in Crisis Intervention Team training or related mental health crisis management training sessions.*

2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Funding Crisis Care

The full *Crisis Services Best Practice Toolkit* document contains specific strategies on how a community can fund each of the core crisis system elements in single and multiple-payer environments. Additionally, recommendations on service coding already being reimbursed by Medicaid in multiple states are made available; including the use of *HCPCS code H2011 Crisis Intervention Service per 15 Minutes* for mobile crisis services and *S9484 Crisis Intervention Mental Health Services per Hour* or *S9485 Crisis Intervention Mental Health Services per Diem* for crisis receiving and stabilization facility services.

Training and Supervision

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery

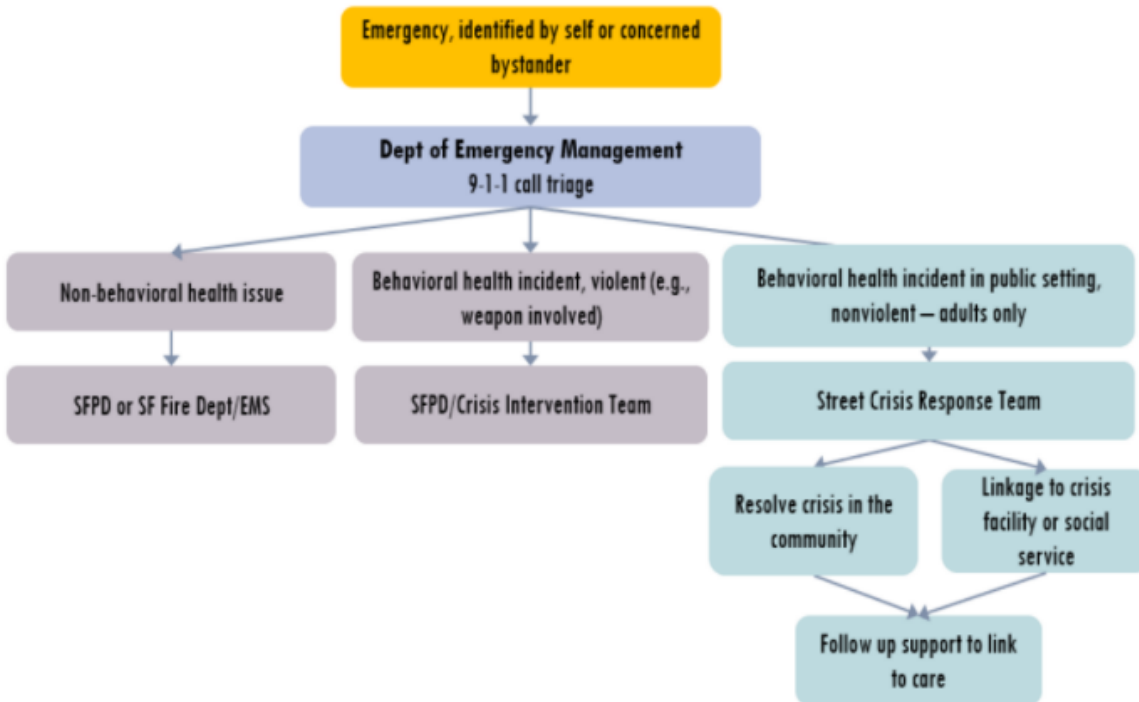
team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Conclusion

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

Appendix B. Sample Outlines of Types of Scenarios for Crisis Response Teams

Appendix B-1. County and City of San Francisco’s Crisis Response



Appendix B-2. County of Los Angeles' Behavioral Health Crisis Triage

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE			
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	HIGHER RISK	4	IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME
	4		ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION ----- PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK] [FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]
	MODERATE RISK	3	CALLER NEEDS HELP IN PERSON
	3		PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED] ----- FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)
	IMMEDIATE REMOTE		CALLER NEEDS HELP VIA CALL / TEXT / CHAT
2	IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED] ----- NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE		
NO CRISIS / RESOLVED	1	CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK	
1	SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE <u>MAY</u> TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT <u>MAY</u> RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER ----- MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE		

M

MEDICAL AID • EMS / FIRE DEPT
 ANYONE NEED MEDICAL ATTENTION? INJURY?
 ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN

CALLS AND RESPONSE CAN BE FLUID AND OVERLAP

Appendix C. Crisis Response Programs Researched by RDA – Summary of Key Components

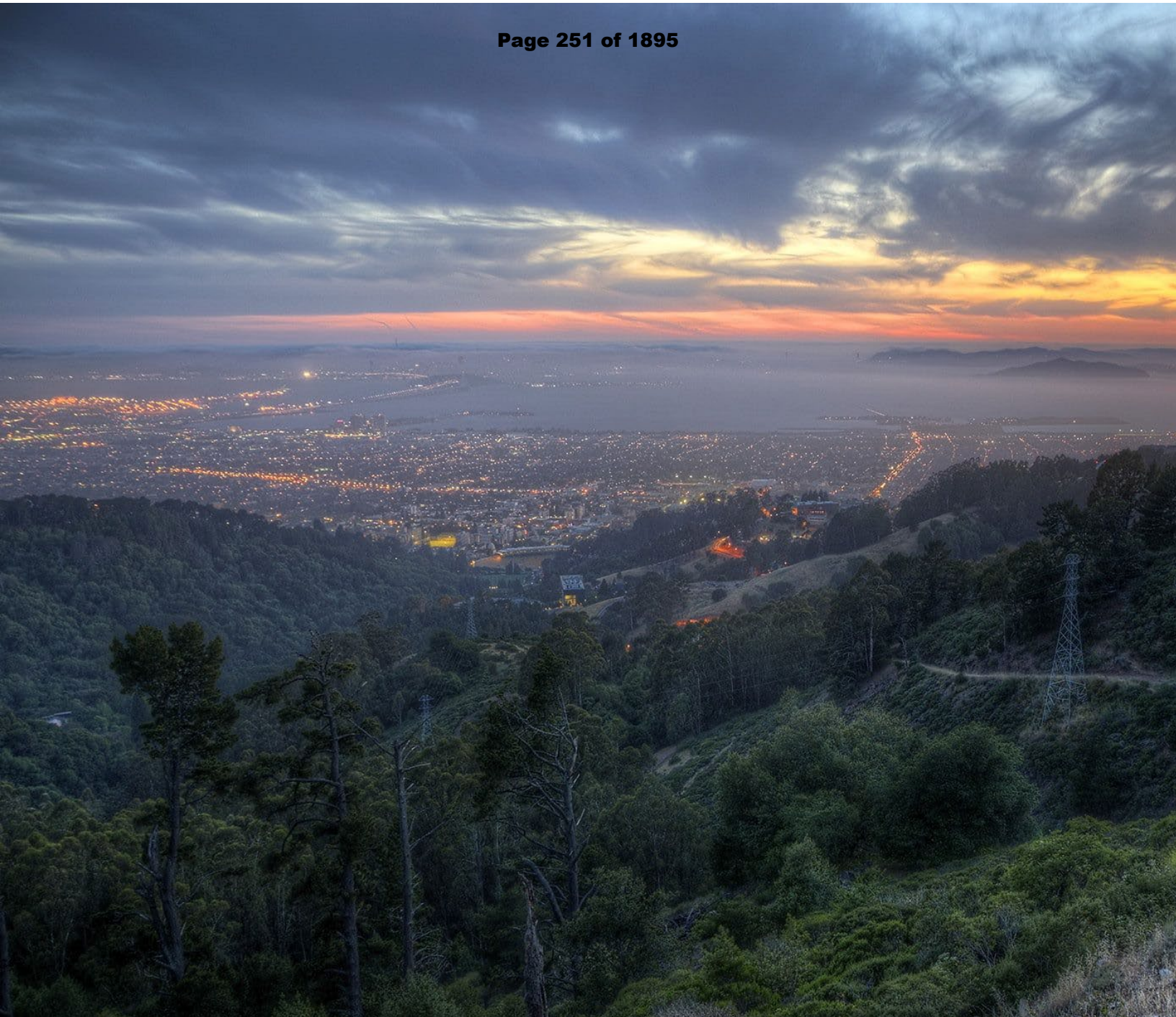
<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Albuquerque Community Safety Department – <i>Albuquerque, NM</i>	911	Mental health, inebriation, homelessness, addiction	TBD	Clinicians or peers	TBD	TBD
B-HEARD (the Behavioral Health Emergency Assistance Response Division) – <i>New York, NY</i>	911 dispatch	Mental health	Daily 16 hours per day	2 EMTs or paramedics + social worker	Non-transport vehicles	Connect with services if transported; heat team does follow-up (clinician and peer for follow-up connection to services)
Boston Police Department’s Co-Responder Program – <i>Boston, MA</i>	911 dispatch	Mental health crisis	Unknown	Co-responder (police + clinician)	Police car	Unknown
Crisis Assistance Helping Out On The Streets (CAHOOTS) – <i>Eugene, OR</i>	911 calls dispatched on radio	Non-emergency calls	24/7	Unlicensed crisis worker and EMT or paramedic	3 vans with logo	Not currently part of services
Crisis Assessment & Transport Team (CATT) – <i>Alameda County, CA</i>	911 dispatch	Mental health	Daily 7am-12am	Licensed clinician + EMT, co-responding with police	Unmarked vehicles, barrier, custom locks and windows, locked storage cabinets	Unknown
Community Paramedicine – <i>California (statewide)</i>	911 dispatch	Non-emergency health and mental health calls	Unknown	Paramedics	Unknown	Unknown
Crisis Call Diversion Program (CCD) – <i>Houston, TX</i>	911 dispatch	Non-emergency mental and behavioral health calls	Daily, morning and evening shifts	Mental health professional tele-counselors at 911 call center	N/A	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Crisis Now – National model (via SAMHSA)	Regional crisis call hub	Mental health	24/7	Licensed clinician + behavioral health specialist	Unmarked van	Program staff follows up to ensure connection to a resource
Crisis Response Pilot – Chicago, IL	911 dispatch	Mental health	M-F 9:30-5:30	Paramedic, crisis counselor, CIT officer, peer recovery coach	2 vans	Unknown
Crisis Response Unit – Olympia, WA	911 or alternate number	Mental health, homelessness	Daily 7am-9pm	Nurse + behavioral health specialist	Van owned by the City	Repeat clients get referred to peer navigation program (Familiar Faces)
Cuyahoga County Mobile Crisis Team – Cuyahoga County, Ohio	National Suicide Prevention Hotline	Mental health	24/7	Licensed clinicians	Unknown	Unknown
Department of Community Response – Sacramento, CA	911 or alternate number	Mental health, homelessness, youth and family crisis, substance use	24/7	Social workers	6 vans	CBO partner will provide connection to longer term care and follow up services
Department of Community Solutions and Public Safety – Ithaca, NY	TBD	Non-violent calls	TBD	Unarmed first responders	TBD	TBD
Downtown Emergency Service Center (DESC) Mobile Crisis Team – King County, WA	911 dispatch	Mental health, substance use	24/7	Mental health professional	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Expanded Mobile Crisis Outreach Team (EMCOT) – Austin, TX	911 or alternate number	Mental health	24/7	Field staff: two person teams of clinicians Call center staff: mental health professionals	Unmarked vehicles	Post-crisis services available for up to 3 months after initial contact
Georgia Crisis & Access Line (GCAL) – Georgia (statewide)	Alternate number, app	Non-emergency mental health, substance use	24/7	Mental health professionals	Unknown	Unknown
Los Angeles County Department of Mental Health - ACCESS Center – Los Angeles County, CA	Alternate number	Mental health	24/7	Unknown	Unknown	Unknown
Los Angeles County Department of Mental Health - Co-Response Program – Los Angeles County, CA	911 dispatch	Emergency mental health	Unknown	Co-responder (police + clinician)	Police car	Unknown
Los Angeles County Department of Mental Health - Psychiatric Mobile Response Team (PMRT) – Los Angeles County, CA	Alternate number	Mental health crises	Unknown	Psychiatric mobile response team	Unknown	Unknown
Mobile Assistance Community Responders of Oakland (MACRO) – Oakland, CA	911 dispatch	Non-emergency calls	24/7	Unlicensed community member + EMT	Vehicle with radios, mobile data terminal, cell phones	Community Resource Specialist to connect to resources
Mental Health Acute Assessment Team (MHAAT) – Sydney, Australia	Ambulance Control Center	Acute mental health crises	Unknown	Paramedic + mental health nurse	Ambulance	Contacted within 3 days, follow up with referral facility
Mental Health First / Anti-Police Terror Project – Sacramento and Oakland, CA	Alternate number, social media	Mental health, domestic violence, substance use	Fri-Sun 7pm-7am	Peer first responders	Use personal vehicles and meet at the scene; have an RV with supplies	Have relationship with CBOs, staff work to get folks into longer term services
Mental Health Mobile Crisis Team (MHMCT) – Nova Scotia, Canada	911 dispatch	Mental health	24/7	Co-responder (police + clinician) and telephone clinician support	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Mobile Crisis Assistance Team (MCAT) – Indianapolis, IN	911 dispatch	Mental health, substance use	M-F, not after hours or overnight	Co-responder (police + clinician + paramedics)	Unknown	Conduct follow up visits to encourage connection to care
Mobile Crisis Rapid Response Team (MCRRT) – Hamilton, Ontario, Canada	911 dispatch	Mental health	Unknown	Co-responder (CIT-trained police + clinician)	Police car	Unknown
Mobile Emergency Response Team for Youth (MERTY) – Santa Cruz, CA	Alternate number	Mental health calls for youth	M-F 8am-5pm	Clinician + family specialist	Van with wheelchair lift, comfortable chairs, TV, snacks	Continue to provide services until patient connected with long-term services
Mobile Evaluation Team (MET) – East Oakland, CA	911 or alternate number	Mental health	Mon-Thurs 8am-3:30pm	Co-responder (1-2 mental health clinicians + police officer)	Unmarked police car	Unknown
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team – Stockholm, Sweden	Alarm center	Acute risk of suicidal behavior	Daily 2pm-2am	2 psychiatric nurses and ambulance driver	Ambulance	Unknown
Police and Clinician Emergency Response (PACER) – Australia (several locations)	Dispatched by police	Mental health	Varies	Co-responder (police + clinician)	Unknown	Unknown
Portland Street Response – Portland, OR	911 or alternate number	Low-acuity mental health, substance use, welfare checks	M-F 10am-6pm	EMT and LCSW dispatched to scene; 2 CHWs called in for follow-up	Van with logo	CHWs connect to services; partnerships with CBOs for outreach in encampments
REACH 24/7 Crisis Diversion – Edmonton, Alberta, Canada	Alternate number (211)	Non-violent, non-emergency calls	24/7	2 crisis diversion workers	Have van to transport	Connector role for connection to long-term services

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Seattle Crisis Response Team – Seattle, WA	911 dispatch	Mental health, assault/threat/harassment, suspicious circumstance, disturbance	Unknown	Co-responder (CIT + clinician)	Unknown	Clinicians can follow up with clients
Supported Team Assisted Response (STAR) – Denver, CO	911 dispatch	Mental health, homelessness, substance use	M-F 10am-6pm	Mental health clinician (SW) + paramedic	Civilian van with amber lights, bucket seats on each side with standard front seat	Can hand off to case managers
Street Crisis Response Team (SCRT) – San Francisco, CA	911 calls dispatched on radio	Non-emergency mental health	Daily, 12 hours a day	Social worker/psychologist + paramedic + peer	Van with lights and sirens, currently using old fire department vehicles	Office of Care Coordination provides linkages to other services
Street Triage – England (several locations)	Emergency dispatch	Mental health	Varies	Mental health nurse	Unknown	Unknown
Therapeutic Transportation Pilot Program/Alternative Crisis Response – Los Angeles City and County, CA	911 dispatch	Mental health crisis	24/7	Mental health experts co-respond or take the lead on MH calls	Plan to have van for transports	Level 1 calls will be referred to non-crisis follow up services, folks can step down from crisis receiving to residential program
Toronto Crisis Response – Toronto, Ontario, Canada	TBD	Non-violent, non-emergency calls	TBD	Mental health professionals	TBD	TBD



City of Berkeley

Mental Health Crisis Response Services and Stakeholder Perspectives Report



City of Berkeley Specialized Care Unit Model Recommendations

City of Berkeley Mental Health Crisis Response and Stakeholder Perspectives Report

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Resource Development Associates, October 2021





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Executive Summary

The City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study to inform the development of Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement. RDA's feasibility study includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesis of crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities of the various agencies involved and basic quantitative data about the volume of mental health crisis calls received; and 2) sharing key themes from RDA's qualitative data collection efforts across the Berkeley community.

Presently, callers experiencing a mental health crisis typically call 911, Mobile Crisis Team (MCT) phone line, or the Alameda County Crisis Support Services phone line. Depending on the assessment of the call, phone or in-person services are deployed. All these points of access could result in a police response.

In Berkeley, while there are a variety of programs and service provided by Berkeley Mental Health, Berkeley Police, Berkeley Fire, and an array of community-based organizations, there is an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city. Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to include the full spectrum of a mental health crisis, including prevention, diversion, intervention, and follow-up. Through this lens, stakeholders identified strengths and challenges of the existing crisis response system, described personal experiences, and shared ideas for a reimagined mental health crisis response system.



Key Themes from Stakeholder Feedback

Perceptions of the urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response options

Participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. Such perspectives illuminate the perceived gaps in the current system that could be filled by a future SCU. These perspectives are summarized as guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad-reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

To inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesized summary of its review of the components of nearly 40 crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

With the guidance and support of an SCU Steering Committee (led by the Director of City of Berkeley's Health, Housing and Community Services Department), RDA conducted a large volume of community and agency outreach and qualitative data collection activities between June-July 2021. The goal of this immense undertaking was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desires for a different crisis response system that would better serve its populations and needs. The City of Berkeley will be implementing an SCU that consists of a team of providers – that does not include law enforcement representation – who will respond to mental health crisis situations in Berkeley. Given that this is happening, RDA's data collection focused on obtaining perspectives that could inform the development of Berkeley's SCU; in contrast, RDA's data collection was not targeted at understanding the validity or utility of having a SCU in Berkeley.

RDA's outreach and data collection efforts yielded a large volume of information. In order to ensure this report is accessible to a wide audience - in both the length and breadth of findings - RDA's analysis of all the information it collected was led by a clear goal of identifying common themes across its many data sources. Additionally, RDA sought to distill all findings into manageable pieces that could be succinctly written about in this report.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities

of the various agencies involved and basic quantitative data about the volume of services provided; and 2) sharing the common themes from RDA's qualitative data collection efforts across the Berkeley community. It is important to note upfront that given the limited quantitative data available about Berkeley's historical mental health crisis response calls – as documented and described in much depth by the Berkeley City Auditor's study (released in April 2021) entitled "Data Analysis of City of Berkeley's Police Response"¹ – this report is focused on qualitative data. That data allows for a better understanding of what this set of stakeholders feels about the current crisis system and their hopes for an improved system. After sharing information about Berkeley's current mental health crisis response services, this report shares information from RDA's qualitative data collection activities with local agencies, CBOs, stakeholders, and utilizers of crisis response services.

Communitywide Data Collection

In order to fully understand the current state of the mental health crisis system in the City of Berkeley, RDA engaged a variety of stakeholders in gathering both quantitative and qualitative data. As this is a community-driven process, much of the data collection was through engaging members of the Berkeley community. These methods will be described below.

Note: Please refer to the following section, [What is the current mental health crisis call volume in Berkeley?](#) for a description of the project's quantitative methods.

Community Engagement Planning Process

To bring resident and other stakeholder voices into community planning efforts, RDA worked closely with the SCU Steering Committee² to develop a comprehensive, inclusive, and accessible outreach and engagement plan. The goal of this plan was not to reach a group that was "representative" of all Berkeley residents, but rather to hear from those that receive crisis response services, those that call or initiate crisis

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

² Berkeley Specialized Care Unit Steering Committee members: Colin Arnold, Paul Kealoha Blake, Jeff Buell, Caroline de Bie, Margaret Fine, Maria Moore, Andrea Pritchett, David Sprague, David McPartland, Marc Staton, Lisa Warhuus, and Jamie Works-Wright.

response, and those whose voices are commonly omitted from city planning efforts. The plan focused on those who are most marginalized by the current system and are most at risk of harm. These groups include, but are not limited to the following:

- Individuals who are frequently targeted by policing, including:
 - Black and African Americans
 - Native Americans
 - Pacific Islander Americans
 - Latinx Americans
 - Asian Americans
 - SWANA (Southwest Asia and North Africa)
- People who have experienced a mental health crisis
- People experiencing or at risk of homelessness
- People who use substances
- Gay, Lesbian, Bisexual, Queer, Transgender and Non-Binary people
- Seniors and older adults
- Transition age youth (TAY)
- People with disabilities
- Survivors of domestic violence and/or intimate partner violence
- People returning to the community from prison or jail
- Veterans
- Immigrants and undocumented residents

RDA and the steering committee also reached out to a wide range of advocates, service providers, and CBOs. In addition to wanting to understand the current state of crisis services from a provider perspective, one of the objectives for reaching out to these advocacy and community organizations was to leverage their community and client connections to reach the target populations.

Once the target groups were identified, RDA and the SCU Steering Committee developed a specific outreach plan and interview guides for each group. The outreach strategy was designed to maximize accessibility by providing multiple opportunities for engagement. Interview guides³ were customized to each group but followed the same set of four core questions:

1. People's experiences with, and perceptions of, the current mental health and substance use related crisis response options;
2. Challenges and strengths of current mental health and substance use related crisis response options;
3. Ideas for an alternative approach to mental health and substance use related crises; and
4. Needs identified by the community for a safe, effective mental health and substance use related crisis response.

³ For an example interview guide, see [Appendix A](#).

This set of four questions was also used to create a survey distributed to providers unable to attend focus groups, their clients, other service utilizers, and the broader Berkeley community.

It is important to note that mental health crisis affects everyone. RDA purposefully focused engagement efforts on groups that are most often marginalized and at risk of harm from the current crisis system, but in so doing, was an approach that may not have brought in all voices impacted by mental health crisis. The key themes brought out by stakeholders, therefore, may not be fully representative of the broader Berkeley community. Instead, the key themes reflect the perspective of those most impacted by the current system.

Data Sources

All outreach activities occurred between June and July 2021. RDA engaged the community in a variety of in-person and virtual mediums including interviews, focus groups, shadowing, and surveys. In total, RDA conducted 18 focus groups, 51 individual interviews, 1 full day of shadowing dispatch at BPD, and administered 1 online survey.

The CBOs and community members that were targeted for outreach skewed towards either agencies serving unhoused populations in Berkeley or individuals who were unhoused. This was an intentional strategy to reach a population that is generally underrepresented in community-wide data collection efforts. But, as mentioned above, mental health crises can affect anyone, not just those who are unhoused.

Below is a list of groups that were engaged in interviews or focus groups as part of this process.

Type of Group	Organizations/Departments (# individuals)
City of Berkeley & Alameda County	<ol style="list-style-type: none"> 1. Berkeley Fire Department 2. Berkeley Fire Department – Mobile Integrated Paramedic (MIP) 3. Berkeley Mental Health 4. Berkeley Mental Health - Mobile Crisis Team 5. Berkeley Mental Health – Crisis, Assessment, and Triage (CAT) 6. Berkeley Mental Health - Homeless Full Service Partnership 7. Berkeley Mental Health – Transitional Outreach Team (TOT) 8. Berkeley Police Department - Key Informants 9. Berkeley Police Department – Dispatch 10. Berkeley Police Department - Community Services Bureau 11. Berkeley Police Department - Public Safety Officers 12. City of Berkeley - Aging Services 13. Alameda County Behavioral Health Care Services 14. Alameda County Crisis Support Services

Type of Group	Organizations/Departments (# individuals)
Community-Based Organizations	<ol style="list-style-type: none"> 1. Alameda County Network of Mental Health Clients 2. Alameda County Psychological Association 3. Anti Police-Terror Project 4. BACS - Amber House 5. Berkeley Free Clinic 6. Dorothy Day House 7. Harm Reduction Therapy Center 8. LifeLong Medical Care - Ashby Health Center, Behavioral Health 9. LifeLong Medical Care - Street Medicine 10. Needle Exchange Emergency Distribution (NEED) 11. Pacific Center 12. UC Berkeley School of Social Welfare 13. Women's Daytime Drop-In Center
Service Utilizers	<ol style="list-style-type: none"> 1. People's Park 2. Seabreeze encampment 3. Planting Justice

Demographics of Participants of RDA's Data Collection Efforts

RDA was able to reach a large demographic of providers, service utilizers, and community members across these engagement efforts. These data collection efforts were not focused on providers of mental health care, substance use disorder care, or insurance companies like Kaiser Permanente or the Alameda Alliance. This was a purposeful decision to gain the insight of those who are outside of the current system of care. Demographic information was not gathered for City of Berkeley or Alameda County staff.

Overall, RDA received information from more people in the 30-44 range than any other age range. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts. There were far more cisgender participants than transgender participants overall, though a higher proportion of service utilizer respondents were transgender compared to survey respondents and provider respondents. RDA collected feedback from more than double the number of female-identifying participants than male identifying participants. Overall, there were very few genderqueer or nonbinary participants. The most common zip codes of participants were 94710, 94702, 94703, and 94704. For more a more detailed description of participant demographics, see [Appendix B](#).

Impacts of COVID-19 Pandemic on Data Collection

The COVID-19 pandemic made it challenging for this project to engage with participants for data collection. The rise of the Delta variant in August 2021 further complicated matters. Many non-medical social service providers in Berkeley had suspended or limited their in-person services with clients due to the pandemic, so RDA was unable to connect with clients in-person. Invitations were sent to case managers and group/individual counselors to forward to their clients in hopes of interviewing clients, but this did not prove to be effective. Aside from being unable to connect with participants in-person, many providers were overwhelmed with ongoing COVID-19 emergency response and unable to participate in focus groups or the survey. Eleven agencies were in conversation with RDA but were unable to attend any focus groups or submit a survey, and 34 agencies did not respond to attempts to connect. Despite these challenges, RDA found considerable themes and patterns in the data that was collected for this project and feel strongly that the data and perspectives presented here represent the scope of the issues pertinent to mental health crisis response in the City of Berkeley.

Overview of Berkeley Crisis Response

What is the current mental health crisis response system in Berkeley?

To understand where the gaps are in the mental health crisis response system in Berkeley, it is important to understand each component and the surrounding landscape of providers and services. The following section describes the process of a mental health call, key city and county entities involved in the crisis system, and other community-based organizations who provide crisis services. This information was gathered during key informant interviews with city and county staff, CBO provider focus groups, and consulting online materials.

Process of Response to a Mental Health Call⁴

When someone makes a call for a mental health crisis, they will typically call 911, the Mental Health Division's Mobile Crisis Team (MCT) phone line,

⁴ See [Appendix C](#) for a flowchart of this process.

or Crisis Support Services of Alameda County. The caller is often a family member, friend, or bystander.

If the call goes to 911, the staff member at Berkeley dispatch receives the call. They use the Emergency Medical Dispatch (EMD) protocols to assess whom to deploy to the scene: fire, police, or an ambulance. When assessing a call for the presence of mental health issues, they consider many factors including the possibility of violence against the caller or others, certainty or uncertainty of violence, whether the person is using substances and what type of substance, the coherence of the person's thoughts or behaviors, and background noises. Callers can specifically request MCT, in which case dispatchers may call MCT on the radio and request an MCT call-back for the caller.

If they determine that services can be delivered over the phone, they can transfer the call to Alameda County Crisis Support Services (CSS). If CSS cannot resolve the crisis, they will send the call back to dispatch for an in-person response. If an in-person response is required, they will transfer the call to the appropriate dispatcher staff. Calls with a potential for violence or criminal activity are transferred to police dispatch. Police can call the Berkeley Mobile Crisis Team (MCT) for backup if it is clear that there is a mental health component to the situation. Calls that involve mental health are sent to police dispatch. Police will then alert the MCT that they are needed on-scene. The police will arrive first to secure the scene, then mobile crisis will provide mental health crisis services while police are still on-scene. If the individual needs to be transported to a secondary location, the police will call for an ambulance. Calls that involve a medical or fire issue are transferred to fire dispatch. If fire staff need to place an involuntary hold on the person, they can call police to place the hold.

If the caller decides to call MCT directly, their call will be sent to a confidential voicemail. An MCT staff member will listen to the voicemail, call the person back, and provide services over the phone. If no further services are required, the call is resolved. If an in-person response is required, MCT will call police dispatch to have police secure the scene. After MCT calls dispatch, they will travel to the scene of the incident. Once the scene is secured, MCT provides services and may call an ambulance through dispatch if transport is needed.

If the caller decides to call CSS directly, staff will first attempt to resolve the crisis over the phone. If they are able to de-escalate the crisis over the phone, they will provide referral services to additional resources or, on rare occasions, contact Berkeley Mental Health for follow-up care. If they are unable to resolve the crisis, they will send the call to 911 dispatch.

After the incident, the Berkeley Transitional Outreach Team (TOT) will follow-up with the client to ensure that options for longer term care have been offered. TOT can provide referrals and linkage to long-term services, bridging the gap between a moment of crisis and ongoing mental health care.

City and County Teams that Respond During a Crisis

There are several teams within the City of Berkeley and Alameda County that provide services to someone experiencing a mental health crisis. These include programs within Berkeley Mental Health, Berkeley Police Department, Berkeley Fire Department, and Alameda County Behavioral Health Care Services. Although, as mentioned later in this report, the community does not see these services as sufficient or linked.

Berkeley Mental Health Crisis Programs:

The City of Berkeley is contracted by Alameda County to deliver mental health services to Berkeley residents. In general, Berkeley Mental Health programs are funded to serve individuals with severe mental health needs who have major impairments in their functioning and are covered by Medi-Cal. However, Crisis Services teams (not including Homeless FSP) can serve any Berkeley resident, regardless of diagnosis or insurance status. It should be noted that residents covered by private insurance are eligible for services through their insurer and are not eligible for most Berkeley Mental Health programs.

The *Crisis, Assessment, and Triage (CAT)* program is a key access point for a wide range of Berkeley residents to get connected to mental health services. They are a team of clinical staff—licensed clinicians, paraprofessionals, peers, and/or family members—that conduct mental health screenings and assessments, mental health planning/consultation, and linkages to county or community-based care. They are also the official entry point for Berkeley Mental Health’s Homeless Full Service Partnership (HFSP), Adult Full Service Partnership (AFSP), and Comprehensive Community Treatment (CCT) programs. As previously noted, these programs have strict eligibility requirements driven by their funding. Most callers are referred to non-city resources. They offer both remote as well as in-person, walk-in assessments, and linkages to appropriate care. If someone is in crisis, they can suggest or facilitate linkage to 911, MCT, Amber House, or other crisis resources. CAT can also provide limited outreach and transportation services to people experiencing homelessness or people with disabilities who also want to engage in mental health services.

The *Mobile Crisis Team (MCT)* is a team of licensed clinicians that provide crisis intervention services to people in crisis within the Berkeley city limits. These services include de-escalation and stabilization for individuals in crisis, consultation to hospital emergency personnel, consultation to police and fire departments, hostage negotiation, and disaster and trauma-related mental health services. When fully staffed, MCT can operate 7 days a week from 11:30am-10pm. Due to persistent staff shortages, MCT is currently unable to operate on Tuesdays or Saturdays. They primarily receive referrals from Berkeley Police Department, Berkeley Fire Department, hospital emergency rooms, and directly from residents. Most calls for MCT are received on the police radio directly from BPD for 5150 evaluations. Calls can also come directly through the MCT voicemail.

The *Transitional Outreach Team (TOT)* follows up with individuals after an interaction with MCT. The TOT team consists of one licensed clinician and

one unlicensed peer team member. The function of the TOT team is to offer linkages to appropriate resources and help navigating the system of care after someone has experienced a crisis. TOT assesses the individual's eligibility for services, including insurance status, before making referrals to care. During the pandemic, their services have been mostly limited to phone calls. Pre-pandemic, they regularly connected with service utilizers after they were discharged from the hospital. Most often, TOT connects people with homeless service provider agencies, the CAT team for connection to BMH programs, case management services at other clinics, or any other community provider that would meet the client's needs. Due to a recent division restructuring, TOT and CAT have been combined into one unit to allow more community members to access information and referrals provided by TOT.

The *Homeless Full Service Partnership (HFSP)* is Berkeley Mental Health's newest program. They are a team of two behavioral health clinicians, two social service specialists, one mental health nurse, one part-time psychiatrist (0.5 FTE), and one clinical supervisor. HFSP serves adults who are homeless or at risk of homelessness and have major functional impairments related to a mental health diagnosis. They provide a wide array of services based on the client's needs including support applying for benefits, connection to short-term and long-term housing, harm reduction for substance use, and support with physical health needs.

Berkeley Police Department: The Berkeley Police Department (BPD) is made up of patrol teams, Communications Center (i.e., dispatch) staff, other sworn officers, and non-sworn professional personnel. In total, the 2020 budget included 181 sworn officers and 104.2 professional staff.^[1] BPD patrol team duties include responding to emergency and non-emergency calls for service or criminal activity, enforcing the law, responding to community needs, and directing traffic. The role of BPD patrol teams in mental health crises is to assess the situation to determine if there is a threat of public safety, assess how volatile the situation is, and secure the scene. Oftentimes, police officers will then provide crisis intervention services themselves, either because MCT is unavailable or the officer believes they can adequately respond with their experience and skillset. Otherwise, they will bring in another service team, such as MCT or Fire/ambulance to provide additional mental health or medical services. Officers may on-view incidents, but primarily receive assignments from the Communications Center. Officers may also coordinate with the other City Departments on some cases. All officers also receive a minimum of eight hours of advanced officer training in de-escalation and crisis intervention per year; and many officers are trained in a full week CIT-training course. The Department continues to assign

^[1] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*.

[https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3 - General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf](https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf)

officers to this full week training as staffing allows and course space is available.

BPD's Communications Center is staffed by dispatchers who handle the following: community calls, records checks, fire dispatching, and police dispatching.^[2] Call takers receive non-emergency and 911 calls, assess the call (including using the emergency medical dispatch (EMD) protocol, enter data into the computer aided dispatch (CAD) system to be dispatched to either police or fire personnel where appropriate. Other calls may be directed to other City Departments or BPD work units. The dispatchers deploy the appropriate response to the scene and maintain radio contact until personnel arrive at the scene.

Other sworn officers in BPD include area coordinators, a bike unit, detectives and traffic enforcement unit, and other sworn non-patrol officers. Area coordinators are situated within the Community Services Bureau and work with patrol officers in their area and seek to address community needs. Officers on the bike unit are assigned to patrol specific areas, where they address public safety issues and other community safety concerns. Detectives follow up on criminal investigations, conduct search warrants and work with the District Attorney's Office on charging. The traffic enforcement unit responds to traffic related complaints, investigates serious injury and fatal collisions, and analyzes and provides state mandated reporting on collision data. Other sworn, non-patrol officers include special assignments in personnel and training, policy, and police technology.

The remaining staff are non-sworn, professional personnel including community service officers, crime scene technicians, and parking enforcement officers. Community service officers work in jail and as crime scene technicians who collect and document evidence from crime scenes. Parking enforcement officers enforce parking violations and support traffic safety related matters. Many of these functions are also supported by Police Aides and Reserve Police Officers.

Berkeley Fire Department: The Berkeley Fire Department (BFD) is comprised of 7 fire stations, 130 sworn fire suppression personnel and paramedic firefighters.⁵ BFD provides 24/7 response to emergencies including fires, medical emergencies, and disasters. The department operates 4 24/7 Advanced Life Support ambulances that are primarily responsible for all emergency medical transport within the City of Berkeley to local emergency departments.

^[2] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*.

[https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3 - General/Dispatch%20Workload Fiscal%20Year%202018.pdf](https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf)

⁵ City of Berkeley Fire Department. (n.d.). *History of the Berkeley Fire Department*. Retrieved October 5, 2021, from

https://www.cityofberkeley.info/Fire/Home/Department_History.aspx

BFD also participates in care coordination for high utilizers of services as part of the Community Accessing Resources Effectively (CARE) Team. This team is a multidisciplinary group of practitioners made up of both staff from community organizations as well as City of Berkeley staff. The group is facilitated by the EMS division of the department and aims to connect residents using high amounts of emergency services to more appropriate and/or long-term care options.

During the COVID-19 pandemic, BFD operated a Mobile Integrated Paramedic (MIP) unit for a six-week pilot. The MIP unit provided community paramedicine as a diversion from hospitals during the early days of the pandemic. This team did proactive street outreach in the community to help meet basic needs and provide referrals to community organizations, based primarily on 9-1-1 callers who ended up not seeking care at an Emergency Department.

For people experiencing a mental health crisis, the City of Berkeley contracts with Falck Ambulance, which is also the private provider for emergency medical transport for Alameda County. Falck provides treatment, stabilization, and transports to hospitals, including voluntary and involuntary psychiatric hospitalizations. BFD firefighters can call Falck directly when an individual needs to be transported for mental health issues, although most transport requests are through requests from Mobile Crisis. The current collaboration with Falck began July, 1 2019, and the contract is overseen by BFD.

Alameda County Behavioral Health Care Services Crisis Programs:

Alameda County Behavioral Health Care Services (AC BHCS) operates both crisis and long-term mental health service programs.⁶ Some key crisis programs include Crisis Support Services, Acute Crisis Care and Evaluation for Systemwide Services, Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team.

The Alameda County Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team do not serve the geographic area of the City of Berkeley; despite this, we include brief information about them below to describe the types of mobile crisis services available to the other cities in Alameda County.

Crisis Services Eligible to Berkeley Residents

Crisis Support Services (CSS) is a county contracted program that provides several services for individuals experiencing a mental health crisis, including a 24-hour crisis phone line, text messaging, therapy groups, therapy services for older adults, school-based counseling, grief therapy,

⁶ Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

and community education.⁷ CSS coordinates closely with mobile crisis teams in Oakland and Alameda County and often refer clients to mobile crisis. They are staffed by trained crisis counselors, both licensed and unlicensed. Most often calls to CSS are direct from someone experiencing a crisis. Berkeley dispatch can transfer calls to CSS for phone support if they deem an in-person response is not required. CSS fields over 40,000 calls annually and spends an average of 25-30 minutes per call.

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the main entry point for Alameda County residents to get connected to acute and longer-term mental health and substance use services.⁸ The phone line is staffed by licensed mental health clinicians and administrators who screen and assess the client's needs, provide information about available options, and refer to an appropriate service. Clinicians also screen clients to see if they meet medical necessity criteria for Specialty Mental Health Services (SMHS). Calls that come in after 5pm or on weekends are routed to CSS.

Crisis Services Not Eligible to Berkeley Residents

The Alameda County *Mobile Crisis Team* responds to mental health crisis calls either in-person or over the phone.⁹ They are staffed by two licensed clinicians. Calls can come directly to the mobile crisis team, or they can be dispatched by 911 or CSS. The Alameda County Mobile Crisis Team responds in a police co-responder model.

The *Mobile Evaluation Team (MET)* is a co-responder program; one Oakland police officer and one licensed clinician respond to calls in an unmarked police car. They respond to mental health calls that come through 911 dispatch.

The *Community Assessment and Transport Team (CATT)* provides community-based crisis intervention, medical clearance, and transport services. Administered through Bonita House, a licensed clinician and an EMT will be dispatched to a scene where the individual needs to be transported to a higher level of care. CATT currently utilizes a police co-responder model.

Other Service Providers in the Mental Health Crisis Response System: In addition to services provided by the City of Berkeley and Alameda County, there is an array of community-based services and other providers within the mental health crisis response system in Alameda

⁷ Crisis Support Services of Alameda County. (n.d.). *24-Hour Crisis Line*. Retrieved October 5, 2021, from Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

⁸ Alameda County Behavioral Health Care Services. (n.d.). *ACCESS program*. Retrieved October 5, 2021, from <http://www.acbhcs.org/providers/Access/access.htm>

⁹ In this report, the acronym "MCT" is only used in reference to the City of Berkeley's Mobile Crisis Team, not Alameda County's Mobile Crisis Team.

County. These generally fall into four categories: crisis response providers, crisis stabilization units, drop-in centers, and medical service providers.

The agencies listed below are not meant to be a comprehensive list, rather these were the organizations that were mentioned most frequently by focus group participants, interviewees, and survey respondents. There are many organizations and individuals who contribute to crisis prevention and stabilization by addressing other needs such as housing, substance use, ongoing mental health support, or domestic violence. Though not enumerated in this report, the ecosystem of services in Berkeley and surrounding areas help prevent community members from escalating into crisis.

Crisis Response Providers: Crisis response providers accompany individuals while they are experiencing a crisis, work with the client to de-escalate, and connect them to resources to meet their needs. It should be noted that ongoing mental health service providers, such as therapists or clinical case managers, de-escalate and divert mental health crises every day. In this report, we are focusing on providers who respond to acute crisis situations that are outside of long-term supports. The two key crisis response providers mentioned most often by the community are Mental Health First and UC Berkeley.

Mental Health First is a project of the Anti Police-Terror Project (AOTP). Based in Oakland, this volunteer-run crisis line provides crisis support, de-escalation, mediation, and connection to resources to anyone who calls. They are available on Friday and Saturday nights, 8pm to 8am, when other crisis services are unavailable. Community members can access services via phone, text, or social media. About half of callers are calling for themselves, while the other half are calls from friends or family members concerned about a loved one. Mental Health First can help people navigate the complicated mental health system and get them connected to services.

When a student is experiencing a mental health crisis on the UC Berkeley campus, *UC Police Department (UCPD)* are often the ones who arrive on scene. UCPD employs a mix of sworn and non-sworn personnel including 49 police officers, 10 dispatch and records staff, 31 security patrol officers, and 12 professional staff.¹⁰ UCPD police officers are currently the ones who respond during a mental health crisis. However, the University has publicly stated plans to phase out involvement of police during a crisis and shift to having its Tang Center counselors respond to mental health

¹⁰ Berkeley UCPD. (n.d.). *Department Demographics*. Retrieved October 5, 2021, from <https://ucpd.berkeley.edu/department-demographics>

calls.¹¹ They are currently in the process of planning and developing a new mental health response team.¹²

The *UC Berkeley Tang Center* offers health, mental health, and crisis services to all UC Berkeley students, regardless of insurance. Their staff, which include licensed psychologists, psychiatrists, and psychiatric nurses, respond to urgent mental health concerns.¹³ They also provide services after a sexual assault or incident of domestic violence and respond to campus crises (e.g., when a student passes away).¹⁴ As of the Fall 2021 semester, students can access these services by calling the Tang Center's urgent phone or after-hours support lines. But as previously mentioned, UC Berkeley is currently redesigning their crisis response model so students can more easily get connected with Tang Center staff during a crisis.

Crisis Stabilization Units and Psychiatric Facilities

Crisis Stabilization Units and psychiatric facilities provide a safe location for people to de-escalate from crisis, receive psychological support, and get connected with mental health services. There are no crisis stabilization units within the City of Berkeley, so Berkeley residents in crisis are often transported or referred to the facilities noted below.

John George Psychiatric Hospital (JGPH, or John George) is a locked facility where patients can receive short-term psychiatric care from doctors, psychiatrists, and counselors. Once a patient receives medical clearance (i.e., they do not have any acute medical needs), they can be transported to JGPH. John George is the main facility that individuals are transported to when they are under an involuntary hold. Many patients are referred and/or transported by emergency services and mobile crisis teams across the County.

Willow Rock Center operates both a 12-16 bed crisis stabilization unit as well as an inpatient unit for adolescents ages 12-17.¹⁵ A team of psychiatrists, nurses, group and individual therapists and counselors provides assessment, counseling, medication administration, group,

¹¹ Public Affairs. (2021, August 18). UC Berkeley to shift comes campus services away from UCPD. *Berkeley News*.
<https://news.berkeley.edu/2021/08/18/uc-berkeley-to-shift-some-campus-services-away-from-ucpd/>.

¹² Berkeley Business Process Management Office. (n.d.). *Mental Health Response*. Retrieved October 5, 2021, from
<https://bpm.berkeley.edu/projects/active-projects/reimagining-uc-berkeley-campus-and-community-safety-program/mental-health>

¹³ University Health Services. (n.d.). *Meet the CAPS Staff*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/mental-health/counseling-and-psychological-services-caps/about-caps/meet-caps-staff>

¹⁴ University Health Services. (n.d.). *Crisis Counseling for Urgent Concerns*. Retrieved October 5, 2021, from
<https://uhs.berkeley.edu/counseling/urgent>

¹⁵ Telecare. (n.d.). *Willow Rock Center*. Retrieved October 5, 2021, from
<https://www.telecarecorp.com/willow-rock-center>

family, individual therapy, and connections to resources. The locked, inpatient unit is the main transport facility for adolescents under an involuntary hold. Their patients are often referred from Kaiser Permanente, schools, and emergency services. They also accept walk-ins for voluntary services.

Cherry Hill Detoxification Services Program provides services for adults needing to detox from substances.¹⁶ Their sobering unit has 50 beds for patients to stay 23 hours or less. The detox unit has 32 beds for patients to stay 4-6 days. Trained staff screen patients, provide medical services and psychological support, and link patients to services to meet their needs before discharge. Both units often get referrals from emergency services but also can accept self-referrals.

Amber House, operated by Bay Area Community Services (BACS), is a 23-hour mental health crisis stabilization unit (CSU) that provides a quiet environment for clients to receive short-term psychological support and have their basic needs met. The team is a clinician, a nurse, a supervisor, and an on-call psychiatrist, who provide voluntary services for people experiencing an acute mental health crisis. Many of their clients are transported or referred by mobile crisis teams, Oakland's CATT program, and occasionally police. Before a client is discharged, a staff member will provide referrals for long-term mental health care and other resources to meet their needs. Amber House also operates a crisis residential treatment (CRT) program in the same facility (which is Alameda County's only combined CSU and CRT), providing clients the option for a longer stay.

Drop-In Centers

The City of Berkeley has three drop-in centers for residents: the Berkeley Drop-In Center, Berkeley Wellness Center, and the Women's Daytime Drop-In Center. While not all sites have specific services for individuals in crisis, they can be an entry point for mental health services.

The *Berkeley Drop-In Center* is a peer-run, walk-in community center that provides drop-in time, service advocacy, and housing advocacy.¹⁷ Clients can have their basic needs met, find a place to socialize, get connected to benefits, receive a referral for subsidized housing, and get linked to mental health services.

The *Berkeley Wellness Center*, operated by Bonita House, provides art classes, employment services, connection to benefits, primary care, counseling, case management, and evidence-based support groups for

¹⁶ Horizon Services. (n.d.). *Cherry Hill Detoxification Program Services*. Retrieved October 5, 2021, from <https://www.horizonservices.org/cherry-hill-detoxification>

¹⁷ City of Berkeley. (n.d.). *Berkeley Drop-In Center*. Retrieved October 5, 2021, from https://berkeleycity.networkofcare.org/mh/services/agency.aspx?pid=BerkeleyDropInCenter_670_2_0

adults with mental health and co-occurring disorders.¹⁸ The Berkeley Wellness Center serves as an entry point to recovery and supportive services for people with a broad range of mental health needs and co-occurring conditions.

The *Women's Daytime Drop-In Center (WDDC)* provides similar services for homeless women and their children.¹⁹ A small team of case managers, managers, and volunteers provide various services including case management, food, groceries, and hygiene kits. Clients can also receive referrals to additional services that are beyond the scope of WDDC.

Medical Service Providers

Because a mental health crisis and substance use crisis can co-occur, medical service providers play an important role in crisis stabilization and prevention. The two medical outreach teams mentioned by the community were Lifelong Street Medicine and Berkeley Free Clinic's Street Medicine team.

LifeLong Street Medicine is a program contracted by Alameda County Health Care for the Homeless Street Health.²⁰ Multidisciplinary teams provide street psychiatry and substance use recovery services for people experiencing homelessness in Berkeley. They can also provide connections to primary care, social services, housing, and other resources.

Berkeley Free Clinic's Street Medicine team is a volunteer-run collective where volunteers are trained as medics and provide services in the community.²¹ Their services include HIV and STI testing and treatment, first aid, vaccinations, hygiene kit distribution, and substance use supplies and training. The teams regularly do proactive outreach to connect to new clients.

What is the current mental health crisis call volume in Berkeley?

In addition to its deep community engagement process, RDA also reviewed quantitative data on the volume of calls related to mental health issues and who is making those calls. As noted previously, quantitative data from City of Berkeley agencies conducting crisis response (i.e., Mobile Crisis Team, Berkeley Police Department, and Berkeley Fire Department) currently have a variety of limitations. Because

¹⁸ Bonita House Inc. (n.d.). *Berkeley Wellness Center*. Retrieved October 5, 2021, from <https://bonitahouse.org/berkeley-creative-wellness-center-cwc/>

¹⁹ Women's Daytime Drop-In Center. (n.d.). *Women's Daytime Drop-In Center*. Retrieved October 5, 2021, from <https://www.womensdropin.org/>

²⁰ Alameda County Health Care for the Homeless. (n.d.). *Street Health*. Retrieved October 5, 2021, from <https://www.achch.org/street-health.html>

²¹ Berkeley Free Clinic. (n.d.). *Street Medicine Team*. Retrieved October 5, 2021, from <https://www.berkeleyfreeclinic.org/street-medicine-team>

of these limitations, RDA suspects that the available data is generally an underrepresentation of the true volume of mental health related calls in Berkeley. Given these limitations, RDA explored the available data for trends that can support the community in building its understanding of who is currently utilizing Berkeley's crisis services.

It is important to note that the City of Berkeley has contracted with the National Institute of Criminal Justice Reform (NICJR) to lead the City's current Reimagining Public Safety work. As a part of its current engagement, NICJR collaborated with Bright Research Group (BRG) on a large community engagement effort to better understand the local community's perspectives across a variety of issues pertaining to public safety in Berkeley. NICJR and BRG shared their findings on July 29, 2021 at Berkeley's Reimagining Public Safety Task Force (RPSTF) meeting; the slide deck presentation of key findings can be found online.²² The overarching findings from this presentation align with RDA's community-wide data collection efforts.

Key Mental Health Call Volume Trends

- MCT has responded to a declining number of 5150s since 2015, in part due to staff vacancies and the pandemic.
- The most frequent incident types of all 5150 calls to BPD were disturbance, welfare check, mentally ill, and suicide.
- Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.
- Falck has been contracted to conduct the large majority of 5150 transports in Berkeley, most often taking service utilizers to Alta Bates Medical Center and John George Psychiatric Emergency Services.
- BFD conducted fewer 5150 transports in Berkeley and only took service utilizers to Alta Bates, Oakland Children's Hospital, and Kaiser Hospital.
- The time required for a 5150 is, in part, determined by geography and the destination of transport.
- Calls for 5150s are most frequent from 10:00am to midnight and least frequent from 2:00am to 8:00am. There are no notable differences in the frequency of calls by day of the week.

For a deeper description of call volume and data, demographics of calls, and methods please see [Appendix D](#).

²² City of Berkeley's Reimagining Public Safety Task Force. (2021, July 29). *Berkeley Reimagining Public Safety – Community Engagement Report*. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf

Stakeholder Feedback

Mental health crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone that needs regular support to address their basic needs, or someone that is generally able to manage their needs but needs occasional support to prevent a future crisis. Many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuance and spectrum of mental health crises.

Many stakeholders shared that by broadening our concept or definition of a mental health crisis, we can better design the mental health crisis response system and related services. Stakeholders provided several examples of the nuance and spectrum of mental health crises:

- ❖ Some forms of crisis are readily visible (such as people presenting to hospitals or experiencing a crisis while in public) while others may be unseen (such as a homeless-but-sheltered individual recovering from intimate partner violence).
- ❖ Some forms of mental illness or neurodivergence are reported by a bystander as a crisis, but there is not an acute crisis situation and should not result in a forced transport just because of a bystander's concern.
- ❖ Some forms of crisis are a result of community members not knowing where to access services even if they are able to identify their needs.
- ❖ Some forms of emergency service utilization stem from an ongoing unmet need for basic goods and services, such as a high utilizer that regularly presents at the hospital emergency department because they need food.

Overall, there is wide consensus among interviewed stakeholders that the current mental health, substance use, and homelessness crisis systems in Berkeley are under-resourced and unable to meet both the volume of need and the various ways in which crisis presents.

Expectations for different types of crisis responders varied greatly by stakeholder. Stakeholders shared mixed experiences with BPD's ability to successfully de-escalate situations and respond empathetically to people in crisis, and often attributed the quality of interaction to the traits of an individual officer. Stakeholders often held low expectations for BPD to intervene non-violently and expressed positive perceptions when BPD "didn't do anything." On the other hand, stakeholders shared high expectations for other crisis service providers including MCT responders or county case managers. Negative feedback from stakeholders was often because providers were not meeting these high standards. As a result, understanding stakeholder praise and criticism of crisis responders – such as MCT, BPD, and other CBOs – requires understanding stakeholders' varied expectations.

In discussing their experiences as well as the strengths and challenges of existing crisis response system, interviewed participants and survey respondents also shared ideas for a reimagined mental health crisis response system. The following sections detail key themes that were elevated across stakeholder participants.

Illustrative quotes from survey respondents are included alongside key themes. Due to concerns with anonymity and limitations of data collection, quotes from interviews and focus groups were unable to be included.



Key Themes from Stakeholder Feedback

Perceptions of an urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response

Stakeholder perceptions of the urgent need for a non-police mental health crisis response in Berkeley.



"I think a carceral approach creates more trauma and fear. I have been traumatized by being in jail. I do not wish to be incarcerated when all I need is support."

- SCU Survey Respondent



*"My perception is that mental health issues, substance use, and homelessness are *rampant* in Berkeley - now more than ever - and police are simply not the right people to deal with these issues."*

- SCU Survey Respondent

Overall, there was a strong sense of urgency for a change in the response to mental health crises in Berkeley. Service providers indicated that they routinely use creative interventions and provide services for clients multiple times and consider calling the police a last resort. Service providers shared that if there were an SCU, they would prefer to use a non-police option for crisis response.

Service providers and crisis responders expressed a sense that the current system is "broken," that they see the same service utilizers on a frequent basis. Providers shared examples of clients unable to access existing services, not engaged in services they are enrolled in, or not willing to receive offered treatment for a variety of reasons. Stakeholders felt that most people need support accessing resources in addition to immediate crisis response or de-escalation. However, they believe the existing crisis response system often relies on police to respond to calls. This is not the specialty of the police, nor are they able to provide a full range of follow-up linkages and referrals to trauma-informed social services.

There is strong consensus across city staff, service providers, service utilizers, and survey respondents that police do not best serve the needs of those who are experiencing a mental health or substance use crisis.

Stakeholders emphasized that a mental health crisis should not be equated with violence, though there is often the misconception that any display of mental illness is violent or a threat to public safety.

Stakeholders shared that there are scenarios in which the presence of police can increase the danger for service utilizers or bystanders. In the context of intimate-partner and domestic violence, there is often a fear of retaliatory violence if the police are called in to respond to the abused partner seeking help. Stakeholders shared examples police presence and visible weapons escalating a mental health crisis, causing an increase in erratic or unpredictable client behavior. Particularly for service utilizers with traumatic histories from interactions with police officers, they felt the presence of police can escalate a crisis or emergency. Service providers shared stories of clients that have suffered through immense psycho-social harm and/or medical complications before reaching out to 911 due to their fear of the police.

Survey respondents and service providers shared the perception that sometimes police think a weapon is present on an individual when it is not, and felt that police use unnecessary violence and force, which overall decreases their sense of safety. **Stakeholders felt that this context results in an environment in which they do not call for emergency help because of**

a fear of police, leaving community needs for crisis support unmet. Service providers also elevated that there are ways to disarm someone without using force or weapons which would improve the safety for both service utilizers and providers alike.

For these reasons, Crisis Support Services of Alameda County (CSS) crisis line providers shared that they prepare callers for interactions with the police by telling them what to expect when the police arrive and providing options to keep themselves safe (e.g., stepping outside, double checking that there are no weapons or illicit substances on their person, and closing their front door). However, they did mention that service utilizers using substances or experiencing a break with reality may not be able to follow close directions and are at increased risk of police violence due to the heightened probability of misunderstanding or miscommunication.

Stakeholders shared a few strengths of police involvement in the existing crisis response system. They shared that police may provide a useful resource for people who need documentation of a crime for future legal reference. A police report with these details can later be used in a court setting or provided as proof to an insurer. Additionally, many service providers indicated police presence can protect the safety of crisis responders and bystanders when weapons are present. Some stakeholders elevated that the presence of police can be supportive when community members or service providers are attempting to de-escalate a crisis.

The overwhelming importance and immediacy of changing the mental health crisis response system was emphasized in stakeholders' references to the violence committed against a woman killed by BPD during a mental health crisis in 2013 and a man shot by BPD during a mental health crisis in 2021. Stakeholders shared that providing a non-police mental health crisis response option could increase the acceptability and accessibility of crisis response by addressing this fear, thereby promoting the safety and well-being of community members and service utilizers.

There were differing perspectives of whether police should have any involvement in crisis response. The expressed perspectives included: there should be no police involvement; police should be called as back-up only if SCU de-escalation efforts were unsuccessful; police should be called as back-up only if the presence of weapons was confirmed; or police should be involved through a co-responder model like MCT.

Stakeholders offered important considerations for police involvement. Some stakeholders suggested that police should be dressed in plain clothes to avoid their presence further escalating a community member in crisis. Other stakeholders shared that if police are involved in the SCU model of crisis response, then they should be in uniform; they elevated that community members should understand who they are speaking to, given that a police officer can arrest, detain, and/or incarcerate them. Additionally, because community members expressed that they have the right to identify a police officer's badge number and last name -- which is particularly important if a community member needs to report any



"I desperately needed help for a friend who was experiencing a mental health crisis. She was adamant that I not call police because she is scared of them and feared that they would be violent with her. There were no alternatives available in Berkeley. I have watched police respond to people in crisis many times. Some cops are aware that their presence can escalate people. Some of the cops are oblivious of how they impact a situation and make it worse."

- SCU Survey Respondent



misconduct -- police should be in uniform. Furthermore, stakeholders elevated their fear of being targeted by certain police officers as someone that experiences mental health emergencies and/or someone who uses drugs; for this reason, stakeholders shared that it is important for police to remain in uniform to mitigate the criminalization of mental health crises and drug use and for public awareness.

Stakeholders shared considerations for protecting and enhancing the safety and well-being of crisis responders, service utilizers, and community bystanders alike.

The presence of weapons is a primary safety consideration for many stakeholders. Stakeholders reported concerns about determining and dispatching the appropriate intervention team in order to prevent injury or assault to crisis responders, especially when there are weapons present. Many stakeholders also emphasized that the safety of the person in crisis must be protected too.

Stakeholders provided many ideas for how a non-police crisis response system could best support Berkeley residents.

Community members and providers suggested a crisis response team include mental health practitioners such as peer workers, therapists, direct patient care specialists, social workers, medical providers and/or psychiatrists. They also suggested several trainings that would support crisis responders to better meet the needs of people in crisis, such as trainings on trauma-informed care, de-escalation, and crisis neutralization. Finally, given the types of crises service providers and service utilizers most often experience, stakeholders elevated specific technical knowledge that crisis responders should be prepared to employ, including basic first aid, domestic-violence crisis response training, and specific knowledge on DSM-5 mental health diagnoses, and co-occurring drug-induced states.

"I have had police response in an emergency crisis. It only made the crisis more terrifying and traumatic."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"The police response here is among the most professional that I have seen in any jurisdiction in the nation - yet the bottom line is requiring police to respond to crisis situations in which they do not have the requisite training is a disservice to both the officers and those on the other side of the response."

"I don't feel unsafe in the community. My homeless neighbors are much more unsafe than I am because they are consistently interacting with people who hate them, with some bad cops including the campus cops."

"There is a huge crisis in our city of homelessness and mental health and the police only ever make things worse. Sweeps, seizures of possessions, harassment and intimidation of unhoused residents is all too common. The violent detention of mentally ill people seems to be a day to day reality. Heavy restraints and spit hoods being used in the place of de-escalation and care. The Berkeley police shot a man in crisis through the mouth this year and that is beyond unacceptable!!!"

"I need to know that if I, or someone I love, is experiencing a mental health crisis that there is a trained mental health professional that I can call who will come, without a gun, and that I will receive care, not a cop, and that I will not end up dead. Knowing I won't be shot dead by a cop for the "crime" of living with mental illness, for being poor, or for having a substance use disorder would help me to feel safe."

Stakeholder perceptions of varied availability, accessibility, and quality of crisis response services

Perceived Strengths

- MCT provides quality services
- Positive experiences with individual BPD officers
- BFD created a resource list to better provide referrals

Perceived Challenges

- Lack of 24/7 crisis services
- Requiring service utilizers to keep appointments
- Slow response times for MCT due to limited staffing
- Long waitlists for services
- Few options for de-escalation or non-emergency care
- Poorer quality of services provided to people of color and unsheltered people

Stakeholder Ideas

- Proactively communicate service availability & hours of operation
- Increase 24/7 service options
- Increase training on racial justice, cultural sensitivity, harm reduction, and de-escalation

Stakeholders identified a few strengths of the availability, accessibility, and quality of crisis services. Many reported that there is general knowledge of the existing crisis response options in Berkeley. Some providers reported positive experiences with police, and many reported positive experiences with MCT. Another strength shared by stakeholders is that BFD's ability to refer and link service utilizers to resources has increased since they created a list of CBOs and local programs.

A common challenge elevated by stakeholders is the lack of 24/7 response options. A mental health crisis can happen at any time, but many crisis programs operate during standard business hours. The limited hours of operation of MCT were elevated by stakeholders as a significant challenge that increased the risk of police interaction with service utilizers who call 911 when MCT is not staffed.

Stakeholders frequently mentioned limited MCT staffing as a major barrier to accessing quality crisis response services. For the last two years, two of four crisis staff positions have been vacant. Because MCT responds to calls in pairs, only one team is available to respond at a time. This can result in long wait times if the team is responding to another call. Additionally, if there is a high call volume, MCT will prioritize high acuity calls where someone is showing imminent signs of crisis or distress. The reduction in staffing also led to a reduction in hours. This has caused confusion among providers and service utilizers. Service providers elevated this as a source of uncertainty and distrust that can reduce the likelihood of someone accessing services in the future.



"Berkeley MCT is only open on weekdays during certain hours. I have never had an incident where I needed help with a client coincide with their open hours."

- SCU Survey Respondent



“Mobile Crisis folks are good. It's just that they always come with the cops, and sometimes they can't come for many hours because they're busy.”

- SCU Survey Respondent

Stakeholders believe these challenges and barriers to accessing services or ensuring the availability of services are ultimately challenges to the overall safety and well-being of potential service utilizers, community bystanders, and service providers.

A Berkeley City Auditor's report in 2019 elevated that the understaffing of the 911 Communications Center has led to staffing levels that cannot meet the call volume and increased call wait times.²³ Increased call wait times have negative implications for the safety and well-being of service utilizers and community members, as well as the service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels have caused BPD to rely on overtime spending to fund the Communications Center, which increases the cost of the entity.

There was consensus among participants that many facets of the crisis response system feel understaffed, which can lead to decreased service availability and slower responses. Under-resourcing can create challenges to service availability across the providers and programs throughout Berkeley and Alameda County. Service utilizers and community members reported long waiting lists for permanent supportive housing units, a key stabilizing factor that could reduce the incidence of mental health crises overall. There was also a perception among stakeholders that service utilizers are faced with long waits to access healthcare, case managers, and temporary congregate shelters.

Some CBOs also identified a need for more multilingual services, especially Spanish-speaking providers. They also indicated that a fear of ICE or 911-corroboration with ICE is a barrier for undocumented community members to call 911, especially for undocumented residents that are unhoused. Service providers suggested that more culturally competent services would increase the likelihood of someone seeking services when they are experiencing a crisis.

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Stakeholders believe that these challenges to availability and accessibility can reduce the quality of available services. When police must respond to a mental health crisis because it is outside MCT business hours, community members do not feel the response was adequate or of the highest quality. Crisis responders expressed that they frequently provide medical solutions when the service utilizers they encounter have mental health needs and are most affected by broader societal problems.

When MCT is not operating, CSS indicated that they do more de-escalation over the phone prior to calling for police support to prepare



“It's a revolving door (with Santa Rita, John George, etc.) where crises are sometimes averted, but almost no one is truly healed and set on a good path of recovery or even stability.”

- SCU Survey Respondent

²³ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

the service utilizer and reduce their risk of harm; however, they shared that phone support may not always be sufficient for every mental health crisis.

Overall, there was consensus among stakeholders that there is a lack of successful linkages and connection to follow-up services beyond John George Psychiatric Hospital. Many participants felt that hospitalization may not be appropriate care for everyone experiencing a mental health crisis. Crisis responders and providers reported service utilizers requesting to not be sent to John George, but that as service providers they do not feel they have other options. For service utilizers, trauma histories can be re-triggered by congregate shelters, psychiatric care or hospitals, and police interactions. Stakeholders elevated a need for increased options for where people can be transported during a crisis.

Finally, there is a perception that the quality of the City's first responder crisis response services is inhibited by a lack of training that sufficiently addresses harm reduction, racial justice and cultural sensitivity training, and successful de-escalation. Service providers shared examples of clients' needs not being taken seriously, such as instances of individual EMTs not responding to unsheltered clients and/or clients of color. These examples demonstrate how stigma, dehumanization, and racism decrease quality of services.

Given the constraints of how the existing crisis system is funded and resourced currently, stakeholders elevated that any changes to program hours of operation, locations, staffing, phone numbers, and/or other logistical/programmatic decisions be shared regularly and distributed to the partnership network in order to improve availability, accessibility, and quality of service provision. They felt that the ideal alternative crisis response options would include 24/7 mental health crisis response and should address the desired competencies of harm reduction, racial justice and cultural sensitivity, and de-escalation to increase community safety and promote health and well-being.



"The resources we have are helpful, but we need more. We especially need affordable housing units. The mobile street medicine teams have been very helpful. Shelters are ok for some people, but often exclude people with disabilities who need assistance the most."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"They tend to exist in ways that are the most convenient for the service providers, not for the person in need. Mental Health Services don't really happen outside of their offices. How can disordered, homeless people be expected to make and keep appointments at some unfamiliar address? The drug epidemic is complicating things and I have seen no evidence that this city wants to commit to rehab on demand which is what we need. We need to be able to offer help when it is needed- not when it is convenient."

"I've been doing outreach work for more than a year in Berkeley now and access to mental health crisis support is almost nonexistent. It is highly needed as many individuals are experiencing some level of mental health issues."

"... My experience with the police response has been that the City of Berkeley crisis team has been understaffed or not working the day that I phoned, or my report of the need for crisis support was minimized, and it was explained that the person "wasn't breaking any law." Crisis doesn't often intersect with law breaking, nor does an individual always meet the criteria for a 5150. There are trained individuals who can help with this, and police often offer heavy handed threats of arrest, or physical violence, in attempt to stop a behavior."

Stakeholder perceptions of insufficient crisis services for substance use emergencies

Perceived Strengths

- EMTs respond well to substance overdoses
- EMTs are well-trusted by many unsheltered communities and encampments

Perceived Challenges

- Not enough SUD training for clinicians providing complex mental illness care
- High rates of transport to emergency facilities for substance use emergencies
- Infrequent referrals to substance use management services
- Too few resources to meet high volume of substance use emergencies and management needs

Stakeholder Ideas

- Incorporate harm reduction framework into all crisis response
- Distribute NARCAN
- Distribute harm reduction supplies (e.g., sharps disposal, clean needles, etc.)



“Decriminalization is key to “illegal” drug use and harm reduction methods of dealing with addiction and drug use save lives and alleviate the stigma.”

- SCU Survey Respondent

Stakeholders explained that mental health crises often include substance use emergencies, but they felt that variety and uniqueness of substance use emergencies is often overlooked and not adequately served in the existing crisis response. Stakeholders described many examples of physical and psychosocial health needs related to substance use that do not involve an overdose. Service providers shared that substance use emergencies and mental health crises are often co-occurring as substance use is common among people with histories of trauma and is used as a form of self-medicating.

Substances can alter someone's mental state and contribute to or exacerbate what is perceived as a mental illness. Stakeholders elevated that when a person is in distress, providers should assume that something is triggering that distress, be it an event or intoxication. **One of the most frequently and emphatically emphasized points by service providers was the need to address mental health and substance use in tandem.**



“The people with mental illness should get treatment. In crisis, they should be housed with treatment. Those with substance abuse should have treatment available. Being homeless probably makes people mentally ill. I think I would be mentally ill if homeless.”

- SCU Survey Respondent

In the event of a substance overdose, stakeholders felt that Berkeley EMTs are well-trained, follow protocols, and administer effective treatment for users that have overdosed. Stakeholders reported that EMTs are well-trusted by marginalized substance-using communities, including homeless encampments. Seabreeze encampment residents shared that they avoid calling 911 for any emergencies except to specifically request an EMT during an overdose.

Stakeholders described many challenges to how the system currently addresses substance use emergencies. They felt that the physical health and mental health needs of a service user experiencing a substance use emergency are treated as separate needs. Service providers explained that whichever presents as more immediately pressing often dictates the classification for the call; they felt that this results in inadequate service provision during a crisis.

Community-based providers elevated that when seeking care for clients with complex trauma or chronic mental illness, they are rarely put in contact with a provider that has SUD training. **Service providers expressed a need for an integrated approach to substance use emergencies, with providers working together to tend to both the psychological and physical health needs of their clients.**

Substance users reported frequent transport to hospitals and sobering centers when emergency providers respond to crises. Interviewed substance users shared that they were only informed of other substance use management options when other case managers shared those options (not emergency services personnel prior to transport).

Stakeholders suggested ways that the current crisis response system could better address the needs of substance use emergencies, including incorporating a Harm Reduction framework into first responder's approach to drug use, distributing Narcan, and distributing harm reduction supplies such as clean needles, pipes, and safe sharps disposal kits.



Additional Perspectives from the SCU Survey

“I am a Nurse Practitioner... Some camps in Berkeley have agreements internally not to call the police on each other. If someone does, there is retaliation, sometimes in the form of lighting the person's tent on fire. This means people do not call 9-11 when there is a mental health emergency. While I completely understand why the mobile crisis unit has police officers, it is not used as often as it could be because of that fact...Many unhoused folks we meet use meth in part to stay up all night so they will not get raped or robbed during the night. This is of course not the only reason folks use meth and other drugs--there are mental health issues, addiction, etc. But until people are housed, it is very, very hard for them to cut down or quit, because the risks can outweigh the benefits in their minds.”

“...Offering safe use and drug checking sites, so we can reduce harm that comes from unsafe drug use. Creating accessible, affordable, and temporary housing for each phase of a person's recovery from crisis. Ensuring people have access to food, safe shelters, and access needs are met.”

Stakeholder perceptions of a need for a variety of crisis transport options

Perceived Strengths

- Transport is provided to emergency sites during medical emergencies

Perceived Challenges

- High rates of involuntary transports (5150s) do not align with service needs
- Lack of options for transport to non-emergency sites
- Ambulances and emergency services can be cost-prohibitive for service utilizers

Stakeholder Ideas

- Provide voluntary transport to non-emergency sites
- Provide services and supplies during transport process



“With all the services available, as a firefighter, all we can really do is take someone to the ER, which is not definitive care for homelessness. Mobile support of homeless services would be a game changer, much the way mental health comes out into the field.”

- SCU Survey Respondent

Crises can vary in levels of acuity, and not everyone calling in to report a mental health emergency needs transport to a psychiatric facility, hospital emergency department, or inpatient setting. Both EMTs and police shared that they provide free transport to a medical facility, which is important in the event of medical health emergencies. However, Alameda County has the highest rates of 5150s per capita in California.²⁴ Service providers described full emergency departments and service utilizers not being admitted upon arrival. There are also financial implications for being transported in an ambulance, which providers suggested may deter service utilizers from requesting emergency services. **Stakeholders felt that there are few to no options for service utilizers to request transport to a different, non-medical facility or location.** Stakeholders did provide some examples of CBOs and non-emergency programs that provide transportation to their clients, though they shared that these services are not for the general public and barriers to transportation persist.

Given the need for addressing a variety of transport needs, stakeholders elevated the importance of an SCU team to have the ability to provide voluntary transport services to any secondary location, such as a sobering center or a public location. Service providers and community members suggested that the transport vehicle should have available supplies to provide care during a transport, such as one-off doses of psychiatric medicines, food, and water. There was a shared sense that providing

²⁴ California Department of Health Care Services. (2017, October). *California Involuntary Detentions Data Report; Fiscal Year (FY) 2015-2016*. [https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16 Involuntary Detentions Report.pdf](https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16%20Involuntary%20Detentions%20Report.pdf)

transport options that meet the mental health needs at varying levels of acuity has important implications for the safety and well-being of crisis responders and service utilizers.



Additional Perspectives from the SCU Survey

"...Another challenge is the lack of options for people in crisis either hospitalization or nothing which is very harmful. Another issue are people who feel terrible but are not exactly in crisis but because there are not enough mental health providers they are forgotten or left to their own devices."

"I need to know that if I call for help, a compassionate response will arrive and be able to take a person to a humane location, respite of some kind. Not forcing them into a hospital where they are stripped of agency, but giving them a place where they can stabilize without adding to their feeling of trauma and powerlessness."

Stakeholder perceptions of a lack of sites for non-emergency care

Perceived Strengths

- Drop-in centers, day centers, sobering sites, and respite centers provide essential non-emergency services

Perceived Challenges

- No drop-in site for mental health emergencies or crises in Berkeley
- Too few drop-in sites for non-emergencies to meet the volume of need
- Lack of support for people released from a psychiatric hold

Stakeholder Ideas

- Offering drop-in sites with counselors and Peer Specialists, a phone line, and no service/time limits
- Offering office hours and/or relationship-building opportunities between the SCU and service utilizers

Stakeholders shared examples of sites that can support non-emergency care and felt that they are effective for mitigating further crises. These examples include drop-in centers, day centers, sobering sites, and respite centers. Services providers believe that such spaces allow individuals to meet their basic needs – including access to restrooms, showers, clothing, food, and rest – as well as have a safe space for self-regulation and self-soothing. **Stakeholders, particularly service providers, feel that these types of resources are essential for harm reduction, crisis intervention, health promotion, and crisis prevention.** Stakeholders shared that these sites can be a safe and trusted source for someone to access so that a primary caregiver can have a break, such as a parent that provides an adult child behavioral health support and care. Participants mentioned other CBOs

that operate drop-in sites, such as the Women's Drop-In Center or Berkeley Drop-In Center, **but service providers indicated that there is still an unmet need for more sites that serve sub-acute needs.** Because there is not a drop-in center for emergencies, service utilizers and community service providers described relying on either 911 or the CSS 24/7 phone line. Similarly, stakeholders felt that the availability of non-emergency drop-in centers for individuals to have non-emergency, indoor downtime is too limited to meet the volume of need. CBO service providers as well as crisis responders described situations of individuals being released from psychiatric holds without adequate support upon their release. They felt that these individuals would greatly benefit from the availability of additional drop-in centers.

Service utilizers and community-based service providers emphasized that it would be useful for the SCU to have an office available for community members to develop relationships with the team, like Aging Services' Senior Centers. They suggested that a drop-in site could have a social worker or peer counselor to accept and direct phone calls, answer questions, and support those accessing the drop-in site.



Additional Perspectives from the SCU Survey

"...addressing the connection to community in the long term - spaces for people to gather publicly without needing to pay money, so we can get to know our neighbors."

"... We need wrap-around services, a halfway house or drop-in center for people being released from a psychiatric hold, to ease them back into their lives and connect them with ongoing services."

Stakeholder perceptions around supporting the full spectrum of mental health crisis needs

Perceived Strengths

- Relationship building is important in crisis response

Perceived Challenges

- Wages, retention, and union agreements may affect type of staff on crisis response team
- Crisis response lacking sufficient supplies and expertise for SUD treatment, de-escalation, and system navigation
- Crisis responders are not often representative of service utilizers

Stakeholder Ideas

- Incorporate clinicians, social workers, and peer counselors on crisis response team
- Increase compensation for Peer Specialists and non-clinical staff



“A response team targeted at de-escalation and risk reduction would be best; it would be best staffed by those who can actually connect people in need to resources rather turning a crisis into a criminal matter, such as police do.”

- SCU Survey Respondent

Stakeholders shared many strengths of crisis responders across a spectrum of non-clinical and clinical background and expertise, emphasizing the importance of empathy and building trusting relationships.

For instance, TOT staff received positive feedback across stakeholder groups for their follow-up work post-crisis, especially due to their diverse staff and rigorous training in preparation for field work. Service providers emphasized the importance of Peer Specialists to support service utilizers by reassuring them from their own background of lived experience, especially during transport or if the team applies physical restraints.

Crisis responders and service utilizers shared that the pre-existing relationships paramedics have with community members, particularly those that repeatedly need crisis response services, allows paramedics to deliver better care. Some CBOs have observed similar success when incorporating Nurse Practitioners on their street outreach teams. Overall, stakeholders believe that the ability for the same personnel to be providing crisis response services over an extended period can lead to positive outcomes of relationship building and knowing a client's background.

However, stakeholders raised some potential challenges that must be considered when deciding how to staff a crisis response team.

Crisis responders explained that paramedics often have a higher salary than other crisis responders and their skills can be under-utilized during a mental health crisis. They felt that this could make staffing a crisis response

program with paramedics less financially efficient. On the other hand, they shared that other crisis responders, such as peer specialists, can be underpaid for their level of contribution, which they suggested might make retention a challenge. One additional consideration shared by crisis responders is that staff can have different union agreements that restrict the number of hours that can be worked per shift, which would affect the program's overall staffing model and schedule.



"I think professionals who are trained to resolve these crises non-violently is key. For example, social workers."

- SCU Survey Respondent

Stakeholders felt that some of the services most important for mental health are not always standard practice among current crisis response teams.

The types of clinical services that stakeholders reported as most important for mental health crisis response include prescribing psychiatric medicines, administering single-dose psychiatric medicines, quick identification of a substance overdose and/or the need for Narcan intervention, as well as a nuanced understanding of drug-psychosomatic interactions. The types of non-clinical services that stakeholders reported as most important for mental health crisis response included de-escalation, resource linkages and handoffs, system navigation, providing perspective from providers with shared identities or experiences, building ongoing relationships with frequent utilizers, and overall building trust and rapport with the community.

Given the considerations around the types of needs that various specialties can address during crises, as well as the implications for financial feasibility, stakeholders elevated additional ideas for how to staff crisis response teams. Stakeholders expressed support for a crisis response team with a medical provider (e.g., advanced practice nurses, psychiatric mental health nurse practitioners, EMTs, or paramedics), social workers, and especially peer counselors. Stakeholders expressed that non-clinical staff are equally valuable to clinical staff in a crisis response team, a value which should be reflected in their salaries.



Additional Perspectives from the SCU Survey

"We need a crisis response team with trained social workers, case managers, and clinicians trained in de-escalation techniques. This team should be able to connect people in crisis with emergency shelter and other services."

"I do not believe that the police are trained to respond to the needs of an individual, homeless, or otherwise, experiencing a crisis. Mental health, substance use, and homelessness related crisis are best responded to by someone who has been trained to work with these issues, or a peer who, along with a trained professional, can provide support and most importantly, follow up."

Stakeholder perceptions of a need for post-crisis follow-up care.

Perceived Strengths

- Positive experiences with existing referral services (i.e., TOT and CAT)

Perceived Challenges

- Existing programs do not meet the volume of need
- Difficulty contacting service utilizers for follow-up care
- Lack of warm handoffs to follow-up providers
- Limited long-term service availability
- Strict missed appointment policies

Stakeholder Ideas

- SCU provides follow-up care
- SCU builds relationships to support before, during, and after a crisis
- Providers should be familiar with case history, triggers, etc.

For crisis services provided by the City of Berkeley, the Transitional Outreach Team (TOT) is the primary resource for post-crisis follow-up care. **Service utilizers and community-based service providers elevated many strengths about the TOT team**, including their ability to connect service utilizers to longer-term care options and social services when interested.

At the same time, stakeholders uplifted a need for additional follow-up care after a mental health emergency. TOT staff and Berkeley Mental Health leadership described many challenges TOT face in meeting the level of need across the crisis spectrum. The team is not adequately staffed to meet the current demand for their services. TOT is a team of only two staff with limited business hours for providing linkage to care. TOT staff also shared that the service provider that responds during a crisis (i.e., MCT) is not the same provider that makes follow-up connections (i.e., TOT), and that there are many potential providers to provide ongoing, long-term care (e.g., Berkeley Mental Health, Alameda County Behavioral Health, or private providers). They felt that this can create challenges for them to provide successful referrals and handoffs to post-crisis follow-up care, sharing background information on clients, and building trust and establishing rapport.

TOT staff also shared many challenges they face in reaching clients, particularly those leaving an inpatient or emergency facility, such as John George or Alta Bates Hospital. They explained that clients are sometimes discharged prior to their connection with TOT, often outside of TOT's hours of operation. They find it particularly difficult to connect with service utilizers that do not have a cell phone or a consistent residence, which they explain is common among high-utilizer community members, such as those with severe mental illness or those experiencing homelessness.



"I think police officers already deal with so much, there's often an acute need they're responding to when in fact these individuals need long-term care."

- SCU Survey Respondent



We need clean, safe shelters for people to spend the night if they're homeless and/or under threat. Kicking them out of shelters doesn't make the problem go away.

- SCU Survey Respondent

In general, many people that experience mental illness or mental health crises require or are recommended to long-term therapy or extended sessions. **However, it is the perception of stakeholders that services are primarily devoted to high-acuity and short-term and service utilizers are unable to access long-term therapy.** Stakeholders felt that the providers who do offer therapy or counseling are unable to meet the volume of weekly appointment needs of service utilizers due to budget and billing constraints. Therapy is not only a form of post-crisis care but also a pre-crisis prevention tool; service providers suggested brief intervention therapy in non-emergency settings (such as a service utilizer walking in during a crisis) to augment the existing crisis response system.

Outside of Berkeley Mental Health services, there are often strict policies around missing appointments, largely tied to insurance and billing requirements, that result in service disruption or termination for service utilizers. **Service providers and service utilizers feel that these strict missed appointment policies are inaccessible to many low-income service utilizers and often result in the discontinuation of services.** Stakeholders described some barriers that service utilizers may face in maintaining their appointments, including working more than one job (especially during standard business hours), having a reliable cell phone, having access to a calendar, and/or having a reliable mode of transportation.

The importance of follow-up care was elevated by all stakeholder groups as a priority for the SCU. Service providers argued that there may be benefits to having the same people providing care before, during, and after a mental health crisis, to build relationships, establish trust, and understand an individual service utilizer's care history, behaviors, triggers, and needs.



Additional Perspectives from the SCU Survey

"I would like for the police to be removed from crisis services and to have a rapid response available when I call...I would like for there to be more connection to services and follow up as part of the planning. There is often not a resource available for the person, and living on the streets is stressful, so repeated contact is essential. It can't be a one and done and often would mean an increase in FSP teams."

"Alternative trained individuals, such as social workers or mental health professionals as part of this time, increased community-based mental health care services, social and rehabilitative services that highlight social reintegration, such as Supported Housing, Supported Employment, and Supported Education."

Stakeholder perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceived Strengths

- Providers know the referral options available for their clients

Perceived Challenges

- Limited coordination and information sharing between providers of shared clients
- BPD engages with many high utilizers but is not connected to the network of providers
- Lack of trust and understanding across service providers

Stakeholder Ideas

- Engage providers in discussions on system improvement
- Increase collaboration between cities, counties, and providers
- Address systemic factors of crises
- Increased outreach and care coordination of referrals



“A 24-hour crisis line/team or at least a team more available than currently. Police and that team should attend the regular city coordination meetings with the current teams that are doing outreach.”

- SCU Survey Respondent

There was consensus among stakeholder groups that the existing mental health and crisis service network is complex, involves many providers, and can be a challenge for both clients and providers to navigate. Across these entities, establishing partnerships and referral pathways can be done informally (such as knowing which organization provides which types of services) or can be formalized (such as holding regular case management meetings for shared clients). Among community-based service providers, interviewees shared that they typically do know the scope of options available to their clients.

In general, stakeholders elevated a perceived lack of coordination between service entities in Berkeley. For example, a single client might receive emergency services from John George or Highland Hospital, but also have a primary care provider, have engaged frequently with the LifeLong Street Medicine Team, and have a case manager at the Women's Drop-In Center for wraparound services. Stakeholders shared that there is not active collaboration across all these entities or an established infrastructure to facilitate an understanding of all the touch points between providers and a service utilizer. **Ultimately, stakeholders feel that this obstructs the visibility of how a service utilizer moves through various points in the system.** Some providers explained that they may not share the full case history or behavior details of a client with other service providers initially because they fear the client will be rejected or denied service, particularly for violent behaviors. They feel that this prevents informed and well-placed referrals and service provision.

TOT staff shared that service coordination is lacking between hospitals and TOT for post-crisis follow-up care. To connect with an MCT service

utilizer at the hospital, TOT explained that they must rely on the discharging facility to contact them and coordinate the release of the shared client. TOT staff reported needing to spend time in hospitals to establish relationships with new case managers, front desk staff, nurses, and orderlies to facilitate this information sharing and warm handoff of clients; they described a lack of standardized protocol for such coordination.

BPD also reported feeling disconnected from the care continuum and lacking coordination with trusted CBOs and behavioral healthcare providers around shared clients. BPD routinely engages with frequent crisis service utilizers and sometimes carries supplies like food and clothing, though there is not an existing pathway for BPD to identify, contact, and coordinate with a case manager. **BPD elevated that these frequent utilizers would be better served by a case manager.**

Service providers also reported that BPD does not routinely bring service utilizers to their locations for support, and some questioned whether BPD know that their programs and services exist. Still, others felt that police presence at their sites is disruptive and may prevent potential service utilizers from coming if they witness police officers around the premises.

Stakeholders offered possibilities to enhance the referral pathways and partnerships across the crisis response network at both structural and provider levels. At a structural level, stakeholders suggested having a regular convening of local care providers to discuss opportunities to improve the mental health crisis system. Stakeholders also suggested having more inter-county and inter-city coordination on systemic issues related to housing and healthcare. Stakeholders suggested that the crisis response system should be expanded and augmented to include more non-mental health related service provision on the spot and not only connections or linkages to resources. Additionally, stakeholders expressed a desire for more outreach and partnerships with long-term care to enhance coordination and referrals across the service network.

At a provider level, stakeholders suggested having more coordination between providers and outreach teams. Service providers also expressed an interest in having regular meetings with the SCU to discuss shared clients, which could improve care coordination as well as client outcomes.



Additional Perspectives from the SCU Survey

"The challenge is, and has been, to have adequate staffing to provide services to those in crisis, with severe mental health diagnosis and/or dual diagnosis in the moment and following a crisis response. Successful efforts have been proven by street health teams to engage and provide treatment on the street, which often include de-escalation. The struggle lies on helping folks transition into care in the clinics, recovery programs, or a combination of both: with adequate staffing to provide long term services. So, challenges would fall under budget & funding to expand staffing and programming, including crisis residential, and Board and Care Homes...The City appears open and willing to try an approach that will better meet the needs of its citizens."

Stakeholder perceptions of needs to integrate data system and data sharing to improve services

Perceived Strengths

- Some medical clinics use the same EHR
- Some agencies use a shared Alameda County Community Health Record

Perceived Challenges

- Limited data integration across providers inhibits care coordination

Stakeholder Ideas

- Expand data integration across providers and provider access to case history
- Increase care coordination across providers
- Notify case managers after discharge from hospital



"I would also feel safe knowing that the City and County were working together to identify ways to increase funding for mental health services in conjunction with housing to meet the mental health/substance use recovery needs of the community."

- SCU Survey Respondent

Service providers feel that better system integration and data sharing across the service provider network can support providers in meeting the needs of service utilizers. Stakeholders feel that system integration and data sharing are strongly related to the successes and challenges of partnerships, referrals, and connectivity across the service network.

The numerous entities that span the mental health, substance use, and homelessness service network include CBOs and government agencies across the City of Berkeley, Alameda County, and other cities and counties. **Service utilizers also move across these regions, accessing services in multiple cities or counties. As a result, system integration could happen at many levels.**

Fortunately, subsets within the service network do have data integration and sharing capabilities. For instance, providers shared that all federally-qualified health centers (FQHCs) are on the same network as hospital Emergency Departments.

Some program directors also discussed a recent effort at the county level to integrate data into one Community Health Record for service utilizers.²⁵ This system integrates medical, mental health, housing, and social service data into one platform. There are currently over 30 organizations within

²⁵ Alameda County Care Connect. (n.d.). *Why AC Care Connect? Why Now?* Retrieved October 11, 2021, from <https://accareconnect.org/care-connect/#faq-item-5>

Alameda County who are using the community health record, with a goal of every agency being onboarded onto the system.²⁶

Until then, the current multitude of agency data systems are not yet fully integrated. Providers explain that they are unable to identify shared clients or high utilizers of multiple systems, track those service utilizers' touchpoints across the service network, or view patient history across those service touchpoints. Case managers share that they are not notified when a client is discharged from a medical facility or community provider of care. **Service providers feel that this lack of data integration affects collaboration, referrals, and, ultimately, client outcomes.** The limited visibility of a service utilizer's prior history was raised by service providers as a challenge to supporting safety when trauma histories, triggers, and recent mental health crises cannot be incorporated into care planning.

Additionally, except for diagnosis and treatment purposes, HIPAA privacy regulations require service utilizers to give consent and Release of Information (ROI) to providers for external case managers' names, information, and service documentation to be included in medical records. This limits the collaboration between case managers and other providers on a case-by-case basis.

Stakeholders elevated that it would be ideal to have all service providers, including an SCU, utilizing the same data platform. They also indicated that non-medical CBO providers and case managers should have contact with the client's health home (if established), especially for substance use management and medication management. Case managers could then be notified when a service utilizer is engaged or discharged from care. Service providers emphasized the importance of understanding someone's medical and social history to provide appropriate care and anticipate what could trigger or escalate them. Service providers also warned to not overburden the SCU with documentation requirements.



"...But we need more training in mental health, de-escalation and interagency training and coordination. We have a lot of great people working these issues, we just need a little more cross pollination of effort."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"...Secondly, we need significantly greater inter-municipal and inter-county collaboration in order to tackle structural problems that homeless and mentally ill clients face...Increasingly, our clients are more mobile, have longer commutes, and with gentrification and sprawl, landscapes of poverty and wealth are shifting. We need to be able to be responsive to clients across municipalities and communities, as people who seek services in Berkeley, particularly homeless and low-income clients, often no longer have the means themselves to be able to live in Berkeley."

²⁶ Rath, D. (2021, October 4). Alameda County's Social Health Information Exchange Expands. *Healthcare Innovation*.

<https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21240807/alameda-countys-social-health-information-exchange-expands>

Stakeholder perceptions of a need for increased community education and public awareness of crisis response options

Perceived Strengths

- 911 is well-known by the general public as a crisis response option

Perceived Challenges

- Lack of clarity that MCT responds with police, undermining trust
- Limited knowledge around services and availability
- Distrust of system can prevent people from calling 911
- Incidents of unnecessary use of 911

Stakeholder Ideas

- Launch a public awareness campaign for new SCU and clearly distinguish it from MCT
- Work with partners and service providers to advertise SCU
- Increase community education on use of 911 and techniques for conflict resolution

A common perspective among stakeholders is that the general public is unclear around when police will or will not be involved in a response.

Many service providers and service utilizers do not know the current options and availability of services in Berkeley to support during a mental health crisis. Overall, stakeholders share that there is a lack of understanding of what services are available and which entity provides those services. They feel that this undermines a sense of safety and contributes to distrust of the current mental health crisis response system.

One common challenge raised by many stakeholders has been the lack of understanding of MCT's co-responder model. Many providers shared that they have contacted the MCT line specifically to avoid calling 911 and were surprised when MCT was accompanied by police. Many providers, therefore, stopped calling MCT because of its collaboration with BPD. Similarly, service utilizers shared that there is a lack of trust that MCT can manage a crisis without police presence. Service utilizers are concerned that their safety is endangered in these instances and that they may experience retaliation or police surveillance after requesting service provision from MCT, especially when they request help during substance use emergencies.

Stakeholders spoke to the importance of promoting community education and public awareness to address these challenges. They feel that the success of an SCU would be contingent on community education and public awareness around whether there would be police involvement in an SCU response. Service providers shared that connecting with local CBOs, leveraging existing partnerships, and building trust will be essential for an SCU to have buy-in among service providers to call a new



"In the past, I have witnessed unsafe situations or people who look like they could use support, but I am too afraid to call the police in those situations, for fear that they could show up and harm or kill the person."

- SCU Survey Respondent



service that they have not used before. **Service providers are interested in understanding more closely how services will be provided, the techniques that will be used for de-escalation and crisis intervention, and the SCU's relationship with the police.**

Stakeholders also shared challenges around the general public's use of 911 and ideas for how to increase responsible use of 911. Stakeholders shared many instances of inappropriate use of 911, such as during disputes among neighbors or because a housed person or business does not want an unhoused neighbor to be near them. For these reasons, stakeholders emphasized the importance of a community education campaign around appropriate uses of 911. Stakeholders suggested that such a campaign could include strategies and techniques for managing conflicts and disputes without calling for crisis responders as an additional form of promoting community safety through methods that do not require law enforcement.

“More trained & well-compensated and insured crisis response staff, especially at night, around the full moon, or public events, & other times of increased disturbances, & more info put out there about what they do to help.”

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

“Merchants in the shopping districts should not be able to call the cops like they're calling customer service when a homeless person is not breaking any laws. It would be great if crisis services were more friendly and less coercive (cops), if the mental health delivery system was more robust, if crisis teams could respond in a timely way, if clinicians didn't use police radios on mobile crisis calls, if actual risk assessments were done on calls where no one would ever need a cop (when the person is willingly ready to go to the hospital), if hospitals would actually keep and treat the most ill patients rather than turning them away after 24 hours in a waiting area, if there were more mental health respite beds run by people who aren't ready to call the police if someone is agitated.”

Community Aspirations

Throughout stakeholder engagement, participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. These perspectives help illuminate the gaps in the current system that could be filled by a future Specialized Care Unit.

The following perspectives provide guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises



“Berkeley should decriminalize the use of all drugs, it needs to create housing for the chronically mentally disturbed, it needs to have very well-trained people responding to crises. Berkeley together with Alameda County, should be providing wraparound services for the mentally disturbed and substance abusers. It needs to stop criminalizing people who are homeless.

- SCU Survey Respondent

Stakeholders unanimously pointed to the context surrounding the conversation on mental health crises: there are intersecting, state-wide crises of homelessness due to the lack of affordable housing²⁷ and the opioid epidemic. When reflecting on alternative ideas and community needs, stakeholders expressed desires for addressing the root causes that manifest in the present-day rates of mental illness, homelessness, and substance misuse and abuse. **Stakeholders discussed possibilities for shifting funding away from the criminal system and policing to overall community infrastructure (such as jobs, housing, and education) and increasing preventative healthcare to address the root causes of mental health, homelessness, and substance use emergencies more adequately.**

Stakeholders also emphasized how stigma and criminalization of drug use and/or mental illness continue to exacerbate crises. Stigma and criminalization are barriers to accessing care and addressing these crises at both the individual and structural levels. At the individual-level, stakeholders identified that internalized stigma around mental illness, homelessness, or substance use, can prevent individuals from seeking care and that service providers can reinforce stigma through their actions and/or withhold care. They described instances of criminalization of mental illness, homelessness, and substance penalizing individuals who do seek care, preventing or terminating employment or housing, and consequently perpetuating a cycle of these experiences. At a structural level, stakeholders emphasized that stigma and criminalization shape the prioritization of funding and budget allocations away from quality healthcare, affordable housing, and evidence-based harm reduction approaches that promote community safety and health. **Stakeholders also identified that the gaps in the existing crisis response system are because the crisis response system was designed around the stigma and criminalization of these experiences rather than designed to provide care and promote well-being.**

²⁷ In 2019, Berkeley passed a resolution calling on the Governor to declare homelessness a state of emergency. https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-19_Item_10_Declaring_a_California_Homelessness.aspx



Additional Perspectives from the SCU Survey

“As with every other part of the United States, we too are dealing with a rather poorly run medical care delivery system. We are also dealing with the war on drugs which is a total failure and has criminalized for too many people for a drug related problem, which is a public health issue and should never have been a criminal justice issue.”

“Honestly we need more than just mental health crisis teams. We need a holistic approach. One that considers not just the crisis but also everything before. We need to address the underlying cause - child abuse, domestic violence, individualism and lack of community.”

“The system is overwhelmed. It has been extraordinarily difficult to link clients to shelter or mental health consistently in Berkeley. The problems that most clients suffering from mental illness in the region face are primarily systemic in nature, and there is an extreme lack of resources available in the way of permanent housing, shelter, or frontline community mental health services. Furthermore, for clients who are low-income, learning disabled or struggle with executive functioning, or homeless, engaging in the kind of time-intensive, linear, multi-step bureaucratic processes necessary to enter into the shelter and mental health systems is often all but impossible without intensive agency advocacy and persistency. Homeless clients in particular struggle with agency-based barriers to care, often move between counties and municipalities, lack targeted outreach, and experience outreach primarily as criminalization, a tragedy given that cost of living, region-wide housing shortages, and past failures of criminal justice policy are disproportionately responsible for endemic homelessness in the Bay Area.”

“Firstly, funding priorities need to shift. We need to address the root causes of mental illness, substance use, and homelessness - trauma, often created or exacerbated by decades of failed criminal justice policy and lack of investment in community infrastructure and social services, criminalization of drug users as opposed to investment in substance use counseling and harm reduction programs, and the legacy of a suburbanized and disjointed approach to regional housing policy and governance. We need to shift funding priorities in Berkeley and the region towards funding social services, especially mental health and substance use rehabilitation, education, parks and transit infrastructure, and encourage policies that protect renters and the working poor, especially families. We need to not only shift towards social workers and mental health responders as the primary agents in engagement with clients suffering from mental illness, and not only increase homeless outreach - we also need to acknowledge the history of homeless-led political engagement in Berkeley and the region, and employ a model that politically values the voices of homeless clients themselves...”

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholders emphasized that people of color, particularly Black or African American people, are most often harmed by police. They also named that in Berkeley, the structures that put people at risk of homelessness disproportionately affect Black residents, which results in Black Berkeley residents disproportionately experiencing homelessness.²⁸

Some service providers also shared incidences of racial bias and discrimination by BPD against their Black clients. For example, at a CBO provider of non-emergency services, case managers reported calling 911 because MCT was closed; the case managers reportedly gave specific instructions that a young White woman was threatening staff and refusing to leave the premises. Yet, upon arrival, BPD harassed and threatened to arrest a Black client.

Black service utilizers and service providers alike elevated their own experiences navigating systems with entrenched racism, including interactions with police and medical facilities. For example, one Black clinician shared the important and unique ways that Black personnel promote a sense of safety, security, and trust for Black service utilizers. The provider shared that the comfort and reassurance of a shared identity increases the opportunities to be more honest, especially during medical or mental health crises.

Stakeholders shared that reducing contact between police and Black residents, especially Black unsheltered residents, is important to public safety. Stakeholders also shared that Black residents and other community members of color should provide input and feedback as an SCU is designed and implemented in Berkeley.



Additional Perspectives from the SCU Survey

“less arrests and escalation by police, I worry because the homeless population is mostly African American.”

“...The proportion of folks who are Black among those homeless in Berkeley is much higher than the general population. We know that police interacting with POC is a dynamic that all too often leads to harm.”

²⁸ City of Berkeley. (2019). *City of Berkeley Homeless Count & Survey – Comprehensive Report*. Retrieved October 11, 2021, from https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDRReport_Berkeley_2019-Final.pdf

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Due to system distrust and the current climate around Berkeley's Reimagining Public Safety efforts, **stakeholders expressed a desire and need for ongoing community input and oversight of crisis response, especially by those most impacted by crisis services.**

Stakeholders suggested leveraging the Mental Health Commission, which they feel is currently underutilized. They also expressed the importance of ensuring that engagement and oversight opportunities are accessible for the most structurally marginalized residents and residents utilizing SCU and crisis response services.



Additional Perspectives from the SCU Survey

"Crisis response that reaches out to the community to ask what they want; particularly communities of color, and enlist this community in the creation of the programs..."

Thoughtful, constructive ways for integration and engagement of the challenged community with the community of Berkeley residents and workers."

Appendices

Appendix A. Sample Interview Guide

CBO Staff Focus Group Guide

Focus Group Details

Date	
Facilitator	
Community groups in attendance	

Overview

[Introduce facilitator and notetaker]

We are gathering information about mental health and substance use crisis response in the City of Berkeley, including by contacting (211, 911, BMH crisis triage line, etc.) and who responded (if at all): social workers, medics/EMT, fire and/or police in our city. We are interested in hearing specifically about your experiences, and/or your perceptions of, mental health and substance use crisis response in the City of Berkeley. We are gathering this information to inform the development of a Specialized Care Unit (SCU) for the City of Berkeley as a non-police crisis response to mental health and substance use calls.

At the end of the discussion, if you feel like you didn't get to share something, or you think of something else you want to share later, feel free to visit our website for additional ways to provide feedback. <https://sites.google.com/rdaconsulting.com/city-of-berkeley-scu/>

This focus group will last approximately 90 minutes. If possible, please leave your video on and keep yourself muted when you are not speaking. You may respond to our questions verbally or in the chat, whichever you prefer.

Our goal for today is to understand your experiences as providers and advocates and do not expect you to share private details of your clients' experiences. Your own responses will be kept confidential and will be de-identified in any report back to the City of Berkeley.

We understand that some experiences with the current crisis response may have been harmful to you and/or your clients; if you would like to take a break or leave the focus group, please do so at any time.

Does anyone have any questions before we begin?

Questions

Warm-up

To get us started, we would like to do some introductions.

1. Please introduce yourself to the group by sharing your name, group or organization you are representing, your role, how long you've been there, and a word or phrase that comes to mind when you think about "mental health and substance use crisis services".

Experience with and perceptions of mental health and substance use crisis response

Now I would like to ask you some questions about your experience with and perceptions of the mental health and substance use crisis response options in the City of Berkeley.

2. What do you know about the existing mental health and substance use crisis response options in the City of Berkeley?
 - a. What kinds of crises do these services respond to?
 - b. What is missing?
3. How do the services your organization or program provides intersect with mental health and substance use related crisis services?
4. Are individuals referred to your program after experiencing a mental health or substance use related crisis?
 - a. If so, what services do you typically provide
 - b. How are those clients connected to your program?
5. Where would your clients go/who would they call if they were experiencing a mental health or substance use related crisis?
 - a. If, as a provider, a client was experiencing a mental health or substance use related crisis is there a program that you would call for support?
 - i. If so, who would you call? How do you decide who to call?
 - ii. How effective has the response been?
 - iii. Please share an example of a situation where you needed to contact someone to support a mental health or substance use related crisis for a client.
 1. Do you feel that the service was helpful? If so, how?
 2. If not, what could have been done differently?
6. Do you feel comfortable/safe calling for support from the existing mental health or substance use related crisis service options? Why or why not?
 - a. Do you feel that the existing mental health or substance use related crisis response options are helpful to clients? Why or why not?
7. Are there times that you have chosen not to call for mental health or substance use related crisis response services? Why or why not?
 - a. What did you do instead?
 - b. What might have made you feel more comfortable calling for support when a client was experiencing a mental health or substance use related crisis?
8. What do you feel that your clients typically need when they are experiencing a mental health or substance use related crisis?
 - a. Where might you refer a client if your program or organization can't provide the help they need during a mental health or substance use related crisis?
9. Are there local organizations or groups that you collaborate with that are maybe not considered part of the "system"?
 - a. If so, who are they and what kinds of support do they provide?
 - i. Do you think they would want to talk with us? *[if yes, get contact info for follow up]*

Strengths and challenges of the current mental health or substance use related crisis response options

In this section we will be discussing what the system is doing well and what the system is not doing so well.

10. In your opinion, what are some of the strengths of the current mental health or substance use related crisis response options?
 - a. If your clients have experienced a mental health or substance use related crisis, were they able to get help? How so?

11. In your opinion, what are some of the weaknesses of the current mental health or substance use related crisis response options?
 - a. Why do you think things aren't working?
 - b. Do you think mental health or substance use related crisis response services are difficult for your clients to access? How so?
 - c. What are some of the gaps related to mental health or substance use related crisis response options?

12. Do you feel that some people are served better than others by the current crisis system?
 - a. If so, who is left out?
 - b. Are people treated differently based on their race, gender, culture, sexuality, or disability? If so, how?

Ideas for alternative model

In this section I'm now going to ask you for your ideas for an ideal response for someone experiencing a mental health or substance use related crisis.

13. What would an ideal mental health or substance use related crisis response look like for you and the people you serve?
 - a. What kind of response would best meet the needs of your clients?
 - b. What would make it more likely for you to reach out to a crisis team for support?
 - c. What would make it less likely for you to reach out?
 - d. Who should, and should not, be involved in a mental health or substance use related crisis response? (i.e., Police, EMT, clinicians, peers, social workers, others?)
 - e. What do you consider to be essential features of an effective mental health or substance use related crisis response that is responsive to, and respectful of, the clients you serve?

14. What do you feel needs to be included in a new mental health or substance use related crisis response for you to feel safe calling for or providing those services?

Wrap up

We are hoping to talk to people one on one who are less likely to attend a focus group, but who have lived experience and would like to provide feedback on the development of a Specialized Care Unit. We are asking you to think about the people your program serves and consider if there are individuals who might want to share their experience with us in an interview either in person or over the phone.

15. What do you think are the best ways to engage your clients in this process?
 - a. How can we make sure that everyone's voice is heard?
 - b. Who is the best person to interview them?

- c. Would they be comfortable talking with someone from RDA or is there another person who might be more suited to talk with them?
- d. [Note contact information for follow up if applicable]

16. Is there anything else that you didn't get to share today that is important for us to know?

Closing

Thank you for your participation. We genuinely appreciate the time you took to speak with us today. We will be conducting interviews with other organizations and community members over the next few months and compiling a report based on the feedback, which will be shared with you and the community. If you would like to share any additional information with the City of Berkeley, feel free to visit <https://sites.google.com/rda consulting.com/city-of-berkeley-scu/>.

Appendix B. Demographics of Community Engagement Participants

As a reference point, it is important to understand the demographics of the Berkeley population. Table 1 below shows the demographics of Berkeley's overall city population (in July 2019) and the Medi-Cal recipient population (FY 2019-2020). Medi-Cal population demographics are included because the majority of City of Berkeley ongoing funded mental health services are restricted to this population, due to funding requirements. Relative to Berkeley's overall population, Black or African American residents are overrepresented in the City's Medi-Cal population, while Whites and Asians are underrepresented.

Table 1. Berkeley Population and Medi-Cal Recipient Demographics (2019)

	City Population (July 2019) ²⁹	Medi-Cal Recipients (FY 2019-2020)
Population Size	121,363	18,548
Race Ethnicity (%)		
White	53.3%	26%
Black/African American	7.9%	22%
Hispanic/Latino	11.4%	12%
Asian/Pacific Islander	21.5%	10%
American Indian/Alaska Native	0.5%	0%
Other (including 2+ races)	7.5%	33%
Gender (%)		
Female	50.5%	51%
Male	49.5%	49%

In the charts shown below, "provider participants" are those who were interviewed by RDA as part of CBO interviews and focus groups. "Service utilizer participants" are clients of CBOs or encampment residents who were interviewed by RDA. And "survey participants" are individuals who responded to RDA's online survey; these respondents could be a mix of providers, service utilizers, and/or other Berkeley residents or stakeholders.

²⁹ United States Census Bureau. (2019). *QuickFacts – Berkeley city, California*. <https://www.census.gov/quickfacts/berkeleycitycalifornia>

Figure 1 below shows the age distribution of the individuals that participated in this process. Overall, RDA received information from more people in the 30-44 range (39%) than any other age range.

Figure 1. Participants by age (n = 122 individuals)

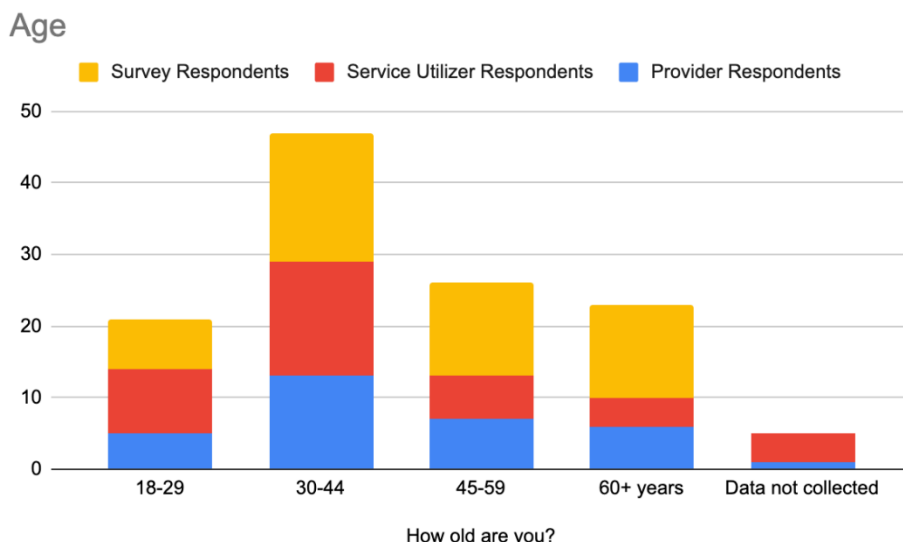


Figure 2 below shows the racial and ethnic distribution of participants in RDA's data collection.³⁰ Participants were asked to note all races/ethnicities that they identified with, so these are duplicated counts; for this reason, specific percentages should not be interpreted from this data. A large proportion of participants were white, especially among the survey respondents who participated. Most of the Black or African American participants contributed their perspectives via RDA's in-person focus groups or interviews. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts, (see Table 1).

³⁰ 13 participants selected more than one racial or ethnic identity, so these numbers are duplicated. For example, if a participant selected White and Black or African American, they are counted in both the White and African American categories.

Figure 2. Participants by race/ethnicity (n = 122 individuals)

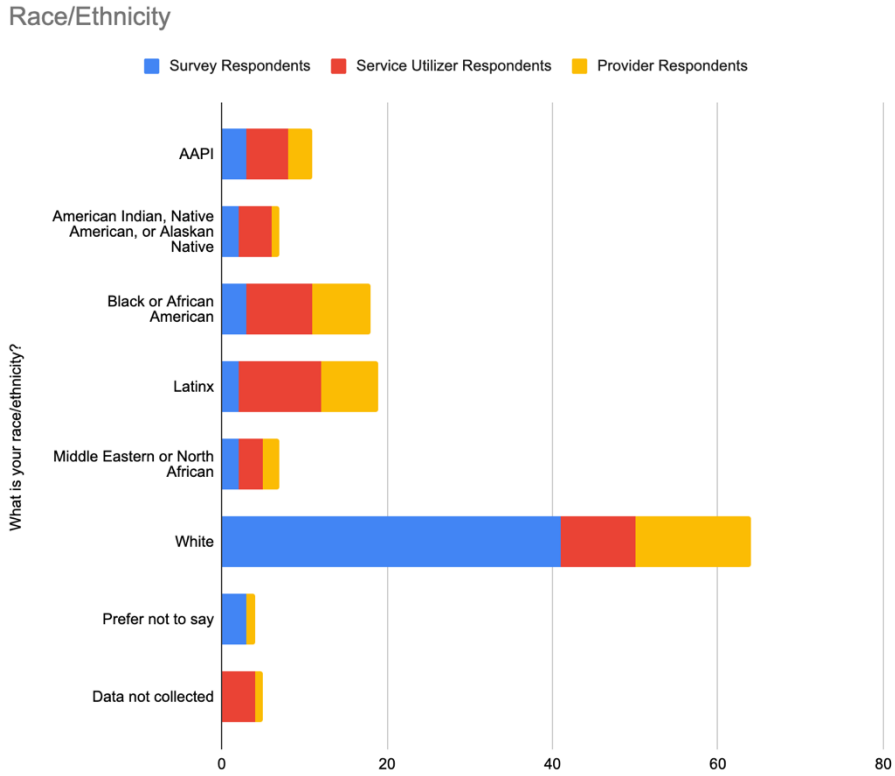


Figure 3 below shows the number of transgender and cisgender participants of RDA's data collection. Overall, there were far more cisgender participants than transgender participants. However, a higher proportion of service utilizer respondents (13%) were transgender, while less than 4% of survey respondents and 3% of provider respondents were transgender.

Figure 3. Participants by transgender/cisgender (n = 122 individuals)

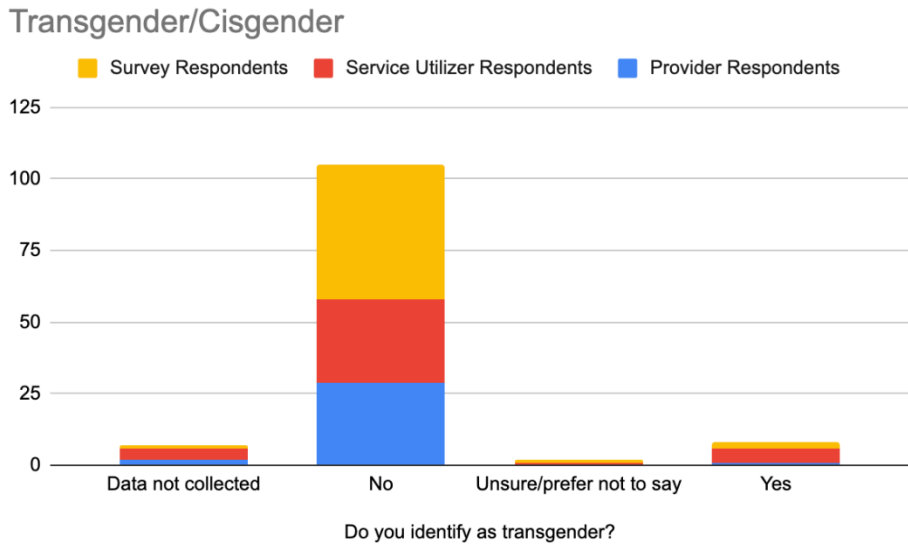


Figure 4 below shows the gender identity distribution of participants to RDA's data collection. RDA collected feedback from more than double the number of female-identifying participants (72) than male-identifying participants (31). There was an even distribution among service utilizer respondents (41% female and 41% male) compared to survey respondents (67% female vs. 20% male) and provider respondents (69% female, 16% male). Overall, there were very few genderqueer or nonbinary participants (<1% and 6% respectively).

Figure 4. Participants by gender identity (n = 122 individuals)

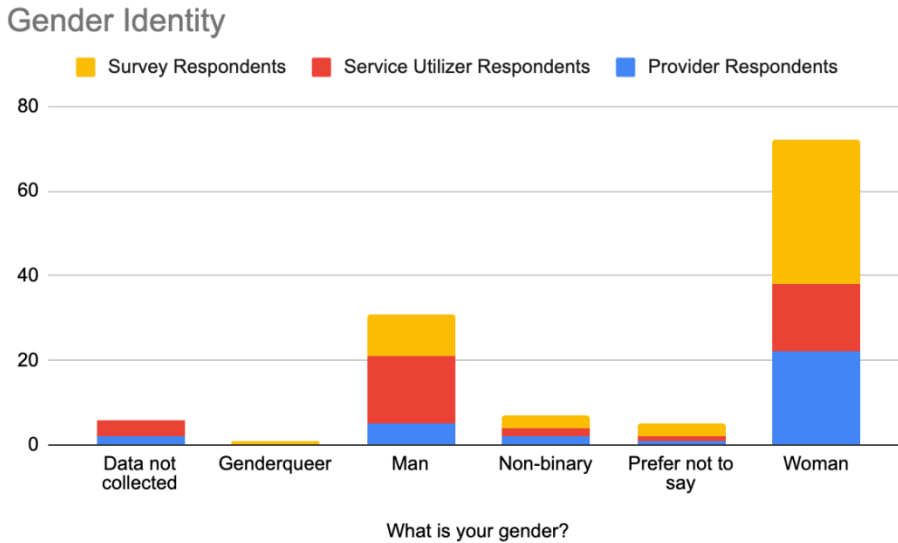


Figure 5 below shows the sexual orientation of participants of RDA's collection. Over one third (35%) of participants identified as heterosexual or straight, while over one fourth (28%) identified as LGBTQ+. The remaining participants did not share their sexual orientation or it was not asked of them. Over half of survey respondents (57%) identified as straight, while only 31% of provider respondents and 10% of service utilizer respondents identified as straight.

Figure 5. Participants by gender identity (n = 122 individuals)

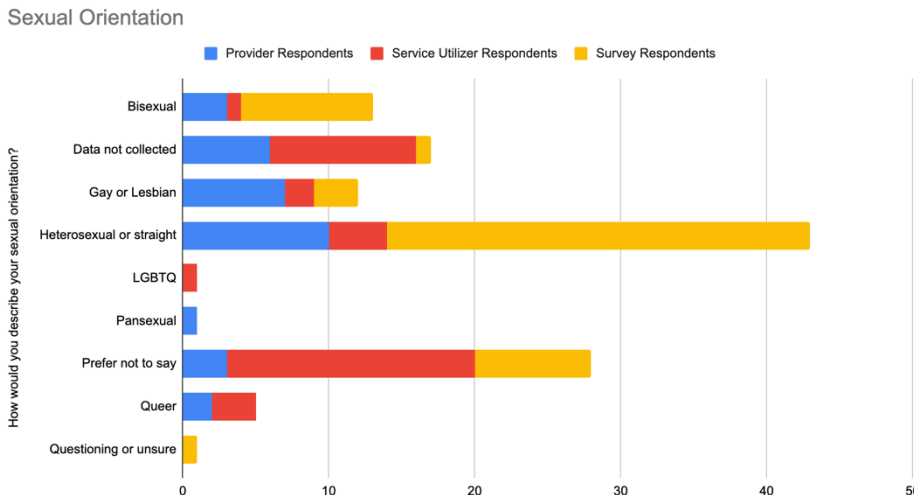
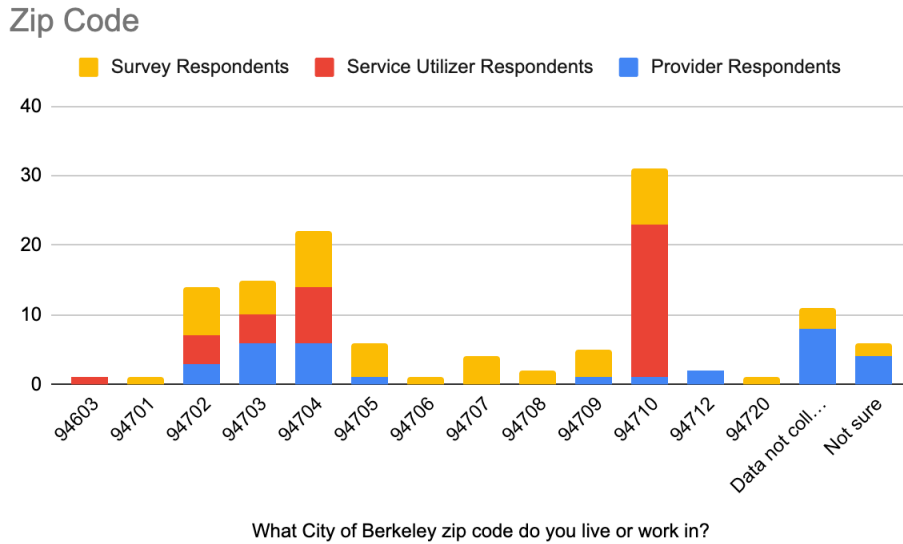
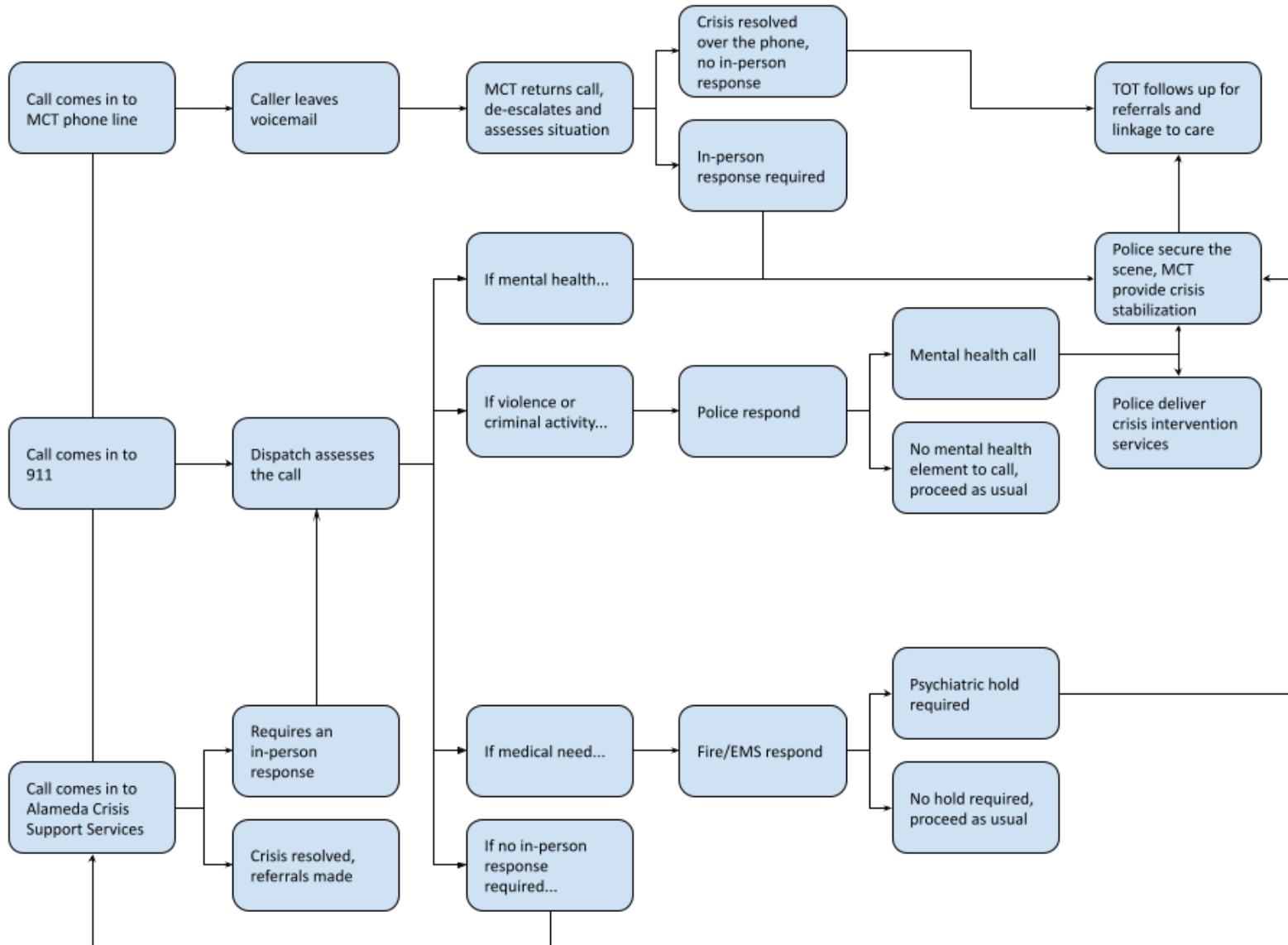


Figure 6 below shows the geographical distribution of participants of RDA's data collection. The most common zip code of participants was 94710 (25%), in large part due to the number of Seabreeze encampment residents that participated in this process. Closely following were the Berkeley ZIP codes of 94702, 94703, and 94704 with 11%, 12%, and 18% of participants, respectively.

Figure 6. Participants by ZIP code (n = 122 individuals)



Appendix C. Process of a Mental Health Call



Appendix D. Mental Health Call Responses – Call Volume and Demographics

Data Collection Methods and Challenges

Early on in this project, RDA submitted requests to Berkeley Mental Health's Mobile Crisis Team (MCT) and the Berkeley Fire Department (BFD) to receive data on responses to all mental health related calls. MCT shared basic service-level data of their responses for FYs 2015-2020. BFD shared data from BFD and Falck (the city's contracted ambulance services provider for mental health crises) that was limited to responses to 5150 calls in Berkeley between calendar years 2019-2021.

RDA did not submit a data request to the Berkeley Police Department (BPD) for two reasons. First, from another evaluation project that RDA currently has with the Berkeley Mental Health Division, RDA already had basic service-level data from BPD regarding their responses to calls originating for 5150s, for the period of CYs 2014-2020. Second, in April 2021, the Berkeley City Auditor released a comprehensive report on its extremely in-depth data analysis of BPD's responses. For the purposes of RDA's project regarding the Specialized Care Unit (SCU), there was no need to replicate any of the work and findings that came from the Berkeley City Auditor. Please see the Berkeley City Auditor's report for a detailed description of its methods, findings, data limitations, and data recommendations for BPD.³¹ The findings that are shared in this report from the Berkeley City Auditor's study are extrapolated directly from the data about BPD calls (from CYs 2015-2019) that was included in the Auditor's report.

In general, RDA's analysis of MCT, BFD, Falck, and BPD call data yielded high-level summary plots about subject/patient demographics and call volume. The general limitations of all available data prevented a more in-depth analysis of the data. More detailed tabular findings are not shared in this report for two reasons: 1) given that all of the quantitative data are under representations of the true volume of crisis responses and callers in Berkeley, only the trends about the volume of mental health related calls and caller demographics should be interpreted from this data, not the specific numbers; and 2) in order to protect the privacy of the few individuals who populated some of the specific categorizations of this data, RDA cannot disclose data which includes small sample sizes.

There were limitations to the quantitative datasets that RDA received. Of greatest impact is that the data entry practices across each agency were not consistent with each other, thus limiting which data could be pulled for analysis as well as which findings could be compared between agencies. For example, due to data limitations, RDA was unable to present a total call volume across agencies or the unmet need for mental health intervention during 5150 transport. Though estimates on call volume and unmet need are relevant to understanding crisis response options, inconsistent data collection and reporting across agencies would make this calculation inaccurate and misleading.

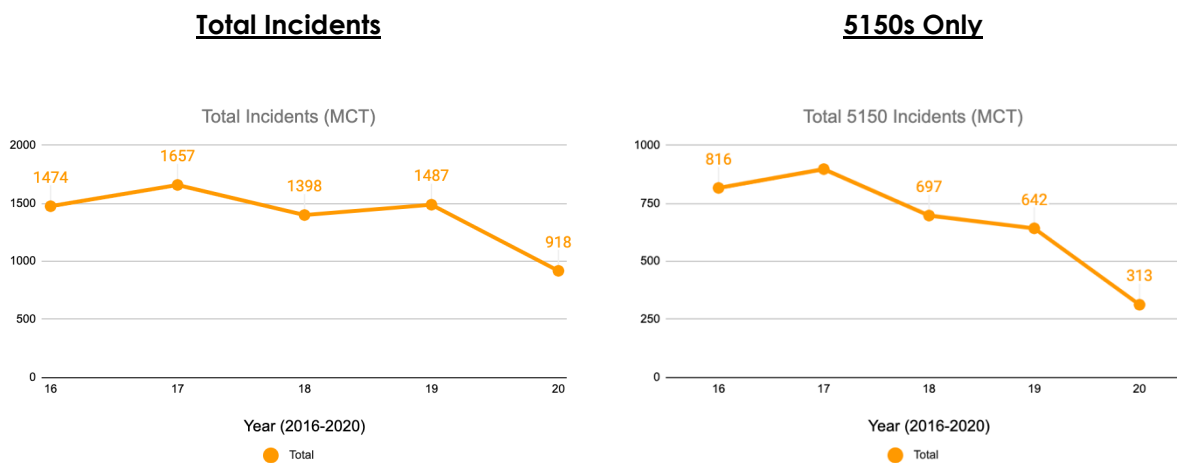
³¹ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

The data challenges that RDA encountered were very similar to those faced by the Berkeley City Auditor; please refer to the Berkeley City Auditor's report of its findings of Berkeley's Police Response for a thorough description of their data challenges.³²

Mental Health Call Volume

Mobile Crisis Team: From the call data that MCT shared with RDA, findings are limited to only showing the total volume of calls that MCT responded to during 2015-2020. Due to missing data and data elements across the various years, there were not any consistent elements for which findings could be determined over the full five-year period. Figure 7 below shows the volume of MCT's total incidents and which of those incidents resulted in a 5150 for each year between 2015-2020.

Figure 7. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Total



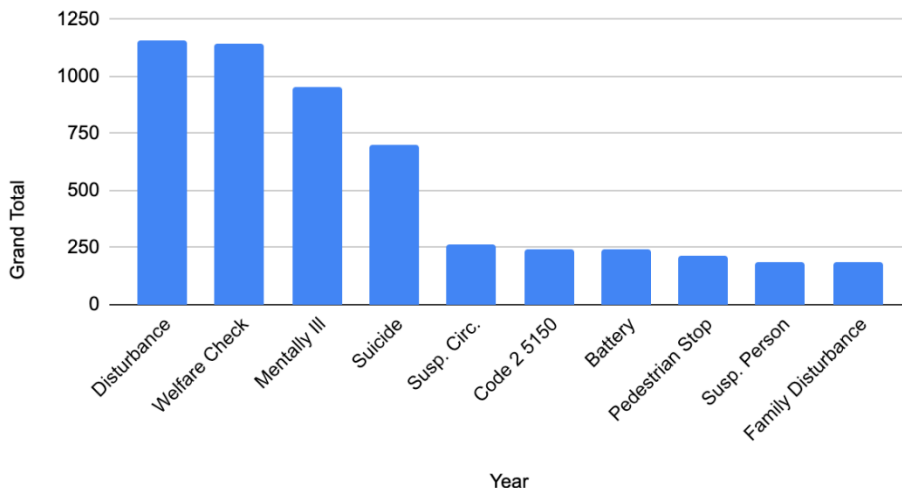
Since 2015, there has been a gradual decline in the number of total and 5150 incidents that MCT responded to in Berkeley due to staff vacancies as well as the COVID-19 pandemic.

Berkeley Police Department: For the period of 2014-2020, RDA received data from BPD that included all calls initially coded by BPD as needing a 5150 response. This was the only type of designation that could be queried in BPD's data for mental health related calls. From this dataset, RDA identified the variety of other types of incidents that were coded alongside "5150" for each call. Figure 8 below shows the top ten incident types for all the 5150 calls that BPD responded to in 2014-2020.

Figure 8. Top 10 Berkeley Police Department (BPD) 5150 Incident Call Types, 2014-2020

³² Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Top 10 BPD 5150 Incident Call Types (2014-2020)

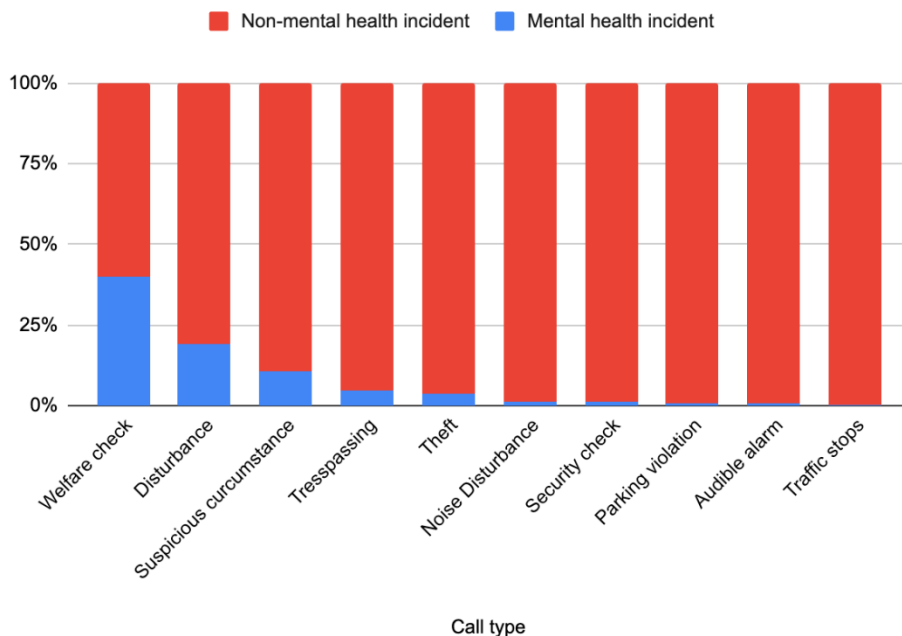


Disturbance, welfare check, mentally ill, and suicide were the most frequent incident types of all 5150 calls to BPD.

The Berkeley City Auditor conducted a qualitative analysis of its BPD call response data to explore the differences between calls that were or were not mental health related. Because BPD’s data does not have an explicit variable that denotes whether each call is mental health related or not, the Berkeley City Auditor did a keyword search for mental health related terms in the open narrative fields of BPD’s call entries. Figure 9 below shows the differences in mental health related and non-mental health related calls that BPD responded to between 2015-2019, stratified by call type.

Figure 9. Berkeley Police Department (BPD) Call Types, 2015-2019

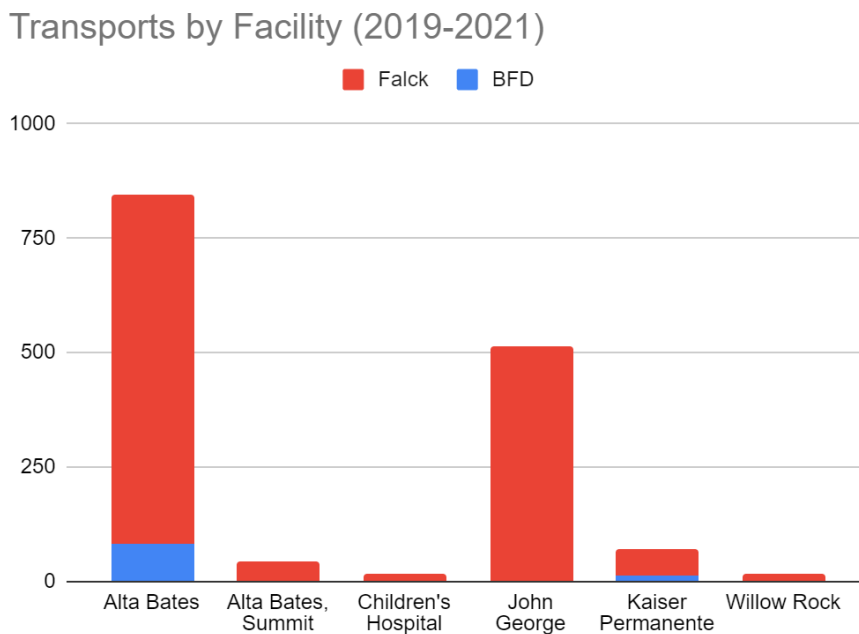
Top Call Types with Mental Health Incidents (2015-2019)



Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.

Berkeley Fire Department: The data that BFD shared with RDA (which included data from BFD and Falck) included information on the facilities that BFD and Falck transported 5150 cases to between 2019-2021. Falck conducted the large majority of 5150 transports in Berkeley. Most 5150 transports were to Alta Bates Medical Center and John George Psychiatric Emergency Services. BFD only transported 5150 cases to Alta Bates, Oakland Children's Hospital, and Kaiser. As contracted, Falck conducted 5150 transports to all the agencies noted below.

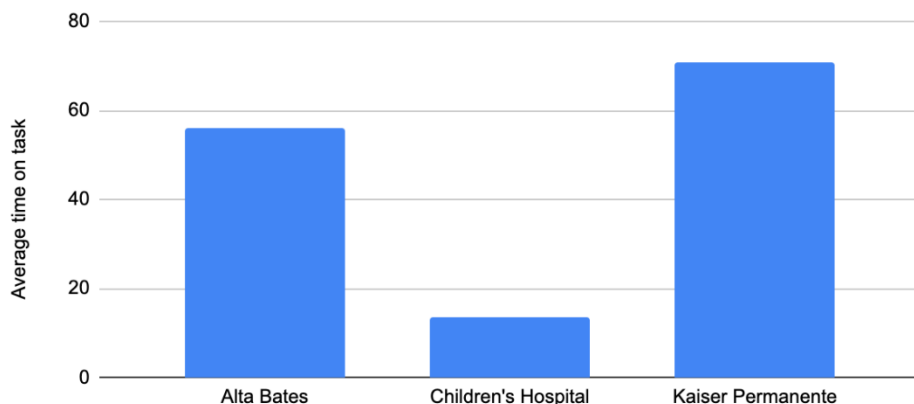
Figure 10. BFD and Falck 5150 Transports by Destination, 2019-2021



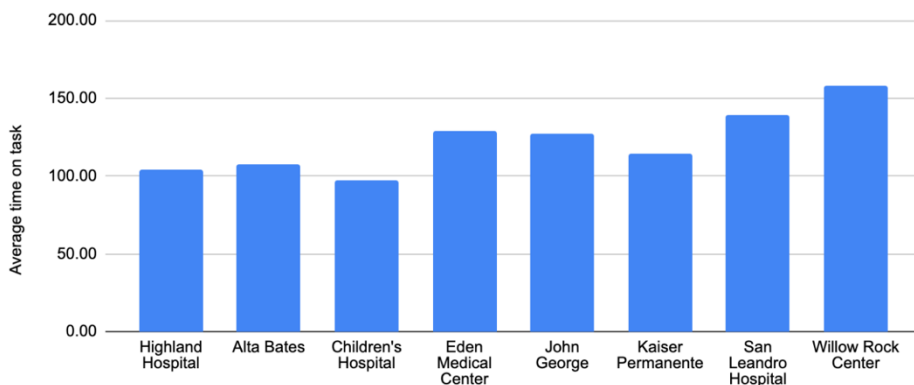
BFD also shared data regarding their and Falck's time on task for each 5150 response and transport. Time on task represents the time from which BFD or Falck arrive at the scene to the point in which they complete the transport of the patient to the destination. Of the 95 5150 transports that BFD conducted between 2019-2021, BFD's average time on task was 20 minutes. Of the 1,523 5150 transports that Falck conducted between 2019-2021, Falck's average time on task was 115 minutes. This is because Falck is the designated ambulance provider who is transporting 5150 cases around Alameda County. These calls can take more time and can be to farther locations. Figure 11 below shows the average time on tasks for BFD and Falck.

Figure 11. BFD and Falck Time on Task for 5150 Transports, 2019-2021

Average Time on Task, BFD (2019-2021)



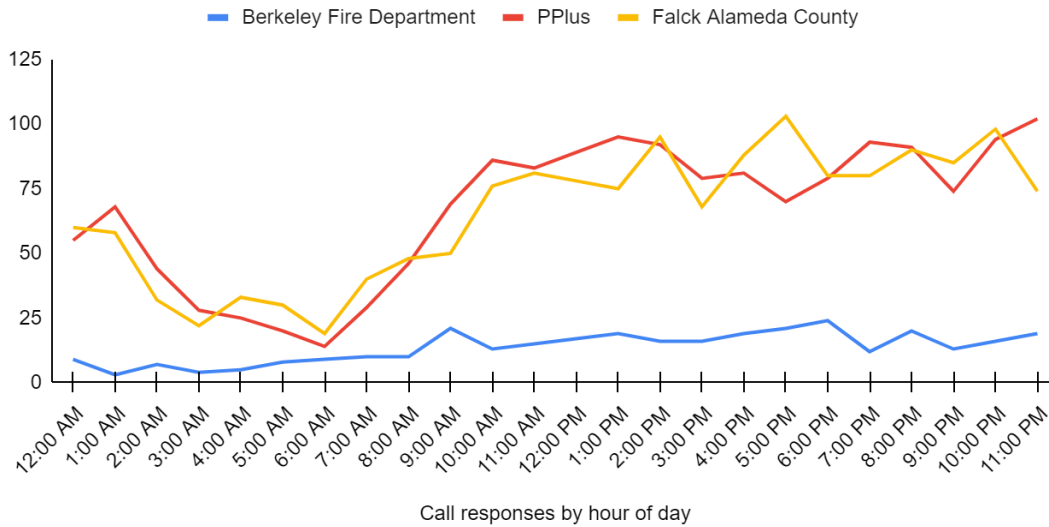
Average Time on Task, Falck (2019-2021)



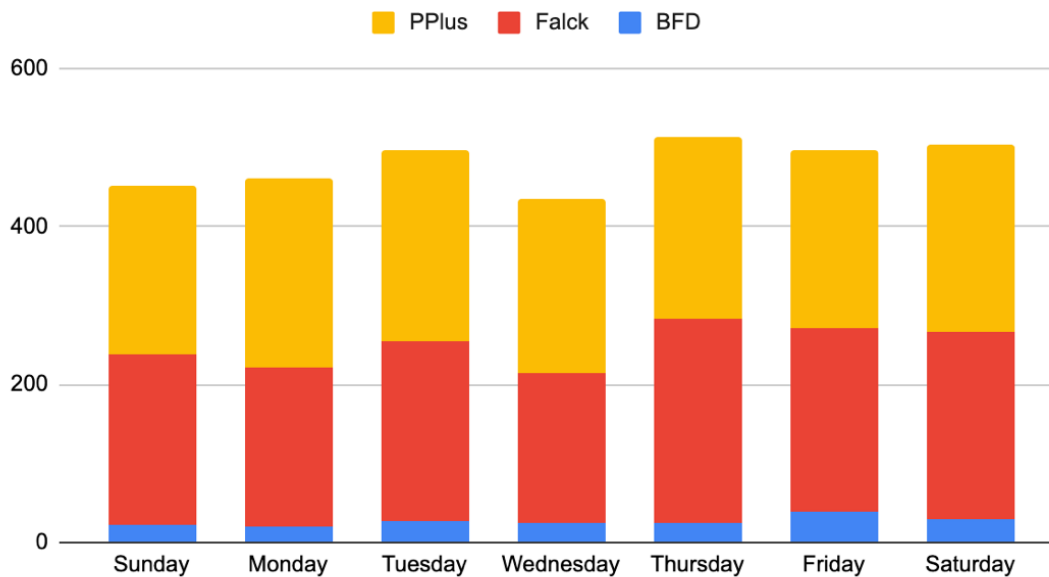
BFD, Paramedics Plus (or PPlus, the contracted ambulance provider prior to Falck), and Falck's data on their 5150 call responses also included information on the day of the week and time that each 5150 call was initiated. RDA analyzed this data to search for any notable trends regarding when 5150 calls originate. Figure 12 below shows when each agency's 5150 call responses occurred; this data spans the years 2018-2021. From this data, it appears that 5150s are least frequent during the very late-night and early-morning hours (2:00-8:00am), and the most frequent between 10:00am – midnight. There is no noticeable difference in the frequency of 5150s across the seven days of the week.

Figure 12. BFD, PPlus, Falck 5150 Transports by Time of Day and Day of Week, 2018-2021

Call Responses by Hour of Day (2018-2021)



Call Responses by Day of the Week (2018-2021)

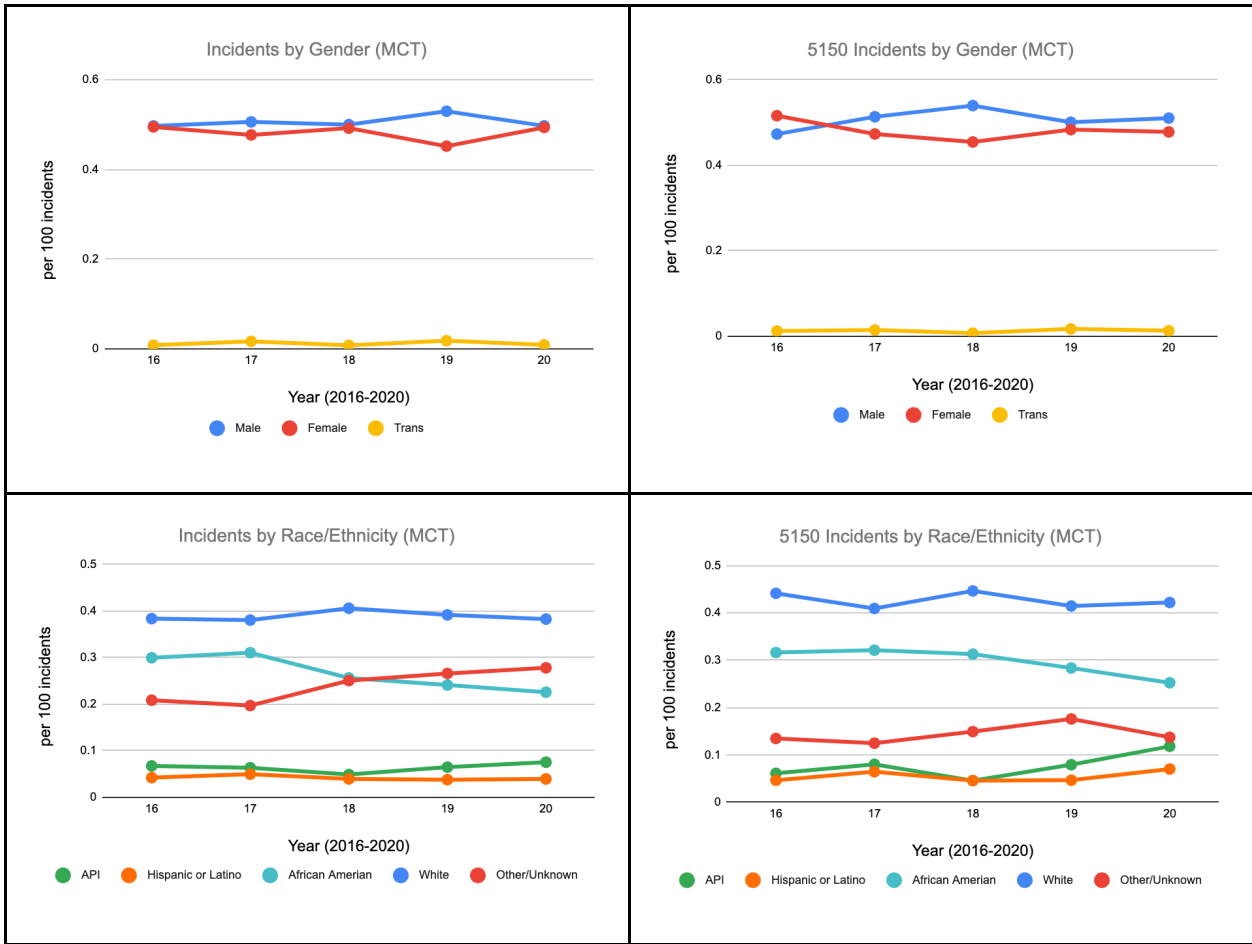


Demographics of Mental Health Call Responses

Mobile Crisis Team: For the five-year period of FY 15/16 through FY 19/20, the Berkeley Mental Health Division's Mobile Crisis Team (MCT) shared data about both their overall volume of responses as well as those pertaining specifically to 5150 calls. Figure 13 below includes four figures that show MCT's incidents by gender (first row), and then incidents by race/ethnicity (second row) by each fiscal year.

Figure 13. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Gender, Race/Ethnicity

Total Incidents	5150s Only
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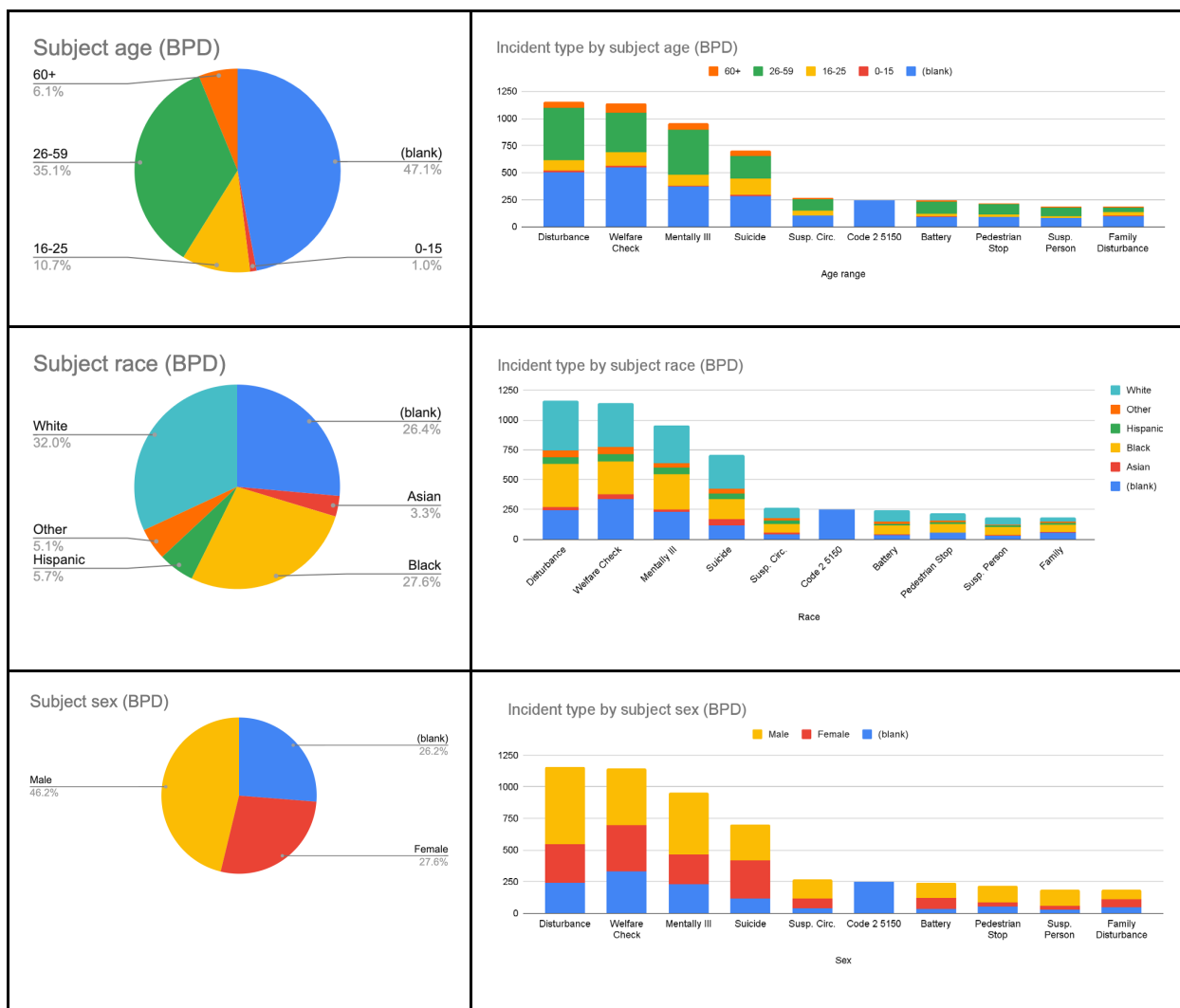
MCT incidents were with slightly more males than females, and very few trans individuals. And, regarding race/ethnicity, MCT cases were most often White, followed by African American, other/unknown, Asian Pacific Islander, and Hispanic or Latino. Given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are very overrepresented in MCT’s service utilizer population.

Berkeley Police Department: For the six-year period of CY 2014 through CY 2020, the Berkeley Police Department (BPD) shared data regarding demographics (age, race, and sex) for each of its calls that were originated as designated 5150 responses. Since 2019, the majority of 5150 responses were conducted by Falck - an ambulance services provider contracted by BFD - because Falck is the designated entity (between the two agencies) to conduct 5150 transports in Berkeley. Figure 14 below includes six figures that show: 1) the summative demographics of BFD’s 5150 subjects, and 2) the incident types stratified by subject demographics.

Figure 14. Berkeley Police Department (BPD) 5150 Subjects in 2014-2020 - Demographics and Incident Types³³

<u>Subjects by Demographics</u>	<u>Incident Types by Demographics</u>
---------------------------------	---------------------------------------

³³ Data noted as (blank) represent data points where data were missing.

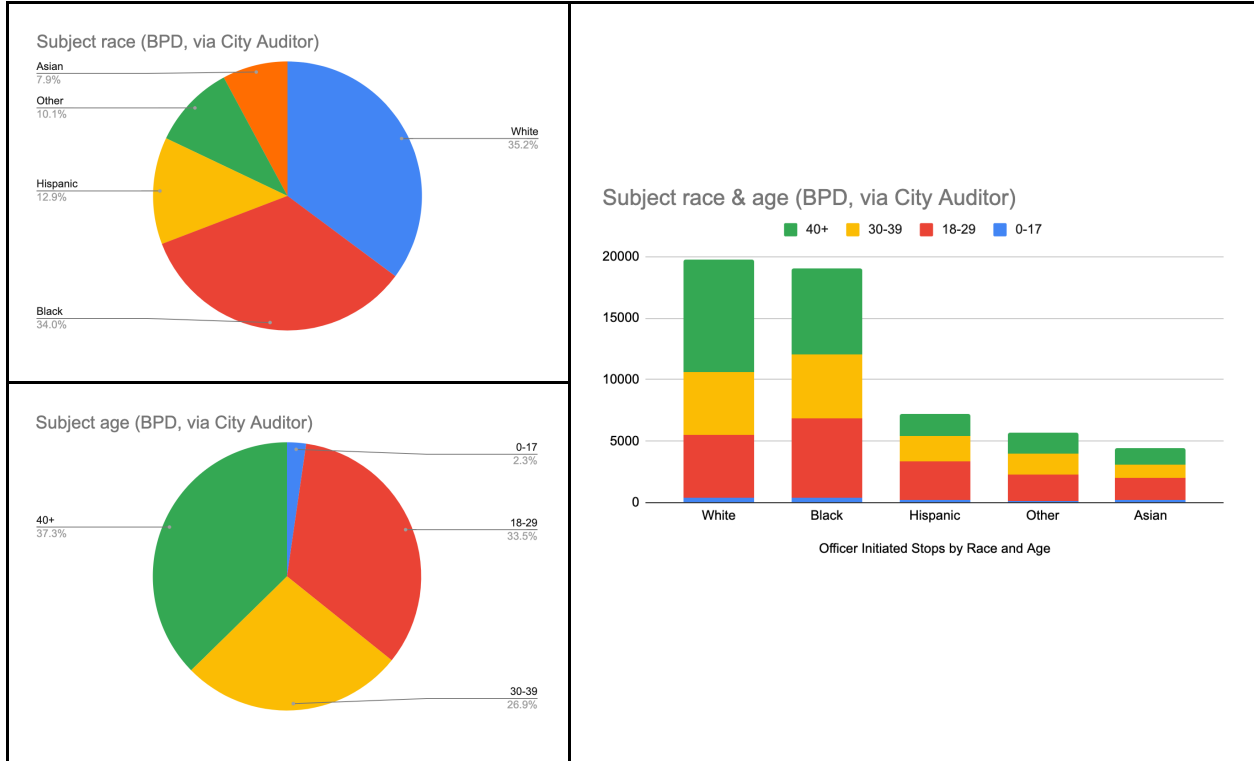


Of the BPD 5150 calls that had demographic variables coded, most responses were with individuals between ages 26-59, White, or male. Liked noted above with MCT's service utilizer population, given that African Americans comprise only 7.9% of Berkeley's population (see Table 1), they are also very overrepresented amongst BPD's 5150 population. Most BPD 5150 calls were also coded as disturbance calls, welfare checks, mentally ill individuals, and suicide. Each incident type is not mutually exclusive, so any particular incident could have one or multiple more incident type logged towards it in addition to being a 5150.

The Berkeley City Auditor's report (released in April 2021) on BPD call responses included a variety of tables with data on the demographics of the subjects of their officer-initiated stops by race and age; please refer to the Berkeley City Auditor's Report in Figure 19: Officer-Initiated Stops by Race and Age, 2015-2019.³⁴ RDA took the data shared in that figure to produce different visual representations of all subjects that BPD responded to between 2015-2019; this data includes responses to non-mental health related calls, as well.

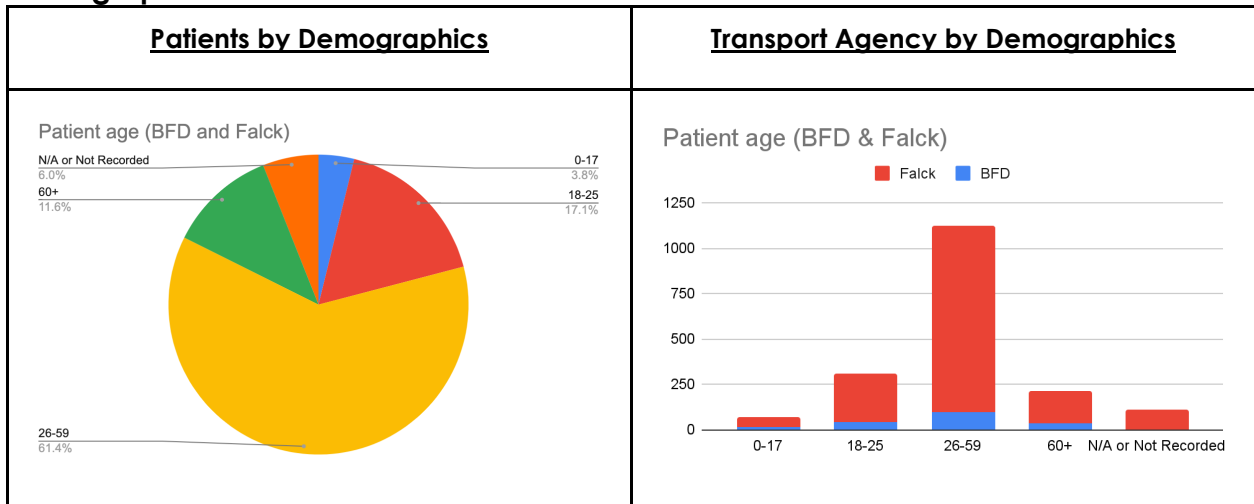
³⁴ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Figure 15. Berkeley Police Department (BPD) Officer-Initiated Calls in 2015-2020 - Race and Gender (via Berkeley City Auditor’s Report on BPD Calls)



Berkeley Fire Department: For the three-year period of CY 2019 through CY 2021, the Berkeley Fire Department (BFD) shared data regarding demographics (age, race, and gender) and incident type for each of its calls that were originated as designated 5150 responses. Figure 16 below includes six figures that show: 1) the summative and combined demographics of BFD and Falck's 5150 patients, and 2) the differences in volume of BFD and Falck 5150 responses stratified by patient demographics. Figure 17 below shows the total combined 5150 responses by BFD and Falck, first grouped by gender by race, then by race by gender.

Figure 16. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - Demographics



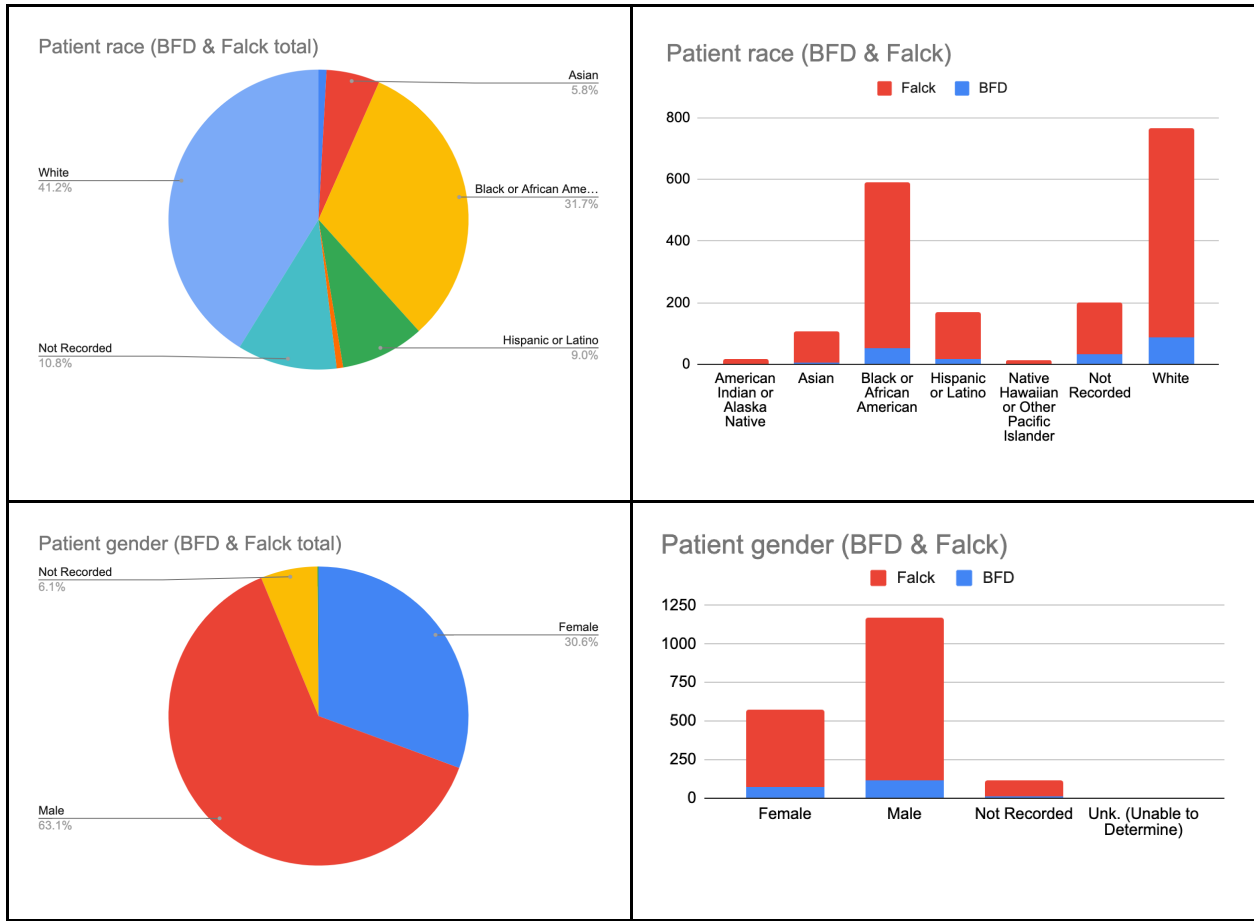
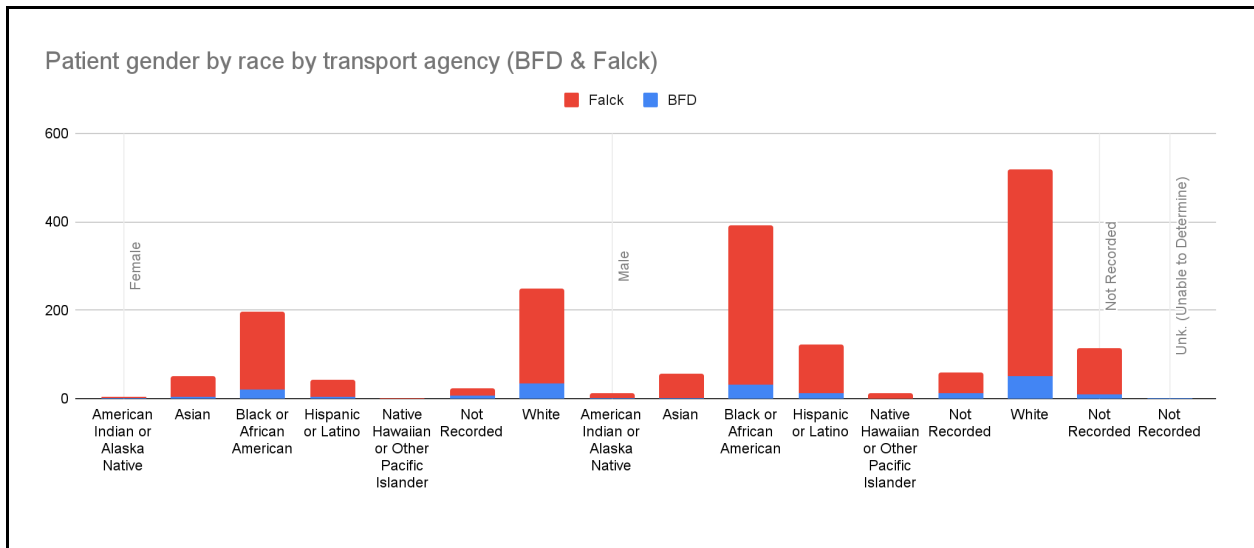
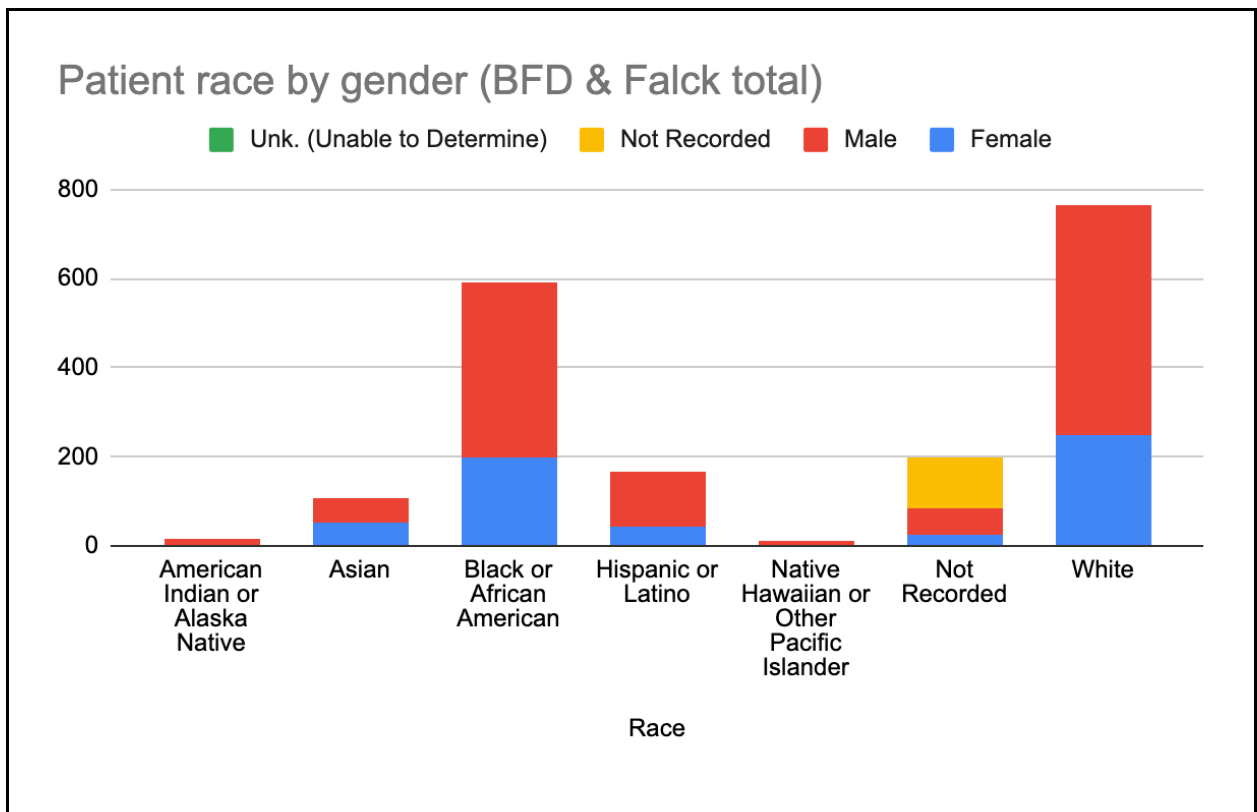


Figure 17. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - By Gender and Race





Similar to the incidents that MCT responded to, the 5150 patients that BFD and Falck responded to are mostly between ages 26-59, White, or male. Falck also conducted a large majority of the 5150 transports in Berkeley, as compared to BFD.



City of Berkeley

Specialized Care Unit

Crisis Response Recommendations



City of Berkeley

Specialized Care Unit (SCU) Crisis Response Recommendations

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Resource Development Associates, 2021





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Executive Summary

As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU), an alternative mental health and substance use crisis response model that does not involve law enforcement.

This is the third of three distinct reports for this effort. The first report ([“Crisis Response Models Report”](#)) presents a summary of crisis response programs in the United States and internationally. The second report ([“Mental Health Crisis Response Services and Stakeholder Perspectives Report”](#)) is the result of engagement with stakeholders of the crisis system, including City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), local community leaders, and utilizers of Berkeley’s crisis response services, and presents a summary of key themes to inform the SCU model.

This third report is intended to guide implementation of the SCU model and includes:

- Core components and guiding aims of the SCU model;
- Stakeholder and best practice-driven design recommendations;
- Considerations for planning and implementation;
- A phased implementation approach;
- System-level recommendations; and
- Future design considerations.

Each recommendation put forth in this report is deeply rooted in the stakeholder feedback included in the two previous reports. This report presents RDA’s recommendations based on this year-long project, which the City of Berkeley may adapt and adjust as necessary.

Key Recommendations

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 MCT.
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.
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.
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.
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.



Introduction

Project Background

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley. As part of that process, in July 2020, the Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations.

The Need for Specialized Mental Health Crisis Response

Just as a physical health crisis requires treatment from a medical professional, a mental health crisis requires response from a mental health professional. Unfortunately, across the country and in Berkeley, police are typically deployed to respond to mental health and substance use crises.

Without the proper infrastructure and resources in place, cities are unable to adequately meet the needs of people experiencing a mental health and/or substance use crisis. Relying on police officers to respond to the majority of mental health 911 calls endangers the safety and well-being of community members. Tragically, police are 16 times more likely to kill someone with a mental illness compared to those without a mental illness.¹ A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.² As a result, communities have begun to consider the urgent need for crisis response models that deploy mental health professionals rather than police. An analysis found that the 10 largest police departments in the U.S. paid out nearly 250 billion dollars in settlements in 2014, much of which were related to wrongful-

¹ Szabo, L. (2015). People with mental illness 16 times more likely to be killed by police. *USA Today*. <https://www.usatoday.com/story/news/2015/12/10/people-mentalillness-16-times-more-likely-killed-police/77059710/>

² DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement. *American Journal of Preventive Medicine*, 51(5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

death lawsuits of people in a mental health crisis.³ Law enforcement should not be the primary responders to mental health crises.

A 2012 Department of Justice report outlines that policing in the U.S. does not necessarily keep people safer but instead, militaristic policing causes more harm than good and disproportionately impacts communities of color. The report further assessed that over-policing requires more resources without producing benefits to public safety, draining resources that could otherwise be used for more effective public safety strategies.⁴

Nationally, the negative impacts of policing and police violence have been declared a public health issue.⁵ Extensive data shows that aggressive policing is a threat to physical and mental health: inappropriate stops are associated with increased anxiety, depression, PTSD, or long-term health conditions like diabetes. In 2016, at least 76,440 nonfatal injuries due to law enforcement were reported and at least 1,091 deaths were reported. However, due to insufficient monitoring and surveillance of law enforcement violence, these statistics are underestimated.⁶

The impacts of policing disproportionately harm people of color, especially Black Americans, making policing an issue of racial justice. Police disproportionately stop, arrest, shoot, and kill Black Americans. Other marginalized populations, such as people with mental illness, people who identify as transgender, people experiencing homelessness, and people who use drugs, are also subjected to increased police stops, verbal and sexual harassment, and death.⁷

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state,⁸ which may indicate inadequate provision of mental health crisis services. Of those individuals placed on a 5150 psychiatric hold in Alameda County and transferred to a psychiatric emergency services unit, 75–85% of the cases did not meet medical necessity criteria to be placed in inpatient acute psychiatric care. This demonstrates an overuse of emergency psychiatric services in Alameda County. Such overuse creates challenges in local communities such as lengthy wait times for ambulance services which are busy

³ Elinson, Z. & Frosch, D. (2015). Cost of police-misconduct cases soars in big U.S. cities. *Wall Street Journal*. <https://www.wsj.com/articles/cost-of-police-misconduct-cases-soars-in-big-u-s-cities-1437013834>

⁴ Ashton, P., Petteruti, A., & Walsh, N. (2012). Rethinking the blues: How we police in the U.S. and at what cost. *Justice Policy Institute, U.S. Department of Justice*. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/rethinking-blues-how-we-police-us-and-what-cost>

⁵ American Public Health Association. Addressing law enforcement violence as a public health issue. Policy number: 201811. 2018. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.

⁶ Ibid.

⁷ Ibid.

⁸ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

transporting and discharging individuals on 5150 holds. The overuse of involuntary psychiatric holds can be traumatizing for people experiencing crisis, as well as for their friends and family.

The overuse of involuntary psychiatric holds is also an issue of racial justice. Police and ambulance workers have been found to bring Black patients with psychoses to psychiatric emergency service more frequently than non-Black patients with psychoses.⁹ For example, in San Francisco, Black adults are overrepresented in psychiatric emergency services, relative to overall population size.¹⁰

Based on 911 call data from 2001 to 2003 in San Francisco, a study found that neighborhoods with higher proportions of Black residents generate relatively fewer mental health-related 911 calls. The authors suggest that underutilization of 911 by the Black community can result in delayed treatment, therefore increasing the risk posed to the health and safety of people in crisis and their communities. The study highlights the common distrust of law enforcement among communities of color. Such distrust and fear of law enforcement may mean that people of color do not trust that mental health-related calls will be handled appropriately if they seek support for a mental health crisis through 911. The study reinforced that “law enforcement officers’ role in the disposition of calls makes them de facto gatekeepers to safety net services for persons with mental disorders.”¹¹

It is within this context that many Berkeley community members are calling for a more just, equitable, and health-focused crisis response system, in part due to the distrust of institutions of policing or those closely intertwined with police. A variety of stakeholder groups, including the Berkeley Mental Health Commission and the Berkeley Community Safety Coalition, have long advocated for a community-designed 24/7 crisis care model and to reduce the role of law enforcement in crisis response.

⁹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

¹⁰ Ibid.

¹¹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

In a concurrent project for the City of Berkeley’s Reimagining Public Safety initiative, the National Institute for Criminal Justice Reform found that among many Berkeley residents, there is a lack of trust in and satisfaction with the Berkeley Police Department. They found that:¹²

- Non-White respondents were more likely to indicate that the Berkeley Police Department is not effective at all compared to White respondents;
- 17.1% of Black respondents and 7.6% of Latinx respondents reported that police had harassed them personally in comparison to only 4.3% of White respondents;
- Respondents are less likely to call 911 during emergencies related to mental health or substance use crisis (57.9%) in comparison to an emergency not involving mental health or substance use (86.2%); and
- Substantially more Black respondents indicated extreme reluctance to call 911 as compared with other groups.

Additionally, the report shared that across all respondents, 65.9% indicated a preference for trained mental health providers to respond to mental health and substance use emergencies “with support from police when needed” and 14.9% indicated a preference “with no police involvement at all.” In total, 80.8% of respondents indicated a preference for trained mental health providers to respond to calls related to mental health and substance use.¹³

Clearly, there is an urgent need for a more racially just, equitable, and health-focused mental health crisis response system. The SCU could be well poised to address these inequities by providing specialized mental health crisis intervention, de-escalation, and stabilization without the presence of law enforcement.

Inputs to the Recommendations

This report includes core components and guiding aims of the SCU model, considerations for planning and implementing the SCU model, a phased implementation approach, stakeholder-driven design recommendations, system-level recommendations, and next steps and future design considerations. Each recommendation that RDA puts forth in this report is deeply rooted in the following sources of input:

- Crisis Response Models Report (Report 1 of this series of 3)
- Mental Health Crisis Response Services and Stakeholder Perspectives Report (Report 2 of this series of 3)
- Ongoing engagement with the SCU Steering Committee and the City’s Health, Housing & Community Services Department (HHCS)

¹² National Institute for Criminal Justice Reform (2021). Reimagining public safety: Draft final report and implementation plan. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Draft%20Final%20Report%20and%20Implementation%20Plan%20FNL%20DRFT%2010.30.21.pdf

¹³ Ibid.

- Learnings from the simultaneous Reimagining Public Safety initiative
- Best practices research

The recommendations presented in this report are directly informed from the strengths, challenges, gaps in services, and lessons learned from crisis response programs around the country. Those considerations, however, must be uniquely tailored to the Berkeley community based on the existing crisis response system and the needs and perspectives of Berkeley residents. Together, the recommendations and implementation approaches presented here are informed by findings from the robust community engagement and citywide processes of the past year.

Crisis Response Models Report

As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. A synthesized summary of RDA’s findings, including common themes that emerged across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned can be found in the [Crisis Response Models Report](#).

Mental Health Crisis Response Services and Stakeholder Perspectives Report

With the guidance and support of the SCU Steering Committee, facilitated by the Director of City of Berkeley’s Health, Housing and Community Services Department (HHCS), RDA conducted a large volume of community and agency outreach and qualitative data collection activities in June and July 2021. Because BIPOC, LGBTQ+, unhoused, and other communities are disproportionately represented in public mental health and incarceration systems—particularly ones designed for punishment and sentencing to prisons—their input was sought to advance the goal of achieving health equity and community safety.

Crisis response service users described their routes through these systems, providing their perspectives about their experiences and how these experiences impact their lives in a way that other stakeholders are not able or qualified to do. The goal of the immense amount of outreach and qualitative data collection was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community’s desire for a different crisis response system that would better serve its population and needs. Such perspectives are necessary to improve the quality of service delivery and, moreover, to inform structural changes across the crisis response system.

The synthesis of the City of Berkeley’s current mental health crisis system and themes from qualitative data collection can be found in the [Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)



The SCU Model: Planning & Implementation

Core Components

The recommendations presented in this report represent a model that is responsive to community needs, but as planning continues throughout 2021 and into 2022, new considerations and constraints may arise. As dynamics evolve and more information is obtained and assessed, the model must be flexible and adaptable. There are several components that should, however, remain core to the SCU model:

- The SCU responds to mental health and substance use crises.
- The SCU responds with providers specialized in mental health and substance use.
- The SCU model does not include police as a part of the crisis response.
- The SCU is not an adjunct to nor overseen by a policing entity (e.g., Police, Fire, or CERN¹⁴).

With these core components in mind, the SCU model and phased approach were designed to address the challenges, gaps in services, and community aspirations shared by numerous stakeholders throughout Berkeley. The SCU model seeks to:

- Address the urgent need for a non-police crisis response.
- Disrupt the processes of criminalization that harm Black residents and other residents of color, substance users, people experiencing homelessness, and others who experience structural marginalization.
- Increase the availability, accessibility, and quality of mental health crisis services.
- Provide quality harm reduction services for substance use emergencies.
- Strengthen collaboration and system integration across the crisis and wraparound service network.
- Be responsive to ongoing community feedback and experiences.
- Build and repair trust with community members and increase public awareness of newly available services.

A System-wide Change Initiative

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systemwide change initiative of great magnitude. Developing a shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force may build collective support for the SCU model across City of Berkeley agencies and departments. Other cities implementing non-police crisis response models found that garnering buy-in from other

¹⁴ Community Emergency Response Network (CERN) is a model recommended by the National Institute for Criminal Justice Reform through the Reimagining Public Safety process.

city or county departments requires collaboration from the earliest planning stages. Cities shared that when they focused these conversations about shared objectives between the crisis response program and the police, police began to see the program as a resource to them, as mental health professionals could often better handle mental health crises because of their training and backgrounds. Alignment on shared goals and values may support leadership across the City of Berkeley to identify and advance the best resource(s) for responding to mental health needs and substance use crises. An effective systemwide change initiative will also require all involved leaders to communicate and champion the shared vision.

The SCU model requires not only collaboration, but also structural changes and integration across other entities. For one, the SCU's ability to respond to crises relies in large part on the 911 Communications Center ("Dispatch"). However, in 2019, a Berkeley City Auditor's report¹⁵ elevated that the understaffing of Dispatch has led to staffing levels that cannot meet the call volume of residents and has increased call wait times. Increased wait times for 911 callers have negative implications for the safety and well-being of service utilizers and community members. Increased wait times also have negative implications for service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels rely on overtime spending to fund Dispatch, which increases the cost of the entity.

The Auditor's report also recommended increased training for Dispatchers to manage and respond to mental and behavioral health crisis calls, including the management of suicidal callers and persons with mental illness. The well-being and stress of call takers are also of concern. In all, if they are not addressed, such resource shortages and unmet training needs could have a significant impact on the SCU's success.

Other entities that will be affected by the implementation of the SCU model include Berkeley Fire, who responds to crises through Dispatch, and the Mobile Crisis Team (MCT), who provide mental health crisis services in partnership with the Berkeley Police Department. These entities, in addition to Dispatch and the SCU, will have to establish new working relationships and protocols to effectively serve the community together.

Dispatch is an immensely complex system. Integrating the SCU into such a system, while addressing staff capacity and training needs, will take significant planning and coordination, as well as funding. For these reasons, the recommendations for the planning and implementation of the SCU model are laid out in a phased implementation approach to allow for sufficient preparation of Dispatch while providing urgently needed mental health crisis response to community members.

¹⁵ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf



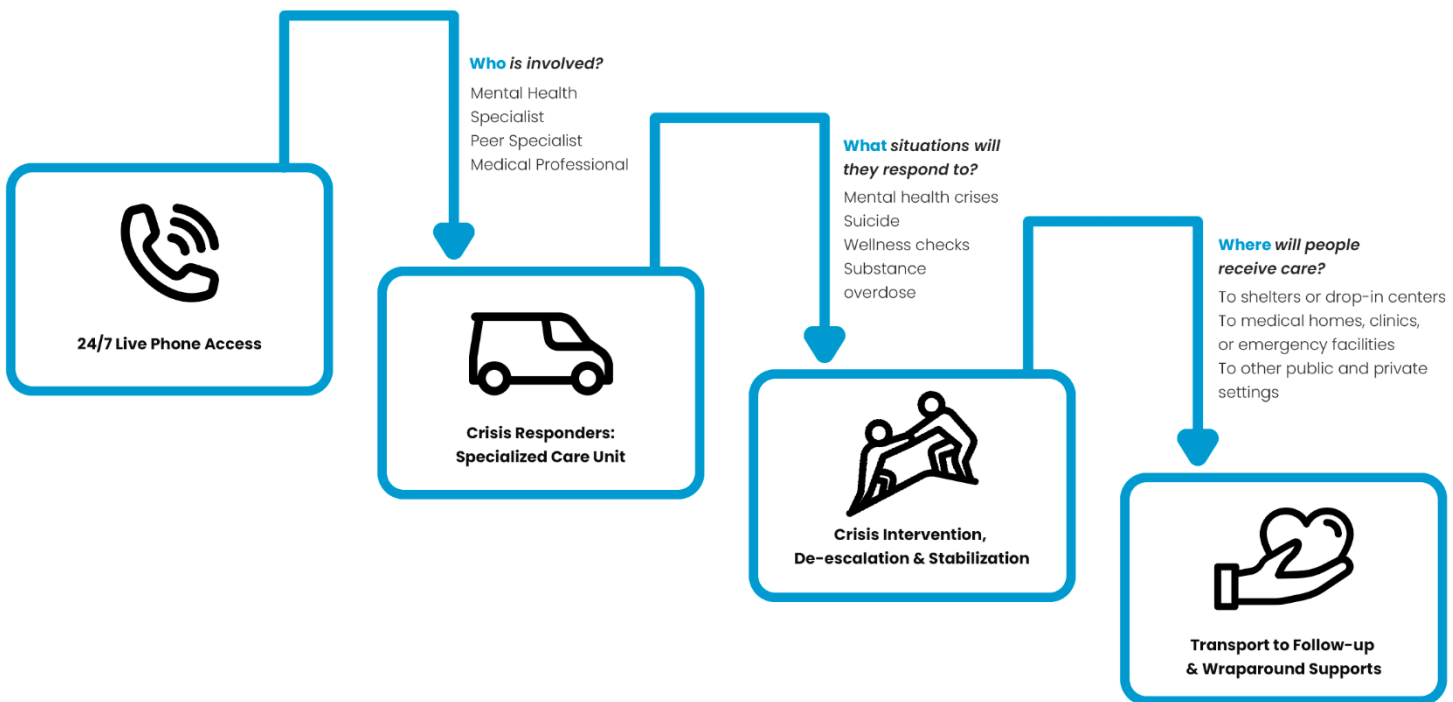
Recommendations

Overview

This report presents recommendations that address what is required for SCU model. Figure 1, below, provides an overview of the specialized care unit’s response. Figure 2 shows the many components required for a comprehensive 24/7 SCU model.

The Specialized Care Unit: Crisis Response

Figure 1: An overview of the SCU crisis response.

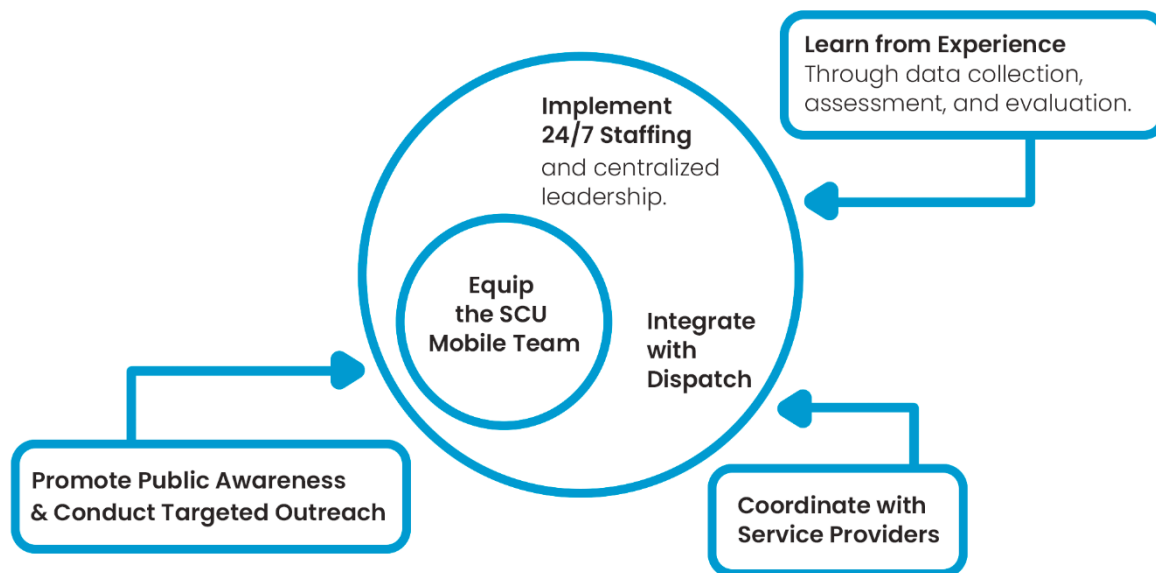


Community members experiencing or witnessing a mental health or substance use crisis will be able to call the SCU through a 24/7 live phone line, from which the SCU mobile team will be deployed to the crisis. The SCU mobile team will include specialists who support a person in crisis with intervention, de-escalation, and stabilization techniques. If necessary, the SCU will also be able to transport a person in crisis to locations that promote the person’s safety and care.



The SCU Model: A Comprehensive 24/7 Crisis Response

Figure 2: An Overview of the comprehensive 24/7 SCU model.



The SCU is not solely a mobile team that delivers specialized care during mental health and substance use crises, but rather requires a comprehensive model. This model includes clinical and administrative staff to ensure 24/7 live access to the phone line and SCU mobile team. The model also requires centralized leadership and system integration to realize systemwide changes. As this new model is implemented, it will require ongoing data collection, assessment, and iteration to ensure it is meeting the needs of the community. And, the model requires that community members know that they can call a non-police, specialized mental health and substance use crisis team.



Phased Implementation

A phased approach will support a successful rollout of the SCU model while planning for integration across city agencies. These timelines may be ambitious given the magnitude of this systems-change initiative and the dependencies of the various model components. While the phased implementation approach represents an ideal timeline and is responsive to the urgent need for specialized mental health and substance use crisis response in Berkeley, it may need to be adjusted to realize the success of the SCU.

Refer to **Appendix A** for a complete phased implementation roadmap.

Figure 3: An overview of the phased implementation approach.

PHASE 0	PHASE 1		PHASE 2
Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+
<ul style="list-style-type: none"> • Engage SCU Steering Committee & community stakeholders on RFP; launch RFP • SCU staff: Contracting, hiring, training • Dispatch: Planning & assessment • Establish preliminary triage criteria, workflows and protocols • Launch public awareness campaign 	<ul style="list-style-type: none"> • SCU implements crisis response services • Dispatch implements integration or components based on Phase 0 planning • Conduct rapid assessment, monitoring, and iteration • Engage centralized leadership in coordination 	<ul style="list-style-type: none"> • Review annual evaluation and rapid assessments • Prepare for Phase 2 	<ul style="list-style-type: none"> • Implement changes based on evaluation and community need



SCU Mobile Team

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies, including crisis intervention, de-escalation, and stabilization. This specialized care does not require a police response but instead should be a three-person team of medical and behavioral health specialists. The SCU will need to be equipped to address the nuanced variety of crisis needs across mental health and substance use emergencies.

By providing 24/7 SCU services, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and limits the need to use the police to respond to such crises. Overall, the SCU model aims to disrupt the criminalization of substance use and mental illness and advance racial justice in the City of Berkeley. There are several considerations for how to most effectively promote the safety of crisis responders, persons in crisis, and general community members.

The following recommendations are aligned to best practices and emerging alternative models, while being rooted in community-driven recommendations. Each recommendation is tailored to the City of Berkeley and provides key considerations to support planning and implementation:



Key Recommendations

- 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 MCT.**

Recommendation #1

The SCU should respond to mental health crises and substance use emergencies without a police co-response.

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies. Below are suggested guidelines of when the SCU should and should not respond to a call.

Types of calls SCU **should** respond to:

- Suicide
- Drug overdose
- Welfare check
- Suspicious circumstance
- Complaint of an intoxicated person
- Social disorder
- Indecent exposure
- Trespassing
- Disturbance

Types of calls SCU should **not** respond to:

- Confirmed presence of firearm, knife, or other serious weapon
- Social monitoring and enforcement (e.g., of unsheltered residents in public spaces)
- Calls that Dispatch already deems do not need an in-person response (e.g., argument with a neighbor, minor noise violation)

Location of calls SCU should respond to:

- Public settings (e.g., parks, sidewalks, vehicles)
- Commercial settings (e.g., pharmacies, restaurants)
- Private settings (e.g., homes)

Note: These guidelines and types of calls will need to be further explored to develop triage criteria that adequately reflect all the considerations for when the SCU will respond to crises.

Why isn't the SCU responding with police?

Stakeholders consistently emphasized the need to provide non-police mental health crisis response options, noting that police are primarily trained in issues of imminent public safety threats, not mental health care. Rather than duplicating the MCT's model, the SCU model provides a new option for those better served by a non-police response. A dedicated response unit for mental health, behavioral health, and substance use emergencies will also help to build community trust and increase the likelihood that someone will call for help when they are in a crisis.

Why is the SCU responding to calls at public and private locations? Is that safe?

A mental health crisis can happen anywhere, so the SCU must be able to respond to mental health and substance use crises in both public and private settings. Any variables around the safety of responding to a crisis in a private setting should be assessed before deploying the SCU team (e.g., the presence of a serious weapon).

How were the types of calls decided?

Research from alternative models in other cities, community stakeholders' perceptions of existing needs in Berkeley, and input from crisis responders in the City of Berkeley all indicate that these call types may be well suited for behavioral health and mental health specialists instead of police. The nuances within any of these call types will be further planned for throughout Phase 0.

Considerations for Implementation

Safety & Weapons:

- Not all weapons pose the same risk to crisis responders, so triage and deployment protocols should be aligned to best practices and standards of practice. The SCU may be able to respond to some calls where a weapon is present. The criteria for this safety precaution should be evaluated and planned for during Phase 0.
- If there is a mental health or substance use emergency where a weapon is present, then MCT-Police co-response should be deployed rather than the SCU.
- If the SCU mobile team is on scene but feels their safety is in imminent danger, they should have the ability to call in the MCT-Police co-response as backup support.

Coordinating with Other Entities

- Mobile Crisis Team: The types of calls, triage criteria, and workflows will need to be differentiated for deploying MCT versus SCU.
- Berkeley Police Department: When BPD is on scene and MCT is not available, BPD and SCU will need clear processes for whether police can bring the SCU to support. Similarly, BPD and SCU will need clear processes for when/how SCU leaves if they call the BPD to a scene.

Recommendation #2

The SCU should operate 24/7.

The SCU mobile team should be available to respond to a crisis in person 24 hours per day, 7 days per week. Not having services available 24/7 was the most common challenge expressed by stakeholders about the current mental health crisis response system. In contrast, other crisis services like Fire and Police are available 24/7. By operating the SCU 24/7, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and negates the need to use police to respond to such crises. The need for 24/7 service is supported by national trends, as although some cities have implemented alternative crisis models with limited hours, many of them shared that they plan to expand to 24/7 to meet community needs.

Why does the SCU need to be available 24/7? Why can't it operate only during peak hours?

A mental health or substance use crisis can happen at any time. Stakeholders stressed the importance of having mental health crisis response services available 24 hours per day and 7 days per week. If community members are to trust in the SCU as an ongoing and authentic alternative to police involvement, services need to be available whenever someone calls.

Considerations for Implementation

All other supporting elements described throughout this report will need to accommodate 24/7 availability, such as:

- Phone access to the SCU
- Certain personnel roles, like a Clinical Supervisor
- Staffing structure that allows redundancy of personnel to cover each shift
- Equipment and infrastructure including the number of vans for the mobile team

Recommendation #3

Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.

The array of mental health, behavioral health, and substance use services offered by the SCU require staff with varying professional specialties. The following roles are necessary to adequately provide these services:

1. A Mental Health Specialist

This role will be the primary provider of mental health services with the ability to conduct 5150 assessments, and therefore need to be licensed. They should have significant training in mental health and behavioral health conditions and disorders, crisis de-escalation, and counseling.

- Recommended position: Licensed Behavioral Health Clinician
- *Possible positions: Licensed Clinical Social Worker (LCSW), Associate Clinical Social Worker (ASW), SUD or AOD Counselor, psychologist*

2. A Peer Specialist

This role should have lived experience with mental health crises and systems, substance use crises or addiction, and be equipped to support system navigation for a person in crisis.

- Recommended position: Peer Specialist
- *Other possible positions: Community Health Worker, Case Manager*

3. A Medical Professional

This role should be able to identify physical health issues that may be contributing to or exacerbating a mental health crisis, including psychosomatic drug interactions. They should be able to administer single-dose psychiatric medicines and have training in harm reduction theory and approaches. They can also assess and triage for higher levels of medical care as needed.

- Recommended position: Psychiatric Nurse Practitioner (Psych-NP)
- *Other possible positions: Nurse Practitioner (NP), EMT, Paramedic*

Why a three-person team?

These three distinct roles create a team that can effectively provide the necessary range of specialized services and can engage in organic collaboration to address each crisis. Cities who have implemented similar models spoke to the advantage of team members taking different roles in each scenario based on each client's needs and preferences.

Why is the mental health specialist conducting 5150 assessments?

The SCU's aim is to reduce the overall number of involuntary holds through effective crisis intervention, de-escalation, and stabilization. However, ensuring the SCU has the ability to conduct 5150 assessments and involuntary holds rather than calling in the police to do the assessment can reduce interactions between people experiencing mental health crisis and police. Additionally, enabling the SCU to conduct the 5150

assessment is a more trauma-informed model because it eliminates the need for a person in crisis to interact with multiple teams and reduces the time it takes to respond to a crisis from start to finish.

Why is there a peer on the team?

The peer is a critical member of the crisis team. Other systems shared that a person in crisis may be most responsive to a peer who has gone through a similar experience and that, at times, peers' unique training and skills allow them to engage that person more effectively than other specialties. Berkeley stakeholder participants emphasized the invaluable contributions of peer specialists, noting that they may be best equipped to lead the de-escalation before the mental health specialist or medical professional steps in to administer care because a person in crisis may be most responsive to someone that has similar lived experience.

Why is there a medical professional on the team? Why a Psych-NP?

Mental health and physical health needs often co-present, with physical needs ranging from basic first aid (e.g., wound care, dehydration) to reactions to substances, such as overdoses or drug interactions. A medical professional, such as a Psych-NP, brings the clinical expertise to understand how physical ailments, chronic medical conditions, and psychiatric conditions affect a service utilizer (e.g., someone with hypertension and schizophrenia using methamphetamines). Other medical professionals, such as NPs, may also have sufficient training to meet the mental health and substance use needs of service utilizers. These situations do not require the expertise of a paramedic or doctor who are trained to respond to emergencies and deliver life-saving care.

Considerations for Implementation:

- The number of mobile teams required will be based on multiple variables including community needs, call volume, and budget (for a more in-depth description, *refer to recommendation #12*).
- There may be challenges in staffing the SCU mobile team with these specific roles, such as the Psych-NP. The SCU model may need to allow for a variety of specialists to fill each of the three main roles.
- Across these roles, the SCU mobile team should have the following competencies:
 - Lived experience of behavioral health or mental health needs, homelessness, addiction or substance use, and/or incarceration
 - Emphasis on dual diagnosis (mental health and substance use) training, psychosomatic interactions, substance use management, and harm reduction
 - Identities reflective of those most harmed by the current system of care and/or those who are most likely to use or benefit from the SCU services
 - Multilingual
- Across these roles, the SCU mobile team will need to be trained on a variety of topics (for a full list, *refer to recommendation #14*). These may be desirable prerequisite skills, such as:
 - Disarming without the use of weapon
 - Motivational interviewing
 - Naloxone administration
 - Harm reduction
 - Trauma-informed care

Recommendation #4

Equip the SCU mobile team with vans.

Based on the scope of services, the SCU mobile team will need a vehicle to arrive at each call, carry equipment and supplies, and transport clients to another location. A well-equipped van should be both welcoming and physically accessible to clients and easily maneuverable by staff.

SCU vans should include:

- Wheelchair accessible features
- Lights affixed to the top of the van, allowing for sidewalk parking
- Locked supply cabinets
- Rear tinted windows for client privacy
- Rear doors not operable from the inside
- Power ports to charge laptops, tablets, and phones
- Comfortable seating
- SCU logo on the side of the van so the community can easily identify the team

SCU vans should **not** include:

- Sirens
- A plexiglass barrier between the front and back seats

Why not use an ambulance?

There are several reasons why an ambulance is not the appropriate vehicle for the SCU:

- Ambulances must transport to a receiving emergency department when transporting from the field (a call for service from a community member), which may not always be the most appropriate end point for the level of care required (*refer to recommendation #5*).
- Ambulances require a special license to drive and would require the inclusion of an EMT or paramedic on staff and would therefore increase the expense of the SCU.
- Ambulances are more expensive to purchase and maintain than a van.
- A van is potentially less stigmatizing and traumatizing for a person in crisis.

Why were these specific features chosen?

All van specifications are based on lessons learned from alternative crisis response programs in other cities and experiences and insight shared by the Berkeley Fire Department. Many van features, such as locked supply cabinets and locked rear doors, are designed to increase the safety of both crisis responders and a person in crisis. Other van features support the SCU mobile teams to provide a variety of services.

Why shouldn't the van have sirens or a plexiglass barrier?

Sirens can draw unnecessary public attention, thereby reducing privacy for a person in crisis, while both sirens and plexiglass barriers can exacerbate the stigmatization, traumatization, and criminalization of mental health and substance use crises.

Considerations for Implementation

The number of vans required will be based on the number of SCU mobile teams and shift structure/overlap (*refer to recommendation #12*).

Recommendation #5

The SCU mobile team should provide transport to a variety of locations.

The SCU should provide a level of care appropriate to each specific crisis with the aim of de-escalating crises, preventing emergencies, and promoting well-being. The SCU will transport service utilizers in the SCU van (*refer to recommendation #4*) unless there is a medical need that requires the SCU to request an ambulance for transport.

The SCU will transport service utilizers to:

- Inpatient units of psychiatric emergency departments
- Primary care providers, psychiatric facilities, or urgent care
- Crisis stabilization units, detox centers, or sobering centers
- Drop-in centers and other CBOs
- Shelter or housing sites
- Domestic violence service sites
- Long-term programs including residential rehabilitation sites
- Requested public locations (e.g., parks)
- Requested private locations (e.g., home)

Considerations when deciding transport location:

- Transport can be voluntary or involuntary, based on a 5150 assessment
- The SCU should be able to deny the request of a person in crisis for transportation based on their assessment of the appropriate level of care
- The SCU will need to assess safety or liability concerns for the service utilizer or other bystanders based on transport location (e.g., not transporting an intoxicated person home where another person is present at the home)

Why should the SCU transport service utilizers to so many different locations?

The SCU model aims to support diversion of people experiencing crises away from jails and hospitals and into the appropriate community-based care and resources. Some crises can be resolved on scene, while others will require transport to another location. Even if a crisis is de-escalated on scene, service utilizers may benefit from being transported to another location for additional care or resources. Throughout this project, stakeholder participants emphasized that the level of need outweighs the available resources and providers in Berkeley and Alameda County. Providing transport to a variety of locations and resources allows the SCU to provide the level of care appropriate to each specific crisis and increases the possibility of providing care in an overwhelmed service network. *Refer to Section V for long-term recommendations for addressing the needs of the service network.*

Considerations for Implementation

- Established, trust-based relationships with community partners and warm handoff procedures will improve overall quality of care and can reduce the amount of time required when dropping off a client.
- Staff at emergency facilities will need to be familiar with the SCU, including the van, logo, and uniforms, to be prepared to receive transported clients in a timely and responsive manner, reducing “wall time.”
- Triage criteria and workflows should support the SCU in assessing where and how to transport a person in crisis.
- Triage criteria and workflows for transport should address the safety implications for both the person in crisis and other community members.

Recommendation #6

Equip the SCU mobile team with supplies to meet the array of clients' needs.

The SCU will be responding to a variety of calls, each with their own specific needs. The supplies needed will vary depending on the call. Below is a suggested list of supplies the SCU should carry, generated from the input of stakeholders and other alternative crisis response programs. These supplies will facilitate a harm reduction approach and directly contribute to the health and well-being of the person in crisis.

- | | |
|-------------------------|---|
| Medical supplies | <ul style="list-style-type: none"> • First aid kit • Personal protective equipment • Wound care supplies • Stethoscope • Blood pressure armband • Oxygen • Intravenous bags • Single-dose psychiatric medications |
|-------------------------|---|

- | | |
|--------------------------------|---|
| Client engagement items | <ul style="list-style-type: none"> • Food and water • Clothing, blankets, and socks • Transportation vouchers • "Mercy beers" and cigarettes • Tampons and hygiene packs |
|--------------------------------|---|

- | | |
|----------------------------------|--|
| Community health supplies | <ul style="list-style-type: none"> • Safe sex supplies and pregnancy tests • Naloxone • Clean needles and glassware • Sharps disposal supplies |
|----------------------------------|--|

- | | |
|-------------------|--|
| Technology | <ul style="list-style-type: none"> • Cell phones • Data-enabled tablets • Computer Aided Dispatch (CAD) • Police radio |
|-------------------|--|

- | | |
|-----------------|--|
| Uniforms | <ul style="list-style-type: none"> • Casual dress: polo or sweatshirt with the SCU logo |
|-----------------|--|

Why does the SCU need to carry client engagement items?

These items can help initiate an interaction while also meeting the basic needs of clients while they are experiencing a crisis.

Why does the SCU need to carry community health supplies?

These supplies can help address an underlying physical health need or provide harm reduction for substance use crises.

Why does the SCU need technology and uniforms?

The team needs cell phones and data-enabled tablets for mobile data entry. The tablets should be preloaded with an electronic health record (EHR) application so staff can access client history to provide more effective, tailored care. Wearing a casual uniform can help the team appear more approachable to clients and be easily identifiable. Uniforms that look more like traditional emergency response uniforms can be triggering for clients who have had traumatic experiences with emergency responders.

Considerations for Implementation

- The need for basic provisions among service utilizers is often significant and therefore affects the model's budget. To effectively plan for the program budget, San Francisco's Street Crisis Response Team shared that they budgeted for \$20 in supplies per client contact but quickly exceeded their \$10,000 annual budget. Denver's STAR program noted that these supplies were in high demand and the budget was supplemented with donations.
- Staff should track which supplies are used most often and which supplies are requested by clients that the SCU does not carry.

Recommendation #7

Clearly distinguish the SCU from MCT.

Once the SCU model is implemented, there will be two teams responding to mental health crisis calls in the City of Berkeley: the Specialized Care Unit and the Mobile Crisis Team. It will be necessary to clearly distinguish the role of these two teams so that the proper response is deployed for each situation. The general public will also need to be informed regarding the two teams, how to access them, and why.

Suggested scenarios when MCT and Police should be deployed instead of the SCU:

- If there is a confirmed presence of a serious weapon during a mental health crisis, the police and MCT would be deployed.
- If the police request mental health support during a crisis, MCT will be deployed as a co-response.
- If the SCU is on a call and needs backup or cannot successfully intervene, they would call for an MCT-police co-response.

If there's an SCU, why should the MCT still exist?

When the police respond due to the presence of a weapon or other element outlined above, a joint response that includes clinical staff to support the intervention is a best practice and community asset, delivering a trauma-informed response focused on de-escalation. This is especially true for a person in crisis with past traumatic experiences with the police. The MCT remains an important resource that can reduce the negative impacts of police presence during situations where a mental health crisis intersects with issues of imminent public safety.

Why is it important to distinguish MCT from the SCU?

Trust & Acceptability of SCU: MCT responds to the majority of their calls with police backup. Because SCU is a non-police crisis response option, clearly distinguishing the two models will be essential in establishing and maintaining community trust to increase utilization of the SCU, particularly among groups most at risk of harm from police violence.

Logistics for Deploying the Right Team: Dispatch will need tools and training to clearly differentiate the teams' roles to effectively deploy the right team for each mental health crisis call.

Considerations for Implementation

- All triage criteria and workflows need to be reflective of the differentiation between SCU and MCT. This includes the triage criteria and workflows for Dispatch and/or the alternative phone line and Alameda County's Crisis Support Services (CSS) (*refer to recommendation #9*).
- The distinction between MCT and the SCU, particularly around availability and police involvement, should be emphasized in the public awareness campaign (*refer to recommendation #24*).
- Tracking the acuity levels of calls, as well as whether MCT and police were called in for backup, can help refine the Dispatch process and ensure that the right team is deployed.

Accessing the SCU Crisis Response: Dispatch & Alternative Phone Number

Implementing the SCU as a 24/7 mental health and substance use crisis model requires that community members have reliable and equitable access to the team. By integrating the SCU crisis response into 911 and Dispatch's processes, mental health crisis services will be elevated to the same level of importance as Fire and Police when calling for emergency services, thus promoting community access to specialized crisis care. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning processes.

The need to develop and implement the SCU model is urgent. Yet Dispatch is a complex, under-resourced, and overburdened system. To achieve structural change that ensures sustainability, significant planning and coordination is essential.

There are several possibilities for how to advance the SCU-911 integration aligned to the phased implementation approach. The following recommendations are aligned to best practices and emerging alternative models and responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored, assessed, and discussed across City of Berkeley leadership:



Key Recommendations

- 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.**

Recommendation #8

Participate in the Dispatch assessment and planning process to prepare for future integration.

Ultimately, the SCU should be integrated into 911 and Dispatch protocols. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning.

Dispatch, through the Berkeley Fire Department, has conducted a Request for Proposal process and selected a consulting firm to support enhancements to the deployment of Fire and EMS/Ambulance services. That assessment and planning process should integrate SCU implementation, preparing for the SCU to be a mental health emergency response on par with police and fire emergency calls.

If this is a non-police response model, why is Dispatch involved?

An effective mental health crisis response that increases community safety, well-being, and health outcomes relies on the SCU actually being deployed to community members in crisis. Dispatch has established infrastructure and technology that could effectively and safely deploy the SCU mobile team. Moreover, 911 is a well-known resource to the general public, which many people do seek during crises. In 2017, Dispatch received 256,000 calls.¹⁶ For these reasons, integration of the SCU into 911 and Dispatch's processes is an important method for deploying the SCU team to people experiencing a mental health or substance use crisis.

Will another assessment and planning process delay the launch of the SCU?

Dispatch's expertise and experience are a critical asset to lead the assessment, planning, and implementation of revised 911 procedures that include the SCU. The Dispatch assessment and planning project is slated to begin in 2022; by incorporating assessment and planning for the SCU into an existing project, it will initiate the process several months sooner than if a separate and new project were to be initiated. Additionally, integrating both projects will ensure consistent and simultaneous efforts rather than disjointed efforts that require backtracking or undoing of work and decisions.

Considerations for Implementation

- A systems-change initiative of this magnitude will need identified shared aims and goals.
- A systems-change initiative of this magnitude will need Dispatch leadership to champion the effort and communicate early, often, and positively about the upcoming changes.
- By participating in Dispatch's assessment and planning processes, the SCU model can identify opportunities early on that support the integration, such as using aligned terminology and data collection processes.
- A Dispatch representative should join the SCU Steering Committee (*refer to recommendation #20*).
- Dispatch leadership should join the model's centralized coordinating body (*refer to recommendation #19*).

¹⁶ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

Recommendation #9

Ensure the community has a 24/7 live phone line to access the SCU.

Implementing the SCU as a 24/7 mental health and substance use crisis model requires a 24/7 live phone line to ensure community members have reliable and equitable access to mental health crisis response. The 24/7 availability is essential for community members to feel confident in the availability of the mental health crisis response, as stakeholders reported that MCT’s alternative phone number—which is not live and relies on voicemail and callbacks—does not feel like a reliable resource during crises.

The need to develop and implement the SCU model is urgent and at the same time must achieve structural change to ensure sustainability. Implementing a process for the short-term that must be undone would be an inefficient use of funds and may confuse the public and exacerbate distrust. For these reasons, the following three options should be further considered and assessed for how to most effectively ensure 24/7 live access to the SCU crisis response:

1. Option A: Use the existing 911 Communications Center (“Dispatch”) to deploy the SCU.
2. Option B: Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.
3. Option C: Use the 988 National Suicide Prevention Lifeline to receive, triage, and assess all mental health crisis calls.

Table 1 below highlights several factors to consider related to timeline and staff capacity, funding, safety, system integration, and public awareness. Based on these factors, it appears that Option A (using the existing 911 Communications Center to deploy the SCU) would be the best option for the City of Berkeley. However, these factors should be further discussed by City of Berkeley leadership across HHCS and Dispatch with careful consideration of the phased implementation approach and timeline.

Table 1: Options and factors to assess when planning for the community to have 24/7 live phone line access to the SCU.

	Option A <i>*Recommended Option*</i>	Option B	Option C
	Use 911 and existing Communications Center (“Dispatch”) to deploy the SCU.	Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.	Use the 988 national phone line to receive, triage, and assess all mental health crisis calls.¹⁷
Timeline & Staff Capacity	<p>Assess Dispatch’s ability to recruit, hire, and train new staff on a timeline aligned to the phased implementation approach.</p> <p>Consider the amount of resources and time required for Dispatch to train existing staff on new protocols.</p> <p>Consider Dispatch’s capacity to support the SCU adoption and integration in addition to the current accreditation process.</p>	<p>Assess whether a CBO can realistically implement both the SCU model and an alternative phone number (i.e., call center), including recruiting, hiring, and training all new personnel.</p>	<p>Monitor the alignment of national, state, and county timelines for 988 implementation.</p> <p>Assess whether the 988 call center will be staffed appropriately for the additional call volume brought in by requests for SCU.</p>
Funding	<p>Estimate the additional funds required for Dispatch to recruit new personnel (i.e., a recruitment team) and manage the Human Resource capacity to support additional staff.</p>	<p>Estimate the cost to create and operate an independent 24/7 live alternative phone line.</p>	<p>Explore the amount of funding and resourcing available for 988 to assess whether the funds sufficiently support the 24/7 SCU.</p>

¹⁷ Gold, J. (2021). How will California’s new 988 mental health line actually work? *U.S. News*. <https://www.usnews.com/news/health-news/articles/2021-10-12/how-will-californias-new-mental-health-hotline-actually-work>

Option A (Recommended)

Option B

Option C

Safety Promotes Safety

Evaluate and compare each option’s ability to establish protocols or infrastructure to support the safety of crisis responders and community members.

Dispatch already has established protocols and technology to track the crisis responder’s location/position through CAD.

Assess the resources and timing required for a CBO to ensure sufficient training on the use of the CAD system and radio communication.

Assess the ability for existing Alameda CSS and 988 technology to integrate with Dispatch’s CAD system and radio communication.

Dispatch already has established protocols and technology to maintain radio communication between Dispatch and crisis responders, especially during rapid changes in a situation.

Assess workflows and processes that would affect the number of times a caller must repeat triage/assessment; estimate whether there will be an increase in dropped calls.

Evaluate the effectiveness of existing processes to transfer calls between Alameda CSS and Dispatch.

Dispatch already has established protocols and technology to streamline the handling and transfer of calls so that a person in crisis does not have to repeat their story multiple times, thereby reducing the number of dropped calls.

Consider if a non-911 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Consider if the 988 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Risks to Safety

Evaluate and compare the potential risks to the safety of crisis responders and community members across each option.

Consider whether Dispatch will be more likely to deploy the police than the SCU during initial model implementation.

Consider whether alternative phone line personnel will be more likely to deploy the SCU than transferring calls to 911.

Consider whether community members will be confused about 988 and may believe it is only for suicide prevention rather than the full spectrum of mental health and substance use crises, and therefore be less likely to call 988.

Evaluate whether community members’ fear of a police response, will reduce the utility, acceptability, and accessibility of the SCU.

Evaluate whether community members will be more likely to call an alternative phone number than 911 if they are experiencing a mental health or substance use crisis.

Option A (Recommended)

Option B

Option C

System Integration

N/A
(911 is already integrated with Berkeley Fire, Falck, and Alameda County CSS)

Explore the process for a CBO to assess and prepare callers if they need to transfer the call to 911, such as if the presence of weapons is confirmed. Evaluate the effects, such as a slowed response time or increased risk of a dropped call.

Consider whether the transfer of calls to 911 (i.e., calls ineligible for SCU) will undermine community trust in the alternative phone line.

Determine the feasibility of integrating a CBO’s technology to allow for the transfer of calls between Alameda CSS and Dispatch.

Determine the feasibility of a CBO’s technology to receive calls from Fire and Falck if they request the SCU.

Determine whether Alameda County will be able to deploy a Berkeley-specific team (the SCU) for only Berkeley residents as a component within the larger 988 model.

Assess what will be required for a county system to deploy a model administered by a CBO, such as additional contracts, MOUs, or staff licensure requirements.

Public Awareness

Consider what will be required of a public awareness campaign to build community trust in 911 to deploy the SCU as a non-police response.

Consider what will be required of a public awareness campaign to inform Berkeley residents both about the SCU as a non-police crisis response and promote an alternative phone number to access the SCU.

Assess the public awareness and education planned for 988.

Assess whether the Alameda County 988 public awareness campaign can be adjusted for Berkeley to communicate the availability of the SCU through 988.

Why consider different options for phone access to the SCU?

The numerous factors that should be assessed to determine the best option for phone access to the SCU will require a significant amount of collaboration and detailed planning across city leadership, which requires time throughout Phase 0. The general public is familiar with 911 as a crisis response resource. As a result, 911 could be an important method of ensuring mental health and substance use crises are routed to the SCU mobile team. However, stakeholders, especially residents of color and Black residents, consistently shared that the fear of physical violence, criminalization, or retaliation by police in response to mental health and substance use emergencies is a barrier to calling 911. Therefore, a non-911 option may support community members to feel confident in the SCU as a non-police mental health crisis response. Considering and assessing the full array of options will ensure the best approach for a reliable and equitable access to 24/7 mental health crisis response.

Why is Option A elevated as the recommended option?

Overall, Option A is recommended because it appears to be a better fit for the SCU model. It will most likely be the more cost-effective option, will allow for the SCU mobile team to be launched soonest, and will align to the phased implementation approach and the future integration of the SCU into 911.

By pursuing Option A, preparation with Dispatch can begin sooner than the other options, thus allowing for additional time to plan and prepare. This additional planning time can be used to address concerns regarding safety, community trust, and public awareness. Integrating the SCU into 911 from the initial phases of implementation may also support a streamlined and efficient integration. In contrast, Option B will likely require significantly more funding to create an entirely new call center, which may become obsolete once 988 is implemented, nationally. The feasibility and expense of standing up an entirely new call center (option B) may be prohibitive. Option C will require significant coordination with Alameda County and has many implications that are outside of the control of the City of Berkeley, which could cause delays or challenges to the implementation of the SCU model.

Additionally, 911 has established technology and infrastructure for receiving and triaging phone calls, deploying crisis responders, tracking the crisis response to promote responder safety, and collecting data that is essential for monitoring, evaluation, and follow-up. Moreover, for the public awareness campaign, it may be easier to communicate the SCU as a non-police response through 911 than it is to both communicate the SCU as a non-police response and to publicize an alternative phone number.

Why might the model implement an alternative phone number? (Option B or Option C)

First, due to existing community distrust of policing systems, it is important to establish the SCU response as a non-police response. By implementing the alternative phone number first, community members may be encouraged to utilize the SCU. Second, the existing Dispatch system is complex, overburdened, and underfunded. In order to have a successful integration of the SCU within 911, it may require more time for planning for a sustainable integration that ensures community safety. Third, lessons learned from other cities implementing alternative models may indicate this order would support SCU success. For example, the Portland Street Response team can be accessed through both 911 and a non-emergency phone number connected to Dispatch. However, they found that calls from 911 were prioritized rather than calls from the alternative line when deploying the team. Berkeley will need to establish clear prioritization and triage protocols so that the highest-acuity calls receive adequate responses, rather than the response being determined by the source of the call.

Do other cities use multiple phone numbers?

From the reviewed models, at least seven use two or more lines for emergency crisis calls:

- Olympia, WA: Crisis Response Unit
- Sacramento, CA: Department of Community Response
- Austin, TX: Expanded Mobile Crisis Outreach Team (EMCOT)
- Oakland, CA: Mobile Evaluation Team (MET)
- Portland, OR: Portland Street Response
- Eugene, OR: Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Denver, CO: Supported Team Assisted Response (STAR)

If the model uses an alternative phone line, what happens if people still call 911 when they are having a mental health crisis?

Dispatch should have the option to forward calls to the SCU alternative phone line, where those staff can triage the call and deploy the SCU. Establishing these protocols will be part of the assessment and planning process. It is also important that a public awareness campaign promotes access to the SCU team (*refer to recommendation #24*).

Additional Considerations for Implementation:

- The phone line will require dedicated office space and equipment to process calls and deploy the SCU.
- The phone line will need technology and protocols to ensure data collection and integrity to support monitoring and evaluation (*refer to recommendations #22 and #23*).
- The phone line will require enough staff to maintain a 24/7 live response including staff to receive calls and supervisory staff. This team will need to be sufficiently staffed to account for shift overlap, sick leave, and vacation time.
- Additional data collection and planning will be required to determine the adequate number of call takers and fully implement the phone line.
- Option A may require that Dispatch makes more gradual changes to triage criteria, deploying the SCU to a more limited scope of call types with a gradual increase in SCU deployment through Phase 1 implementation.
- Either option B or option C would still require the phone line entity to collaborate with Dispatch to develop types of calls, triage criteria, and workflows to allow for future integration of SCU into Dispatch.
- The future structure of the 911 Communications Center within Berkeley Police Department should be evaluated (*refer to Section V*).

**Please note: Dispatch uses specific terminology that may not be accurately represented here. The language in these recommendations should be understood from a lay perspective rather than rigid technical language (e.g., call takers versus dispatchers, assessment versus triage versus decision-trees).*

Recommendation #10

Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Embedding a mental or behavioral health clinician within the Dispatch represents a new process for Berkeley's Dispatch and broadens Dispatch's lens from being solely a Police entity to an entity that includes clinical specialists. Dispatch must be involved in planning for this additional team member.

Why should Dispatch have a clinician in the call center?

Embedding a mental health clinician in emergency call centers is an emerging best practice, though only a few cities nationally report staffing their call centers with clinicians. The few cities that have included mental health clinicians in their call centers have found them to be a useful resource. Where implemented, clinicians provide specialized training for call takers to handle behavioral health crisis calls, receive transferred behavioral health crisis calls, and provide guidance.¹⁸

How does having a clinician in Dispatch promote community or crisis responder safety?

Berkeley Dispatch is deeply committed to the safety of crisis responders. In interviews for this project, Austin's EMCOT program¹⁹ shared that embedding a clinician within their call center increased communication around safety and risk assessment during triage, including increased deployment of the crisis response team. They also shared that this integration improved handoffs for telehealth conducted by the clinician. Berkeley should plan for embedding a clinician in Dispatch to support with de-escalation and determinations because it could promote safety.

Why does the clinician need to be part of planning in Phase 0 if implementation is in Phase 1?

This change represents a structural shift for Dispatch, incorporates new roles for a specialized skillset, and changes several workflows. As a result, having a clinician participate in planning in Phase 0 will support successful implementation in future phases. Additionally, given the current significant understaffing and under-resourcing of Dispatch, the clinician can augment staff capacity without Dispatch having to acquire a new, specialized skillset.

Considerations for Implementation:

- Calls that do not require an in-person response should continue to be sent to Alameda County CSS for phone support.
- Staffing structures will need to be adapted, such as determining which roles supervise the clinician and which roles the clinician supervises.
- The clinician may be able to provide training and ongoing professional development to support call takers to identify and address mental health calls.
- There may be a need for multiple clinicians depending on their role and the call volume.
- This recommendation will need to be adapted based on how recommendations #8 and #9 are implemented.

¹⁸ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

¹⁹ Read more about the EMCOT program here: <http://www.austintexas.gov/edims/pio/document.cfm?id=348966>

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

There are many considerations for realizing the full implementation of a 24/7 model including hiring personnel, establishing clear roles, and providing office space and required materials. Staffing a comprehensive model should seek to address the perceived challenges of existing crisis response systems throughout Berkeley, such as not having 24/7 availability or sufficient staff capacity.

The following recommendations are designed to leverage the lessons learned from other cities implementing non-police crisis response models and be responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored as launch and implementation progresses:



Key Recommendations

- 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 travel to alternative crisis programs for in-person observation and training.**
- 14. Prepare the SCU mobile team with training.**

Recommendation #11

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

In addition to the three-person SCU mobile team (*recommendation #3*), the 24/7 live phone line (*recommendation #9*), and the clinician in Dispatch (*recommendation #10*), the SCU will require supervisory and administrative support roles. These roles will support the day-to-day services and operations of the SCU mobile team. They also will participate in case management meetings (*recommendation #18*), rapid assessment and monitoring (*recommendation #22*), and model evaluation (*recommendation #23*).

Recommended Personnel Roles & Types of Responsibilities²⁰:

Program Manager

- Review data from implementation, lead rapid assessment process, support changes and iteration to model
- Liaise with city, Dispatch, and central leadership around implementation, rapid assessment, and coordination
- Manage contract and budget
- Manage scheduling and shifts

Clinical Supervisors

- Oversee and support SCU mobile team, provide consultation for medical and mental health services
- Plan and lead training and professional development for SCU mobile team
- Collaborate with peer specialist supervisor on how to best support SCU mobile team
- Share client and staff feedback to program manager for rapid assessment and monitoring

Peer Specialist Supervisor

- Oversee and support peer specialists on SCU mobile team with an emphasis on emotional support for peers
- Plan and lead training and professional development for SCU mobile team, with an emphasis on utilizing peer specialists and other forms of team communication and support (e.g., advocacy, equal value, communication)
- Collaborate with clinical supervisor

Call Takers / Call Center (*pending implementation of recommendations #8-10*)

- Receive calls from the 24/7 live phone line; triage calls and deploy SCU mobile team, as required
- Receive calls from Dispatch
- Transfer calls that do not require in-person services to Alameda County CSS
- Participate in case management care coordination meetings, as relevant

²⁰ Refer to **Appendix B** for the number of personnel, availability, shifts, and a sample shift structure

Considerations for Implementation

Availability or shift structure for roles:

- The program manager and peer specialist supervisor roles should be available during traditional business hours.
- The clinical supervisor role should be available 24/7 and will require redundancy in hiring.
- The call center will need to be staffed to ensure a 24/7 live phone line. If Option B is pursued (*refer to recommendation #9*), the call center should be situated within the SCU model rather than a separate CBO. This could promote morale and team identity and will increase the quality and efficiency of communication.

Office & Equipment Needs:

- The SCU model will need an office space that accommodates all personnel and their roles, such as daily huddles, desks, and equipment.²¹
- Stakeholders suggested that the SCU would benefit from developing relationships with service utilizers and their families. If these opportunities are pursued as part of the SCU's function, then office space could also accommodate service utilizer and family consultations and/or open "office hours" for relationship building.

²¹ Refer to **Appendix C** for the budget and additional office equipment needs, such as computers, phones, printers, etc.

Recommendation #12

Operate one SCU mobile team per shift for three 10-hour shifts.

In order to staff a crisis response model that operates 24/7, the SCU should staff one mobile team per shift for three 10-hour shifts. We estimate that the SCU would respond to three to six incidents per 10-hour shift, with each incident requiring 20 to 120 minutes for response and closure. This should generally be manageable by one SCU mobile team.²²

Why 10-hour shifts?

Based on feedback from those operating similar models as well as from community stakeholders, 10-hour shifts are common in residential settings and tend to work well for clinical and mental health staff. There are often labor union protections for shifts longer than 10 hours. Three 10-hour shifts would provide 24/7 coverage while allowing for some overlap before and after each shift.

Why should shifts overlap?

The SCU mobile team shifts should overlap so that the team can conclude engagement with a person in crisis before their shift ends. The next shift would be able to respond to a crisis call that comes in towards the end of the preceding team's shift. The overlap also supports team huddles for care coordination. The shift structure and overlap should include time for the required paperwork at the end of the shift so that there is not an expectation that paperwork is completed during off hours.

Will one SCU mobile team be sufficient?

This estimate is comparable to the call and incident volume reported by Denver's STAR pilot, Portland's Street Response pilot, and Eugene's CAHOOTS program. Though the city population of Denver and Portland are 5.8 and 5.3 times larger than Berkeley's population, respectively, their pilots are restricted to smaller geographic units of the city; Denver and Portland both operate only 1 mobile crisis response team per shift. Eugene's city population is 1.4 times the population of Berkeley, and Eugene operates 1 crisis team per shift, with an additional team during peak hours of 10am-12pm and 5pm-10pm.²³

Considerations for Implementation

- Staffing structure will require redundancy to allow for personnel to take vacation and sick days, and in anticipation of periodic vacancies.²⁴
- Staffing structure may need to plan for on-call or floater shifts.

²² Estimates for SCU call volume are based on analysis of call and service volume by MCT from 2015 to 2019, the Auditor's Report and analysis of Berkeley Police Department's call and service volume from 2015 to 2019, and analysis of Berkeley Fire's and Falck's transport volume and time on task from 2019 to 2021. Please refer to **Appendix D** for more specific analysis and estimates.

²³ The City of Eugene (2019-03240). <https://www.eugene-or.gov/DocumentCenter/View/56579/2019-03240-White-Bird-CAHOOTS-Services---SIGNED>

²⁴ Refer to **Appendix B** for the number of personnel, availability, and a sample shift structure.

Recommendation #13

SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

Although Berkeley's SCU model will be uniquely designed and tailored for the Berkeley community, there are many opportunities to learn from successes and challenges of other models that have implemented non-police mental health crisis response programs. For example, the Denver STAR team shared that their Dispatch team benefited greatly from traveling to Eugene, OR to observe and learn about the CAHOOTS model and plan their deployment protocols.

Options for city programs to visit:

- CAHOOTS: Eugene, OR
- STAR: Denver, CO
- EMCOT: Austin, TX

Recommended personnel to attend:

- Dispatch: Supervisor
- SCU: Clinical Supervisor and Program Manager
- Phone line staff, as relevant (refer to recommendation #9)

Potential program components to observe during site visit:

- Triage criteria and workflows
- Assessing for risk and safety
- Working with the mental health clinicians embedded in Dispatch
- Coordinating and prioritizing calls between 911 and an alternative phone number
- SCU mobile team services and team coordination
- Role clarification

Why should Dispatch and SCU staff travel to these sites together?

This training opportunity would support the collaboration between the SCU and Dispatch in planning for the phased integration. By traveling to the sites together, SCU and Dispatch will not only hear the same questions and answers but can ideate and collaborate on adaptations for the Berkeley SCU model. Finally, this is an important opportunity for relationship building between SCU staff and Dispatch, which is essential to this systems-change initiative.

Considerations for Implementation

- Travel costs will need to be included in the initial budget; estimates for consulting fees from the sites are already included.²⁵

²⁵ Refer to **Appendix C** for the estimated SCU model budget.

Recommendation #14

Prepare the SCU mobile team with training.

The SCU will require training in a set of specific skill areas to be best equipped to provide mental health crisis response. The personnel hired should already have demonstrated their specialized skill set in previous employment settings; training will therefore support the team to align on how to implement their skills. Training also supports teams to work together and with other entities effectively, such as Dispatch, which is essential in crisis response.

The SCU mobile team should be trained in the following topics:

- General de-escalation techniques
- Disarming without use of weapon
- Substance use management
- Naloxone administration
- Harm reduction theory and practice
- First aid
- Situational awareness and self-defense
- Radio communication
- Motivational interviewing
- Implicit bias, cultural competency, and racial equity
- Trauma-informed care
- Training on data collection protocols and data integrity (refer to recommendations #17 and #18)
- Compliance with confidentiality and HIPAA when interacting with Police and/or Dispatch

How long will it take to train staff?

Eugene's CAHOOTS program includes at least 40 hours of classroom training and 500 to 600 hours of field training for all new staff.²⁶ This equates to 12.5 to 15 weeks of training when calculated on a full-time basis.

What informed these suggested training topics?

These training topics were generated from a variety of alternative model program recommendations and input from Berkeley service providers and community stakeholders.

Considerations for Implementation:

- The phased approach timeline incorporates an estimate aligned to CAHOOTS' model, with room for adaptation.
- Training should be provided to all new SCU staff as they are added to the team, regardless of start date.
- Additional training topics may be identified by the SCU team.

²⁶ Beck, J., Reuland, M., & Pope L. (2020). Case Study: CAHOOTS. Vera. <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

Administration and Evaluation

There are many considerations for effectively administering and monitoring implementation of a new, 24/7 mental health crisis response model. Effective implementation includes ongoing collaboration and decision-making at both the structural and provider levels.

At a structural level, the SCU model will require cross-system coordination for implementing new processes and therefore will require leadership across the City of Berkeley and SCU to collaborate around ongoing program monitoring, data review and transparency, and system integration. At a provider level, the SCU model will require collaboration and communication to support care coordination and case management for people that have experienced crisis as well as to elevate emerging challenges and successes.

Moreover, the community can—and must—provide essential advisory capacities. The community should be actively engaged to provide input and feedback throughout the planning and implementation of the SCU, including through the SCU Steering Committee and ongoing opportunities for the general public.

The following recommendations were informed by the lessons learned from other cities implementing alternative crisis models and aim to be reflective of the perspectives shared by the project’s stakeholder participants. Each recommendation should be a starting point to promote cross-sector collaboration, adjusting to accommodate the evolution of the SCU:



Key Recommendations

- 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.**

Recommendation #15

Contract the SCU model to a CBO.

The administrative structure of crisis response systems across the country varies significantly. Some are administered by government agencies, some are run in collaboration between a government agency and CBO, and some are entirely operated by CBOs. There are several reasons why the SCU model should be contracted to a CBO, at least through Phase 2 of the phased implementation approach.

The SCU crisis response model would benefit from being contracted to a CBO for several reasons:

- **Supports a quick launch:** CBOs are often able to move more nimbly than government agencies, especially as it relates to hiring; adequately staffing the SCU mobile crisis team is a critical element in timely implementation. Given the urgent need, the ability to launch the SCU quickly and provide non-police mental health crisis response services is critical.
- **Established relationships with community members:** Stakeholders made it clear that CBOs have developed strong relationships with service utilizers accessing mental health support, homelessness resources, street medicine, and system navigation and referrals. CBOs in Berkeley have expertise in the community that can be leveraged to advance the SCU's crisis response efforts.
- **Referral networks and partnerships:** A CBO with established networks and partnerships would be well positioned to support service utilizers with referrals as well as transport to community-based resources. Additionally, these relationships can support warm handoffs at transport locations.

Considerations for Implementation

- To contract with a CBO, the City of Berkeley will have to issue a Request for Proposals (RFP). The RFP process will need to evaluate a CBO's capacity to develop and implement a model of this size on this timeline.
- The City should identify a backup plan if no qualified CBOs respond to the RFP.
- The CBO's practices should align to the values and principles of the SCU. The City may need to use contracts and MOU specifications to require:
 - Adequate and equitable wages for all SCU staff and crisis responders, especially peer specialists and peer specialist supervisors.
 - A representative and equitable hiring process that prioritizes staff who are reflective of those most marginalized and harmed by existing crisis response options and the criminal legal system.
 - Necessary data and metrics to collect and report as well as ensuring sufficient technological systems to meet these needs.
- CBOs may face challenges inherent in the contract structure, which should be evaluated and protected against as these challenges can undermine sustainability and longevity.
 - Short-term funding: only funding the SCU in one-year increments can reduce staff retention and inhibit investments in operations (*refer to Section V*).
 - Overhead costs: allocate enough funds for overhead costs (e.g., salary, training, and office equipment), which are critical to SCU success.
 - Contract monitoring: data collection, monitoring, and evaluation are essential to the success and iteration of the SCU but should not be prohibitive to the work.
- There may be additional needs or considerations around data and system integration (*refer to recommendation #16*) and the collaboration across administration and leadership if a CBO implements the SCU; these may need to be included in the contract.
- All recommendations are written with a contracted CBO in mind; additional implications may arise during planning and Phase 0.

Recommendation #16

Integrate the SCU into existing data systems.

Having access to patient data will support the SCU to provide tailored, informed, and equitable services for those experiencing mental health and substance use crises. Access to existing data systems, such as an EHR, will not only ensure that the SCU has access to relevant patient information, but also that other providers are aware when, how, and why their client might be interacting with crisis response. Finally, integrating the SCU into existing data systems will ensure aligned and consistent data collection, which is essential for the rapid assessment monitoring (*refer to recommendation #22*) and evaluation (*refer to recommendation #23*).

There are many factors outside of the purview of the SCU, HHCS, or even that City of Berkeley that affect whether data and system integration can be achieved. These factors include patient privacy and legal protections (i.e., HIPAA), technological capabilities, available funding, logistics across private and government entities, and more. As a result, this recommendation is included as an aspiration that should be planned for in future phases and may not be realized during Phase 1 of implementation.

- Bidirectional, live data feeds should be integrated between the SCU and other data sources, including but not limited to:
 - EHRs used by major medical systems and Federally Qualified Health Centers (FQHC)
 - Alameda County's Community Health Record (CHR)
 - Alameda County's YellowFin

Why does the SCU need to access service utilizers' records, such as EHRs?

Access to an EHR allows crisis responders to make informed decisions based on a service utilizer's health history. This access also enables crisis responders to communicate directly with a service utilizer's existing support team, such as psychiatrists or case managers, when providing crisis response or referring the service utilizer for follow-up care.

Is it common for crisis responders and clinicians to have access to service utilizer records?

Many other crisis response programs enable access to these sources of data. For example, the Alameda County Community Assessment and Transport Team (CATT) has access to the county's CHR. Providers at FQHCs, including programs like Lifelong's Street Medicine Team, have access to an integrated EHR. Berkeley Mental Health (BMH) is already integrated with the county's YellowFin reporting system. Other city models, such as Denver STAR, enable their crisis responders to access existing data systems.

Why should the data feeds be bidirectional?

Not only do crisis responders need to access service utilizer medical history, but the data they collect during a crisis response should be entered into the centralized data systems so that a service utilizer's existing support team has an updated and complete case history. The county's CHR has live data feeds from many providers and so the SCU's data should also have bidirectional capabilities when possible.

Considerations for Implementation

- The Berkeley City Attorney and IT have signed onto the county's CHR, and many CBOs and medical providers have also already signed onto the CHR, which could facilitate the SCU's integration into this system.
- The SCU will need access to EHRs and the CHR to participate in client case management meetings (*refer to recommendation #18*).
- SCU team members will need training and support to accurately enter data into these platforms, which is essential to data integrity.
- Legal protections for confidentiality and consent will have to be carefully assessed to determine the feasibility of this recommendation and implementation approach.
- Many health conditions can be criminalized and prosecuted. The SCU data must be separate from Dispatch and CAD data because Dispatch is situated within Berkeley Police Department. Presently, Dispatch does not have access to EHRs or the CHR, and in the future, this separation should continue.

Recommendation #17

Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal

Data collection is essential to monitoring and evaluation and spans across the SCU mobile team and supporting personnel, Dispatch and/or the alternative phone line, and central leadership. Given how many different personnel and agencies will be collecting and reviewing data, it is essential that data collection be planned for early in Phase 0 to ensure alignment, accuracy, and data integrity.

- Types of data that should be collected and published:
 - Call volume
 - Time of calls received
 - Service areas
 - Response times
 - Speed of deployment
 - Determinations and dispositions of Dispatch (including specific coding for violence, weapons, and emergency)
 - All determinations and deployed teams from Dispatch
 - Percentage of calls responded to by SCU of all calls sent to SCU
 - Type or level of service needed compared to the initial determination at the point of Dispatch
 - Service utilizer outcomes
 - Number of 5150 assessments conducted
 - Number of 5150s confirmed and involuntary holds placed
 - Number of transports conducted
 - Location of transport destinations
 - Type of referrals made
 - Priority needs of clients served (housing, mental health)
 - Number of requests for police involvement
 - Racial demographics of service utilizers
 - Other relevant characteristics of service utilizers, such as homelessness status or dementia

Note: not an exhaustive list.

- Examples of public data dashboards from alternative crisis models:
 - [Portland's Street Response data dashboards](#)
 - [NYC's B-HEARD monthly data reports](#)

How does data collection promote community safety and health?

Nationally, many emergency call centers lack consistent data collection and internal sharing and review, suggesting city administrators and leaders are unable to effectively use data to understand the scope of behavioral crisis and response in their communities.²⁷ Collecting data in a way that can be used among program administrators will be essential in supporting the success of the SCU and positive outcomes for the community. Moreover, during this project, it was impossible for RDA to conduct an “apples-to-apples” analysis between data from any of the contributing agencies (Police, Fire and Falck, MCT, Dispatch/Auditor’s Report) because the data entry practices across each agency are inconsistent. Specifically, the variables that each agency records for each call response are not the same. In instances where there were similarities in the types of variables used between agencies, the values that they each used to enter or code their data were not comparable.

Why does publishing data publicly matter?

Publishing data through Berkeley’s Open Data Portal could promote transparency around crisis response services, address community stakeholders’ distrust of the system, and keep the community informed about the SCU and the city’s crisis response services.

Considerations for Implementation

- Multiple agencies are likely to engage in data collection that contributes to the SCU model. All data variables and definitions should be aligned to ensure system integration and data integrity, including:
 - CAD data
 - Additional 911 and Dispatch data (as applicable)
 - Alternative phone number data (as applicable)
 - SCU mobile team data
 - EHR data
 - CHR data
- Personnel will need ample training on data collection, including variable definitions and data entry processes, to ensure a high degree of data integrity.
- Staff will need adequate technology to collect and report on data (*refer to recommendation #6*).

²⁷ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

Recommendation #18

Implement care coordination case management meetings for crisis service providers.

Service utilizers often receive care across multiple agencies and individual service providers, but transparency and visibility of service utilizers that move in and out of these agencies is a challenge. Regular case management coordination meetings across organizations and providers could help to address the perceived lack of coordination across different services and to improve the care coordination for service utilizers, such as those discharged from inpatient facilities.

Who should participate:

- SCU mobile team
- Service providers and case managers identified through CHR and EHRs
- Partners and those receiving referrals at CBOs
- A designated meeting coordinator (e.g., SCU program manager, city staff)

What the meetings should achieve:

- Discuss care for shared service utilizers
- Discuss needs of high service utilizers, services provided
- Discuss successes or challenges with warm handoffs and referral pathways

How is care coordination relevant to crisis response?

Care coordination supports providers in making informed decisions about the services to provide and can prevent future crisis. Throughout the project's qualitative data collection, service providers in Berkeley commonly provided the idea of care coordination meetings between the SCU and providers; they expressed that if their clients access SCU crisis services, they would benefit from collaborating with the SCU. The REACH Edmonton program also shared that meetings for frontline workers to discuss shared clients increased positive client outcomes. Finally, Berkeley's Transitional Outreach Team (TOT) shared challenges they have encountered when providing follow-up care after MCT responds to an incident, especially communicating with the many external providers that interact with a single service utilizer.

Why is there a coordinator role in these meetings? Who is that?

Based on the lessons learned from other cities implementing alternative crisis response models, such as the REACH Edmonton and Denver STAR programs, care coordination meetings will require a centralized coordinator or leader from the SCU. Frontline workers do not have the capacity to manage these meetings, which includes scheduling, note taking, preparing data, following up on items as necessary, and other duties. The care coordinator may be an administrative staff member of the SCU, such as the program manager, or a staff member from the City of Berkeley who oversees many of the relevant contracted providers (beyond the SCU).

Considerations for Implementation:

- These meetings will require a clear owner to manage meeting topics, prepare data, identify non-urgent items for follow-up, and ensure equitable power and time talking, especially for peer specialists. The SCU program manager may be best poised for this role.
- Integrated data systems that allow for sharing data and reviewing case history across providers would enhance care coordination and case management (*refer to recommendation #16*).
- There may be a benefit to call takers joining these meetings if they identify and document who is in crisis.

Recommendation #19

Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

Overall, programs benefit from ensuring there are one or more people responsible for coordinating the program at a birds-eye view. As a new mental health crisis response initiative, the SCU model will require cross-system coordination for implementing new processes, training, monitoring, and evaluation. Moreover, because these initiatives span across Dispatch and/or an alternative phone number, the SCU mobile team, and other referral entities like Fire, Police, MCT, TOT, and mental health and social service providers, a centralized coordinating body will be essential to the success of this far-reaching initiative.

Who should participate:

- Berkeley Dispatch
- Berkeley Department of Public Health
- Berkeley Mental Health (BMH)
- Berkeley Health, Housing & Community Services Department (HHCS)
- SCU Program Manager
- Berkeley Fire Department
- Berkeley Police Department
- Other relevant parties as the project evolves

What the meetings should achieve:

- Progress along the phases of implementation
- Lead the rapid assessment processes and regularly review data
- Review SCU Steering Committee feedback
- Review service utilizer and stakeholder feedback
- Prioritize issues
- Make decisions

Additional outcomes:

- Increase open communication across city agencies
- Build trust across crisis responders and city departments
- Align all partners on shared values for increasing community health and well-being

Why is the Berkeley Police Department involved in this leadership body if the SCU is a non-police response?

Because the police currently respond to all mental health calls received through 911, any decision about shifting specific call and service types from police to SCU will require BPD buy-in, communication, and planning. Moreover, Dispatch is currently situated within BPD, and therefore, BPD leadership will be required to assess and approve changes to Dispatch. For instance, to ensure that all SCU data is kept confidential and separate from police, BPD will need to support planning for CAD data to integrate with SCU in a compliant manner. Finally, police may be able to request SCU deployment, so these types of protocols will need BPD's input.

Considerations for Implementation:

- These meetings will need a clear owner to schedule meeting times, prioritize agenda topics, prepare data, identify non-urgent items for follow-up, and coordinate follow-up communication to relevant stakeholders.
- A data dashboard will support data review and rapid assessment processes.
- Some agencies may have strong bargaining presence or positional power, such as BPD. It is important that these meetings uphold equitable power and weight in making decisions.
- Throughout Phase 0 and Phase 1, this group may need to meet on a weekly basis.
- Additional stakeholders may need to be added to this group (permanently or ad hoc for specific topics), such as representatives from emergency departments, John George Psychiatric Hospital, or other city or county stakeholders.
- As the model progresses, this group may discuss opportunities to improve the mental health crisis system at a broader scale, beyond the scope of the SCU's crisis response, such as more inter-county and inter-city coordination on systemic issues related to housing.

Recommendation #20

Continue the existing SCU Steering Committee as an advisory body.

Presently, the SCU Steering Committee has representatives with ties to community groups and stakeholders. The SCU Steering Committee should continue as an advisory body to incorporate into decision-making spaces the perspectives that may otherwise be neglected in government spaces.

The SCU Steering Committee should continue to advocate for marginalized communities in the SCU model design and delivery by taking on an advisory role through Phase 0 and Phase 1 of implementation, at a minimum.

The current participants should remain, if they choose, including:

- Berkeley Community Safety Coalition
- Representatives from the Mental Health Commission
- HHCS staff
- BMH staff
- Berkeley Fire

Additional participants should be added, including:

- Relevant staff from the SCU or administrative CBO, such as the program manager or clinical supervisor
- Dispatch personnel, particularly someone in a leadership position who can both promote change and holds expertise relevant to implementation

Considerations for Implementation

- HHCS staff should maintain the role of coordinating the SCU Steering Committee, even if a contracted CBO leads the SCU, because HHCS will lead other aspects of oversight including contract management.
- Additional participants may be added to the SCU Steering Committee at different times. For example, Dispatch personnel should join earlier in Phase 0 of implementation, while SCU personnel will join once that team is fully staffed in Phase 1.

Recommendation #21

Solicit ongoing community input and feedback.

Governments often face barriers in hearing from community members that are the most structurally marginalized. However, engaging existing coalitions and networks designed to represent marginalized service users' perspectives can support more equitable engagement. Intentional outreach for these opportunities is essential because, historically, government institutions and other structures have prevented the full and meaningful engagement of Black people, Indigenous people, people of color, working class and low-income people, immigrants and undocumented people, people with disabilities, unhoused people, people who use drugs, people who are neurodivergent, LGBTQ+ people, and other structurally marginalized people. Prioritizing the engagement, participation, and recommendations of the community members most harmed by existing institutions, including those most harmed by police violence, will ensure that systems of inequity are not reproduced by a crisis response model.

Instead, community engagement can support the SCU to address structural inequities. In addition to the SCU Steering Committee, ongoing opportunities for the community to provide input to decisions as well as feedback about their experiences will be valuable to the SCU model throughout Phase I.

Suggested methods to receive community input and feedback:

- Focus groups
- Town halls or community forums
- On-site outreach
- Questionnaire
- Online feedback "box"

Modalities should ensure equitable access to participation:

- Online and in person
- Large groups, small groups, and one-on-one
- Anonymous
- Written and verbal
- Translation and interpretation

Encourage participation among:

- Service utilizers
- Community members with mental health and behavioral health needs who have not yet engaged with the SCU
- Service providers at CBOs, especially those receiving SCU transports and referrals

Address structural barriers to participation by:

- Using convenient, accessible, and geographically diverse locations
- Offering events at varying times to accommodate different schedules
- Providing financial compensation
- Providing childcare

Why is more community engagement needed if community input informed the model?

The robust community engagement that contributed significantly to the development of this model demonstrates the valuable perspective and knowledge held by community members about the types of services needed and how to make them more accessible and acceptable. Soliciting ongoing feedback once the SCU is launched will provide insight to how well the model is meeting community members' needs and where barriers to crisis care persist, servicing both quality improvement and evaluative needs.

Why should ongoing community engagement be conducted?

Community input and feedback should not be limited to the end of Phase 1 as part of a summative evaluation, but instead be ongoing to account for the changing landscape of SCU model implementation and the needs of both service utilizers and the broader community. It will also support ongoing iteration of the SCU throughout Phase 1, while planning for more complex modifications in Phase 2.

Considerations for Implementation

- The opportunities for community input and feedback should be held regularly, such as monthly, or quarterly.
- Frequent service utilizers, perhaps identified during the SCU's first three months of implementation, could be the primary recruitment base for feedback.
- Address barriers to equitable participation in feedback, such as by providing childcare, transportation vouchers, or financial compensation for time.
- Community feedback should be evaluated as essential data points that directly inform the rapid assessment processes (*refer to recommendation #22*).

Recommendation #22

Adopt a rapid monitoring, assessment, and learning process.

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact to inform ongoing quality improvement efforts. Data collection, data system integration, centralized coordination across city leadership, the SCU Steering Committee, and ongoing input and feedback from community members and service utilizers (*recommendations #16, #17, #19, #20, and #21*) should all contribute to the monitoring that supports ongoing implementation, assessment, and iteration.

A rapid assessment process will likely need to:

- Develop a shared vision for the SCU model.
- Develop goals for the SCU model.
- Create assessment questions to guide the monitoring and learning process.*
- Define indicators or measures.
- Use a mixed-methods approach, including quantitative programmatic data and feedback from service utilizers, staff, and other stakeholders.

All model components will benefit from assessment, including:

- Availability of the team, accessibility of Dispatch and/or alternative phone line, response time
- Services provided, expertise of mobile team, training
- Equipment, vehicles, and supplies
- Transport, service linkages and handoffs, partnerships with CBOs
- Case management meetings and centralized leadership coordination
- Data collection, data integration, data integrity, and data transparency
- Public awareness campaign

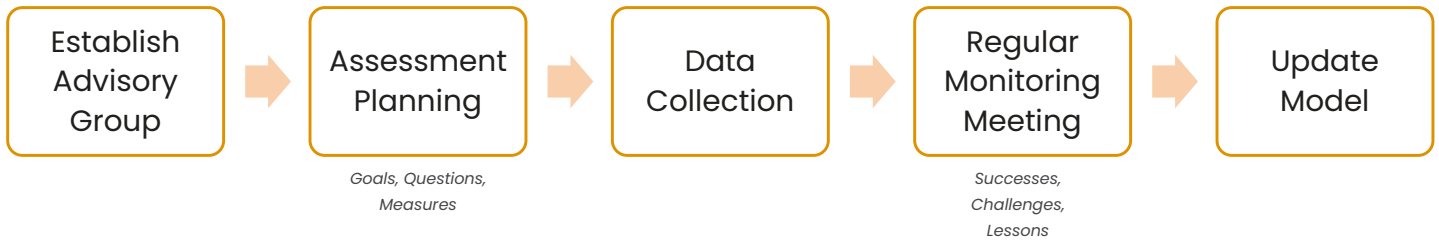
Consider using the Results-Based Accountability (RBA) framework²⁸ to assess SCU performance aligned to:

- Quantity of SCU services
- Quality of SCU services
- The impact or outcome of SCU services

*From the shared vision, create assessment questions to use throughout the duration of Phase 1, such as:

- Is there a need to scale and increase services?
- Are resources being used efficiently in the pilot? Will they be used efficiently with an increase in services?
- How effective is the current approach? Will it be effective with an increase in services?
- Is the current approach appropriately tailored to the Berkeley community? Is it appropriate for the Berkeley community?

²⁸ The City of Berkeley is using RBA for performance monitoring efforts and therefore may benefit from using RBA for the SCU model too.

Figure 4: Rapid Monitoring, Assessment, and Learning Process

A rapid monitoring, assessment, and learning process can happen in multiple venues. Some questions may be assessed on a quarterly basis, while others can happen on a monthly or weekly basis.

Considerations for Implementation:

- The rapid assessment process will need to establish clear roles for leading the meetings and decision-making, especially between the SCU program manager and central coordinating leadership.
- The rapid assessment process will benefit from clear timelines and processes for reviewing data, discussing changes and adaptations, and sharing findings across relevant stakeholders.
- The rapid assessment process may have multiple processes or venues based on specific data points or meeting frequencies. Clarify who should be attending, such as Dispatch, the alternative phone number (if applicable), the SCU mobile team, HHCS leadership, and others.

Recommendation #23

Conduct a formal annual evaluation.

Several components of the SCU – including the model’s services, the SCU mobile team’s training, the deployment determinations of Dispatch and/or the alternative phone line, and impacts and outcomes for service utilizers – offer potential for demonstrating the success of the model through formal evaluation. The evaluation should measure whether the SCU model is progressing towards the intended outcomes, as well as suggest opportunities for modifications and expansion. Design of a formal, annual evaluation is best done early in program planning.

Evaluation may define:

- A Theory of Change or Logic Model
- Short-term and medium-term goals

Evaluation could measure:

- Fiscal analysis, especially evaluation of progress towards the City’s aim of reducing BPD’s budget by 50%
- Systems change effectiveness, including evaluation of progress towards City’s goal of reducing the footprint of BPD to criminal and imminent threats
- Program efficacy/effectiveness, quality of service
- Service utilizer outcomes
- Ongoing barriers and challenges that Phase 2 can address
- Effectiveness of public awareness campaign, whether community members know about it
- Impacts aligned to a Racial Equity Impact Assessment²⁹

Evaluation should include:

- Qualitative and quantitative data
- Perspectives from SCU personnel
- Perspectives from service utilizers
- Perspectives from adjacent organizations, staff, and SCU Steering Committee

How is the proposed evaluation different than rapid monitoring?

Evaluation and rapid monitoring, or quality improvement, are complementary and should inform each other. Rapid monitoring is intended for more immediate quality improvement and occurs on more frequent cycles to guide iterative implementation of specific model elements. Evaluation asks broader questions from a greater degree of distance to guide adjustments to the model that will support ongoing effectiveness and sustainability. Staff are typically central to rapid monitoring to facilitate ongoing improvements, but an evaluation is generally conducted by an outside team that has some distance from day-to-day operations.

Considerations for Implementation

- If the City of Berkeley intends to contract out the evaluation, then the RFP and contracting process should be initiated early in Phase 0 to allow for adequate planning.

²⁹ To learn more about Racial Equity Impact Assessments, visit:

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Promoting Public Awareness

Promoting public awareness of the SCU and its aims will be essential to the SCU's success. Public education efforts should be advanced through a variety of methods, including a far-reaching campaign and targeted outreach. These efforts should emphasize that the SCU is a non-police crisis response service and promote how to access the SCU (i.e., which phone number to call). Overall, promoting public awareness is essential to building trust and addressing fears or reluctance that might inhibit people to call for support during a mental health or substance use crisis.

Promoting awareness and establishing relationships with other providers in the response network is also important, especially staff at emergency facilities who may interact with the SCU during the transport of a person who has experienced a mental health or substance use crisis. This type of relationship-building and education can streamline processes to promote positive outcomes for people in crisis.

The following recommendations should be adapted and implemented to advance public education and awareness about the SCU model:



Key Recommendations

- 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.**

Recommendation #24

Launch a public awareness campaign to promote community awareness and education about the SCU.

For the community to be able to call for an SCU response, they must know that it exists. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option. For these reasons, promoting public awareness of the SCU and its aims will be essential to the SCU's success.

Aims of the campaign:

- Emphasize the SCU as a non-police mental health and crisis response option
- Distinguish the roles and responses of SCU, MCT, and police
- Promote how to access the SCU (i.e., through 911, an alternative number, or 988)
- Describe when SCU will not respond (e.g., social monitoring, weapons) and when it will (e.g., types of services).
- Emphasize the community engagement that informed the model
- Share the availability of Berkeley Open Data
- Promote opportunities for ongoing stakeholder input and feedback

Why is it important to launch a public awareness campaign?

To inform the community of this new resource and to distinguish the SCU as a non-police response. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option.

How do other cities promote their crisis response model?

Other cities provided examples of promoting awareness outside of mass media. For example, Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) who perform direct outreach to communities and work to explain the team's services and ultimately increase trust with potential service utilizers.

Considerations for Implementation

- The methods of the campaign may need to be tailored to the targeted stakeholder groups and may include:
 - Mass media, billboards, advertisements on public transportation, radio announcements, local newspaper announcements, updates to the city's social media and websites, updates to service providers' and CBOs' social media.
 - Business cards with contact information for potential service utilizers.
 - "Meet-and-greets" that the SCU mobile team hosts with service providers at CBOs and emergency facilities.
- The public awareness campaign may have multiple phases, such as first promoting awareness of the SCU and how to access it, and then promoting opportunities for stakeholder feedback.

Recommendation #25

The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

In addition to a public awareness campaign that promotes the SCU as a community resource, shares how to access the SCU, and emphasizes the non-police design, many service utilizers may still be reluctant to engage with a new entity. As a result, to most equitably meet the needs of potential service utilizers and especially substance users, the SCU may need to conduct in-person outreach. This outreach should be targeted to specific groups who are most likely to call the SCU with the aim of establishing trusting relationships and sharing more about their harm reduction approaches.

Targeted sites for relationship building with potential service utilizers:

- Encampments
- Safe parking RV lots
- Drop-in centers
- Downtown Berkeley
- People's Park
- Emergency department waiting rooms

Why might service utilizers be reluctant to engage in services with the SCU?

Many community members have personally experienced the criminalization of substance use and mental health emergencies, whether through their own experiences or having witnessed the experiences of family, friends, or community members. Such carceral approaches include involuntary psychiatrist holds and unnecessary transport to hospitals. In particular, unsheltered residents and substance users may be more distrustful of a new team and be less likely to call during a crisis. In interviews, unsheltered residents shared that not all of their substance use management are being adequately addressed by current crisis responders and they experience high rates of transport to emergency departments. Many also shared that they fear police retaliation for their substance use. In general, there are several reasons why community members may be hesitant about engaging crisis responders, which could be addressed by individual, relational outreach.

Why would relationship building improve utilization of the SCU?

Despite many service utilizers reporting overall distrust of first responders, they also shared that EMTs have developed trusting relationships and strong rapport for handling overdoses. Because of this relationship, service utilizers are more willing to call for an EMT to respond to an overdose. Similarly, having strong relationships built on trust will be key to the success of the SCU.

Considerations for Implementation

- If there are periods of low call volume, the SCU may use those times as opportunities to build relationships in communities of potential service utilizers and proactively provide services.
- This outreach may also be implemented based on data and findings or in preparation for Phase 2 expansion and changes.



System-Level Recommendations

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systems-change initiative of great magnitude. There are several critical factors that must be attended to in order to realize the full implementation of the SCU and to progress towards its intended outcomes.

Addressing the Needs of Dispatch

There is an urgent need for a 24/7 mental health and substance use crisis response model that does not rely on law enforcement to provide specialized mental health care. To provide this service, crisis responders must be connected to those in crisis. Thus, the role of Dispatch is essential.

Dispatch needs a full assessment and planning process to address the complexity of the 911 response system. This assessment and planning, though urgent, cannot be done hastily. The SCU will benefit if Dispatch is able to:

- Address the understaffing, under-resourcing, and identified training needs of call takers.
- Plan for a sustainable integration.
- Plan for a variety of scenarios to ensure crisis responder and community safety.
- Participate in the SCU phased-implementation approach and ongoing collaboration with SCU leadership.
- Establish trusting relationships and rapport with the SCU so that call takers are confident in deploying the SCU for scenarios they previously would have deployed MCT or Police.

A Sufficient Investment of Resources

A lack of sufficient resources is not only a challenge for Dispatch, but is a common challenge expressed by service providers in Berkeley and in other locales. Within the City of Berkeley, both TOT and MCT have challenges meeting the needs of community members because their hours of operation are limited, and they do not have enough staffing and resources to provide 24/7 services. This results in the perception of slow or delayed response times and can decrease the likelihood that callers continue to seek that service. Efforts in other cities, such as the Mental Health First and MACRO initiatives in Oakland and the Street Crisis Response Team in San Francisco, have also had to restrict their hours of availability and services due to a lack of sufficient funding.

Mental health crisis response could be essential in promoting health equity in the City of Berkeley. However, if it is not sufficiently resourced to provide 24/7 crisis response without long wait times, it will not achieve trust, and will become utilized less often and will therefore not achieve the desired systems-change results. This resourcing includes not only the SCU mobile crisis team, but the entirety of the model and related infrastructure, from the call center to program manager. Sufficient resourcing also includes dedicated time by city leadership to support coordination, collaboration, and problem-solving.

The Role of Trust

Trust was one of the most discussed factors across stakeholder engagement and will be a critical ingredient to the success of this system-wide change initiative. The public awareness campaign and all Phase 0 planning processes must address the concerns and doubts that could undermine trust across community stakeholders, the service provider network, and city leadership.

Trust will shape whether community members utilize the SCU. Community members must trust that the SCU:

- Is a non-police crisis response.
- Is accessible and available 24/7.
- Is responsive to emerging needs and ongoing community input and feedback.
- Provides competent harm reduction and non-carceral approaches to mental health and substance use crisis intervention.

Trusting relationships affect the quality of referrals, warm handoffs, and service linkages across the service provider network. Service providers emphasized that trust plays a role in:

- Whether they will refer a client to another provider.
- The amount and type of information they disclose about a shared client.
- Whether systems will choose to share and integrate data.

- The quality of collaboration and communication during warm handoffs, care coordination, or at client discharge.

Trusting relationships are essential to centralized coordination and collaboration among city leadership.

The SCU model will require a variety of agencies and departments to work together in new ways and toward new ends. Other cities implementing alternative crisis models shared that trust was enhanced across leadership by:

- Aligning on shared values and commitment to improving health outcomes for people in crisis.
- Recognizing and adapting to the varied cultures of city departments, agencies, and CBOs.
- Ensuring decision-making power is allocated in alignment with the aims of the crisis model, such as ensuring that law enforcement does not have an unaligned or inequitable of voice or power in making decisions.
- Reviewing data to promote accountability and celebrate successful outcomes.
- Planning for sufficient time to prepare and participate in collaboration.



Conclusion: Next Steps & Future Considerations

This report presents recommendations for a model that is responsive to community needs. Still, there were numerous questions, issues, needs, and considerations that surfaced that were beyond the scope of the project. Decisions around those factors could significantly shape the types of services the SCU provides as well as how it is coordinated and administered across agencies. Such considerations are pertinent to the future of the SCU, crisis response, and the mental health service system in Berkeley, and therefore should continue to be discussed by city leadership and those implementing the SCU.

Long-Term Sustainable Funding

The SCU model requires long-term sustainable funding. A sound fiscal strategy must recognize the robustness of costs associated with the SCU and plan for institutionalizing and sustaining those costs. There are a number of potential funding sources for the SCU model, including Medi-Cal reimbursement, Medi-Cal opportunities through CalAIM, and DHCS grants. However, these funding streams are unlikely to sustain a crisis response model on their own. Other funding and resources may need to be braided into the SCU to effectively implement this model.

While braiding allows for maximizing funding resources, it also requires clear and separate tracking of services based on funding sources and requirements. With multiple funding streams, the target populations, reporting requirements, eligibility criteria, and performance measures can vary greatly. A braided funding model, therefore, requires knowledgeable administrators as well as dedicated time to manage. This can be especially resource-intensive for a CBO implementing the SCU. The SCU model will need to be very clear about the funding requirements and develop an appropriate system for ongoing tracking and reporting.

Different financing mechanisms provide varying levels of sustainability and predictability, considerations which should inform the development of a fiscal strategy for the SCU model. Unfortunately, these recommendations may not be fully realized if there is not a long-term sustainable fiscal strategy. Modifications to the SCU model could negatively impact the quality of service delivery or lessen the population impact.

Across the country, some cities have used a sales tax to fund their alternative crisis response models while others have redirected funds away from police departments. Rather than identifying new or short-term grant awards, a primary consideration for the City of Berkeley should be to look to dollars that can be reinvested from the Berkeley Police Department, in alignment with the Reimagining Public Safety initiative, to develop a sustainable and comprehensive SCU model.

Continue Planning for 24/7 Live Phone Access to the SCU

Significant planning will be required to fully realize the 24/7 live phone access to the SCU (*refer to recommendations #8, 9, and 10*). Reaching out to existing call centers—such as Alameda County CSS—or to other cities implementing similar crisis models could support the development of the phone access to the SCU. Additional planning is needed to determine, at a minimum:

- Equipment and technology needs
- Staffing requirements for the estimated call volume
- Recruitment, hiring, and training
- Workflow and protocol development
- Cost and funding availability

The Location of 911 Dispatch Within the Berkeley Police Department

The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers' ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. Structural changes like this may also align to several of the Reimagining Public Safety initiative's aims. This consideration can be explored as part of the assessment and planning processes of the phased implementation approach.

Preventing Social Monitoring: Clarifying the SCU's Guiding Principles

The SCU model is designed to ensure that mental health specialists respond to people experiencing mental health crises. However, there is significant and justified concern that the SCU could be co-opted to support the social monitoring and enforcement of unsheltered residents. Clarifying the SCU's guiding principles could support in reifying the intentions of the model to ensure that all practices are aligned with those principles.

There are several elements within the model design where data, ongoing conversation, and service utilizer feedback can ensure that the SCU lives out its intention. One such example is whether and how the SCU would be deployed with the police and/or how the SCU is distinguished from MCT. For example, if a caller reports an unsheltered neighbor is residing on their sidewalk or driveway, this may not qualify for an SCU response. However, if that call is deployed to the police, then the response effectively criminalizes unsheltered Berkeley residents. Such scenarios should be explored as the SCU model is implemented, refined, and expanded.

Address the Full Spectrum of Mental Health and Substance Use Crisis Needs

Mental health and substance use crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone who needs regular support to address their basic needs, or someone who is generally able to manage their needs but needs occasional support to prevent a future crisis.

Throughout this project, many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuances and spectrum of mental health crises:

- Some forms of crisis are readily visible while others are not.
- Some forms of neurodivergence are reported as a mental illness or crisis, but they are not.
- Some forms of crisis occur because the person is unable to access services to meet their needs.
- Some forms of emergency service utilization stem from ongoing unmet basic needs such as food and affordable housing.

Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to not only support crisis intervention but also prevention, diversion, and follow-up. The following two considerations should be further explored because they may support the SCU model. Both considerations represent a form of

reimagined public safety and may be realized with additional resources, such as funds divested from Berkeley Police Department:

Expand the SCU Model to Include a Follow-up Care and Coordination Team

There will likely be a need for a team to receive referrals from the SCU mobile team and connect with service utilizers for follow-up care. Follow-up care could include referrals, system navigation, and case management support. This team may also need to conduct outreach to make contact with service utilizers and address barriers to care as needed. For example, some service utilizers may be unable to follow through with a referral if they do not have reliable access to transportation or experience challenges maintaining scheduled appointments. This team could potentially be funded by the 988 funding allocated to dedicated follow-up teams deployed from 988 crisis call centers.³⁰

There are many lessons that should be learned from the existing Transitional Outreach Team (TOT), such as challenges they face with adequate staffing and funding or constraints and limitations with who they can serve. Any initiatives around follow-up care should augment rather than duplicate the TOT.

Increase the Number of Sites for Non-emergency Care for Berkeley Residents

Throughout this project, stakeholder participants emphasized the need for sites for non-emergency care, such as drop-in centers, day centers, sobering sites, and respite centers. These services are important for harm reduction and crisis prevention, and as such would support the outcomes of the SCU model. There may be opportunities in Phase 0 or Phase 1 to reserve beds at a shelter or similar care facility as a temporary measure, ensuring persons in crisis have access to these beds after engaging with the SCU. However, increasing the overall number of sites for non-emergency care would require a longer-term investment

³⁰ Santos, M (2021). New suicide prevention hotline aims to divert callers from police. *Crosscut*. <https://crosscut.com/politics/2021/07/new-suicide-prevention-hotline-aims-divert-callers-police>



Appendix



Appendix A: Launch Timeline & Phased Implementation Approach

Phase 0 – Launch Timeline

Nov 2021 – May 2022

System-Level: Planning, Launch, Implementation		HHCS	Steering Committee	Dispatch	Contracted CBO
	Engage community on feedback to SCU Model recommendations	X	X		
	Engage community on SCU RFP requirements	X			
Dec	Dispatch leadership communicates and champions (internally) the SCU change-initiative			X	
	Plan for Dispatch assessment (e.g., determine if RFP needed)	X		X	
Jan	Make decisions about 24/7, live phone line to SCU (option A, B, C)	X	X	X	
	Issue RFP for SCU	X			
Feb	Issue RFP for SCU alternative phone line (TBD)	X			
	RFP Deadline				
	Review all RFPs	X	X		
Mar	Select awardee for SCU	X	X		
	Begin planning for site visits	X		X	X
Apr	Contract process for SCU	X			
	Hire SCU personnel (mobile team, supportive and administrative roles, Dispatch/phone staff)				X
May	Hire mental health clinician to support Dispatch assessment & planning	X		X	
	Build relationships across all new personnel	X	X	X	X
June - Aug	<i>Plan & Implement Recommendations: Refer to Phase 0 Implementation Approach</i>				

Phased Implementation Approach

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
SCU Mobile Team Recommendations					
1 The SCU should respond to mental health crises and substance use emergencies without a police co-response	<p>Clarify specific factors and codes for all suggested SCU call types</p> <p>Develop triage criteria and workflows across all SCU call-types and services.</p> <p>Coordinate with other entities (BPD, MCT, UCPD) for differentiation and/or collaboration.</p>	<p><i>SCU mobile team goes live, providing services</i></p>		<p>Consider additional types of calls for service that they can respond to where armed police officers are not needed or aligned to a reimagined definition of public safety, such as:</p> <ul style="list-style-type: none"> - Completing documentation while providing crisis services where a traditional "police report" is needed, such as in cases of sexual assault, sexual harassment, and rape - Petty theft - Nonviolent conflicts, such as neighbor disputes or youth behavioral issues - Minor assaults, with no weapons present - Proactive support at events that may trigger a crisis (e.g., during an encampment sweep) 	<p>Integrate other SCU model elements (e.g., follow-up care team [Report Section V])</p>
2 The SCU should operate 24/7					
3 Staff a 3-person SCU mobile team to respond to mental health and substance use emergencies					
4 Equip the SCU Mobile Team with vans	<p>Procure vans</p>				
5 The SCU Mobile Team should provide transport to a variety of locations	<p>Introduce SCU to emergency facility staff at all transport destinations</p>				
6 Equip the SCU mobile team with supplies to meet the array of clients' needs	<p>Procure supplies</p>				
7 Clearly distinguish the SCU from MCT	<p>Develop clear roles and parameters for SCU and MCT teams by collaborating across Dispatch, the SCU Steering Committee, the current MCT team, and other relevant leadership</p> <p><i>Note: These decisions are essential for developing triage criteria and workflows and for communicating to the general public in a public awareness campaign.</i></p>		<p>Evaluate the role of MCT and the efficacy of having both teams.</p> <p>Make recommendations for Phase 2, such as changes to each team's scope or processes.</p>	<p>Communicate to general public and relevant service providers about changes relevant to the distinguished roles of MCT and SCU</p>	

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Accessing the SCU Crisis Response					
8 Participate in the Dispatch assessment and planning process to prepare for future integration	<p>Decide the most effective method for 24/7, live phone access to the SCU (Option A, B, C)</p> <p>Dispatch makes investments in staffing and technologies, as needed</p> <p>SCU model discusses with Dispatch the necessary data (variables, definitions, timelines, privacy, etc.) to be collected during each Phase of implementation</p> <p>Dispatch begins planning for changes to CAD or other data systems</p>	<p>Dispatch makes investments in staffing and technologies, as needed</p> <p><i>Dispatch implements Phase 1 protocols, as determined by Phase 0 planning (Option A, B, C)</i></p>	<p>Implement new triage criteria and workflows</p>		
9 Ensure the community has a 24/7 live phone line to access the SCU	<p>Implement and adapt 24/7, live phone line access to SCU (Option A, B, C)</p> <p>Adapt protocols for other Berkeley crisis responders (Fire, EMS/Falck, MCT, Police) to request SCU support through the alternative phone number</p> <p>Dispatch and HHCS/SCU identify opportunities for Phase 1 implementation (based on Option A, B, C), such as: - Phase 1 call types for SCU deployment OR preliminary calls that Dispatch will transfer to the alternative phone line in early Phase 1 (e.g., welfare checks) - Dispatch supports alternative phone line to develop aligned triage criteria and workflows to support future integration</p>	<p><i>If Option B or C: Plan for how calls will be triaged and prioritized from the two separate sources (alternative number and 911) in deploying the SCU mobile teams in Phase 2</i></p>	<p>Determine if the SCU should respond to crises by sight ("proactive" deployment and intervention)</p> <p>Determine if the SCU should self-deploy by listening to the police radio (based on other models: Eugene's CAHOOTS, Denver's STAR, and San Francisco's Street Crisis Response Team)</p>	<p><i>If Option B or C: Integrate SCU into 911</i></p>	
10 Plan for embedding a mental health or behavioral health clinician(s) into Dispatch to support triage and SCU deployment	<p>Dispatch hires one clinician to support the Dispatch assessment process and to support triage criteria and workflow development for calls routed to SCU</p> <p>Clinician attends trainings and site observations with Dispatch and SCU</p> <p>Clinician(s) supports planning for triage criteria, call-types, etc. (as relevant: Option A, B, C may affect timing of this)</p> <p><i>If Option A: Dispatch prepares for fully embedding clinician(s), including clarifying their roles and supervision structure</i></p> <p><i>If Option B or C: implement this in Phase 2</i></p>	<p>Clinician(s) support Dispatch based on the assessment findings and next steps, such as: - supervises call-takers triaging mental health crisis calls - provides trainings to call-takers based on 2019 Auditor's Report and ongoing assessment</p>			<p>Assess whether clinician(s) can provide services beyond SCU deployment, including basic telemedicine and psychiatric screenings or psychiatric crisis assessment</p>

Phased Implementation Approach

	Phase 0 Nov 2021 - Aug 2022	Phase 1		Phase 2 Feb 2024+	Future, Beyond Phase 2
		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024		
Implement a Comprehensive, 24/7 Mental Health Crisis Response Model					
Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support roles for SCU					
11					
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	<p>incorporate into training itineraries to allow for these periods of travel and training. <i>Note: City of Berkeley and/or the contracted CBO may need to reach out to the other cities and programs to solidify travel and training plans prior to the hiring of any individual personnel.</i></p> <p>Allot time after the site visit(s) for debriefing, reflecting on lessons learned, and discussing how to integrate key takeaways into the SCU model.</p> <p>Include in debrief and planning conversations personnel that traveled for site observations, HHCS staff, additional Dispatch leadership, and Steering Committee members as needed.</p>				
14 Prepare the SCU mobile team with training, informed by community needs		Plan the training schedule based on community needs, ongoing assessment and planning, and prerequisite skills and experiences of hired personnel			

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Administration and Evaluation						
15 Contract the SCU Model to a CBO				Extend contract and provide funding for Phase 2, as applicable		Determine if the SCU can be administered through the City of Berkeley, elevating it to the status of Police and Fire as an essential citywide emergency service and ensuring long-term sustainability
16 Integrate SCU into existing data systems	Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Evaluate implications for Recommendation 18 (care coordination case management meetings) based on feasibility and adaptations from this recommendation (Recommendation 16) Maintain and strengthen data privacy before SCU is integrated with Dispatch (given that Dispatch is situated within Berkeley Police and that many health conditions can be criminalized and prosecuted)		Continue: Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Coordinate with Alameda County Care Connect to plan for bi-directional data feeds with the Community Health Record (CHR) Plan for access to EHRs and other relevant data systems			
17 Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal	Coordinate with City of Berkeley to add new data to Portal Plan for how regularly data will be refreshed/updated on Portal	Publish data regularly				
18 Implement care coordination case management meetings for crisis service providers	Involve all relevant agencies in planning to define, align, and adjust data definitions, variables, and collection practices. (e.g., 911-Dispatch, MCT, BPD, BFD, Falck, HHCS, SCU, etc.) Engage potential participants to plan for Phase 1 implementation of care coordination case management meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement care coordination meetings				
19 Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response	Engage potential participants to plan for Phase 1 implementation of centralized coordination and leadership meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement centralized coordination and leadership meetings				

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
<i>Administration and Evaluation (continued)</i>					
20 Continue the existing SCU Steering Committee as an advisory body	Identify additional Steering Committee members Invite and engage new members Adapt processes, group norms and agreements, and/or meeting schedules, as relevant Decide on methods and intervals for collecting community input and feedback during Phase 1	<i>Hold regular meetings of SCU Steering Committee; incorporate decision-making processes across other Recommendations</i>			
21 Solicit ongoing community input and feedback	Develop a plan to communicate the opportunities for community and feedback; incorporate into public awareness campaign	<i>Solicit ongoing community input and feedback; incorporate decision-making processes across other Recommendations</i>			
22 Adopt a rapid monitoring, assessment, and learning process					
23 Conduct a formal, annual evaluation	Plan for the evaluation and rapid assessment processes to use overlapping data and be mutually-supportive and streamlined Plan for all data definitions and collection processes to be aligned across rapid assessment and evaluation aims.	Ensure that the evaluation findings are available for the latter six-months of Phase 1 to support planning for Phase 2	Review evaluation findings Plan for Phase 2		
24 Launch a public awareness campaign to promote community awareness and education about the SCU	Plan for public awareness campaign, including targeted modalities, targeted audiences, and/or phased timing Launch public awareness campaign	<i>Continue public awareness campaign, as necessary</i>			
25 The SCU mobile team should conduct outreach and build relationships with potential service utilizers	Conduct targeted outreach and establish trusting relationships between SCU and community members, promoting utilization of SCU	<i>Continue targeted outreach and build relationships as necessary</i>			

Appendix B: Sample Shift Structure & Redundancy Needs

Model Component	Phase	Staffing Needs	Shift Type	M	T	W	Th	F	Sa	Su	No. of shifts (week 1)	No. of shifts (week 2)	No. of staff per unit	No. of units	No. of FTE needed	Notes	
SCU	Phase 1	Shift 1	10-hour shift	mobile unit A	mobile unit A	mobile unit A	mobile unit B	mobile unit E	mobile unit E	mobile unit E	mobile unit a	3	4	3	6	18	Assumes one mobile unit per shift
		Shift 2	10-hour shift	mobile unit B	mobile unit B	mobile unit B	mobile unit C	mobile unit F	mobile unit F	mobile unit F	mobile unit b	4	3	3			Assumes a three-person mobile unit
		Shift 3	10-hour shift	mobile unit C	mobile unit C	mobile unit C	mobile unit D	mobile unit D	mobile unit D	mobile unit D	mobile unit c	4	3	3			Six clinicians, six peers, six therapists
											mobile unit d	4	3	3			
											mobile unit e	3	4	3			
											mobile unit f	3	4	3			
SCU	Phase 1	Shift 1	10-hour shift	clinical supervisor A	clinical supervisor A	clinical supervisor A	clinical supervisor B	clinical supervisor E	clinical supervisor E	clinical supervisor E	clinical supervisor A	3	4	1	6	6	
		Shift 2	10-hour shift	clinical supervisor B	clinical supervisor B	clinical supervisor B	clinical supervisor C	clinical supervisor F	clinical supervisor F	clinical supervisor F	clinical supervisor B	4	3	1			
		Shift 3	10-hour shift	clinical supervisor C	clinical supervisor C	clinical supervisor C	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor C	4	3	1			
											clinical supervisor D	4	3	1			
											clinical supervisor E	3	4	1			
											clinical supervisor F	3	4	1			

SCU	Phase 1	shift business	8-hour shift	program manager	program manager	program manager	program manager	program manager	-	-	program manager	5	n/a	1	1	1	Assumes mobile unit peers are supervised by clinical supervisor during shift; this specialist is for other professional supports for Peer Specialists
		shift business	8-hour shift	peer supervisor	peer supervisor	peer supervisor	peer supervisor	peer supervisor	-	-	peer supervisor	5	n/a	1	1	1	
Alternative Phone Line	Phase 1	Shift 1	12-hour shift	call team A	call team A	call team A	call team B	call team D	call team D	call team D	call team a	3	4	2	4	8	Assumes two call receptionists per shift
		Shift 2	12-hour shift	call team B	call team B	call team B	call team C	call team C	call team C	call team C	call team b	4	3	2			
											call team c	4	3	2			
											call team d	3	3	2			
Dispatch	Phase 0	shift business	8-hour shift	BH/MH triage clinician	BH/MH triage clinician	BH/MH triage clinician	BH/MH triage clinician	BH/MH triage clinician	-	-	BH/MH triage clinician	5	n/a	1	1	1	
	Phase 1	Shift 1	12-hour shift	BH/MH triage clinician A	BH/MH triage clinician A	BH/MH triage clinician A	BH/MH triage clinician A	BH/MH triage clinician C	BH/MH triage clinician C	BH/MH triage clinician C	BH/MH triage clinician A	4	3	1	4		Assumes one clinician per dispatch shift

	Shift 2	12-hour shift	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n D	BH/MH triage clinic n D	BH/MH triage clinic n D	BH/MH triage clinic n B	4	3	1				
										BH/MH triage clinic n C	3	4	1				
										BH/MH triage clinic n D	3	4	1				

Appendix C: Budget

Salaries, wages, benefits	FTE	Salary	Cost/Year	Notes	Source
BH Licensed Clinician / Psych-NP	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Mental Health Peer Specialist	6	\$ 77,500.00	\$ 465,000.00	JobsEQ "Health Education Specialists"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
BH Licensed Therapist / LCSW	6	\$ 85,800.00	\$ 514,800.00	JobsEQ "Mental Health and Substance Abuse Social Worker"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Clinical Supervisor	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"; unable to find accurate salaries for a supervisory position	
Peer Specialist Supervisor	1	\$ 85,800.00	\$ 85,800.00	unable to find accurate salary range; using LCSW range	
Program Manager	1	\$ 105,000.00	\$ 105,000.00		
Phase 0 Dispatch MH/BH Clinician	1	\$ 105,782.00	\$ 105,782.00	"SUPERV PUBLIC SFTY DISP"	https://www.cityofberkeley.info/uploadedFiles/Human_Resources/Level_3_-_General/ClassificationAndSalaryListingByTitle.pdf
Subtotal			\$ 3,412,382.00	Total FTE Salary	
Subtotal			\$ 853,095.50	Fringe Benefits, 25%	
Total Salary + Benefits			\$ 4,265,477.50		
Ongoing materials and services			Cost/Year	Notes	
Evaluation			\$ 185,000.00	Used cost of RDA feasibility study as estimate	
Vehicle maintenance	4	\$ 20,000.00	\$ 80,000.00	Estimate provided by Berkeley Fire	
Advertisement & PR	12	\$ 2,000.00	\$ 24,000.00	Includes community education workshops, advertising, outreach and engagement	
Small equipment & supplies	1200	\$ 20.00	\$ 24,000.00	Wound care, hygiene, harm reduction, meals, transportation vouchers,	

				clothing, blankets, etc. Based on SF SCRT data, assumes 100 contacts with clients per month, \$20 per client contact; SF SCRT budgeted 10k and said they needed more	
Office supplies and postage	12	\$ 200.00	\$ 2,400.00		
Communications	12	\$ 600.00	\$ 7,200.00		
Printing and copying	12	\$ 100.00	\$ 1,200.00		
Travel and transportation	12	\$ 100.00	\$ 1,200.00	Local travel for care coordination & meetings	
Training and meetings	12	\$ 1,000.00	\$ 12,000.00	Equity, team dynamics, and other ongoing training	
Licenses/fees/subscriptions	12	\$ 50.00	\$ 600.00		
Insurance			\$ -		
Contract services			\$ -		
Legal services			\$ -		
Audit and consulting			\$ -		
Utilities			\$ -		
Facilities			\$ -		
Subtotal			\$ 337,600.00	ongoing materials and services	
Subtotal: Personnel and non-personnel recurring subtotal			\$ 4,603,077.50		
Administrative overhead			\$ 276,184.65	6% for all recurring costs	
Total recurring cost			\$ 4,879,262.15		
One time cost			Cost/Year	Notes	
Vehicle	5	\$ 60,000.00	\$ 300,000.00	Assume 60k per van with wheelchair capacity	
Recruitment	27	\$ 4,000.00	\$ 108,000.00	Median national average of recruiting new employee	

Training (SCU staff and Dispatch)			\$ 75,000.00	Assume training for all Dispatch, BPD, Fire, MCT, & SCU staff; both program onboarding and emerging best practices related to crisis response
Technology (computers, phones, etc.)			\$ 25,000.00	Laptop/tablets, cell phones for all staff, MiFi, portable chargers
Rapid assessment			\$ 40,000.00	Evaluation planning meetings, data request development, community-input meetings
Community outreach and education (including materials development)			\$ 25,000.00	Curriculum development, materials, advertisement, outreach (SF SCRT hired consultant to do this work)
Subtotal			\$ 573,000.00	
Administrative overhead			\$ 34,380.00	6% for all one-time costs
Total one-time cost			\$ 607,380.00	
Recommendations			Cost/Year	Notes
Signing bonus	7	\$ 5,000.00	\$ 35,000.00	Signing bonus recommended for licensed clinical staff
Technical Assistance			\$ 15,000.00	Consultation from existing similar alternative models
Total additional recommendations			\$ 50,000.00	
Total cost with recommendations			\$ 5,536,642.15	Estimated cost for program and recommendations

Appendix D: Anticipated Incident Volume

		Potential Daily Incidents for SCU (Average)	Potential Incidents per shift for SCU (Average)
Average daily BMH-Crisis incidents (FY15-19) <i>MCT, TOT, CAT</i>	10.73 incidents	19.82	6.61
Average daily BPD MH Incidents (FY14-20)	28.91 incidents		
Average time on task for transports BFD & Falck	101.48 minutes		

	Denver ³¹ 6 months, 1 team, not citywide, not 24/7	Portland ³² 6 months, 1 team, not citywide, not 24/7	CAHOOTS ³³ Annual, 1-2 teams, 24/7
Average incidents per shift	5.75	3	(Per hour) 1.81
% incidents that resulted in a transport	14.30%	6.27%	23.38%
% transports that were to the hospital	16.82%	58.33%	
Average minutes on task	24.65	19.33	
Reduction of BPD calls	2.75%	4.60%	5-8%

³¹ STAR Program Evaluation (2021, January 08). https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

³² City of Portland

Bureau of Fire and Rescue (2021, October). Portland street response: Six-month evaluation. <https://www.portland.gov/sites/default/files/2021/psu-portland-street-response-six-month-evaluation-final.pdf>

³³ Eugene Police Department Crim Analysis Unit (2020, August 21). CAHOOTS program analysis. <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>



Reimagining Public Safety Task Force

REIMAGINING PUBLIC SAFETY TASK FORCE SPECIAL MEETING

Wednesday, May 19, 2021
6:00 PM

District 1 - Margaret Fine	Youth Commission - Nayo Polk
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Paul Kealoha Blake	Berkeley Community Safety Coalition - Todd Walker
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Alex Diaz
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the Reimagining Public Safety Task Force will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL <https://us02web.zoom.us/j/83826470218>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen.

To join by phone: Dial **(669) 900 9128** and Enter Meeting ID: **838 2647 0218**. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

Please be mindful that all other rules of procedure and decorum will apply for Commission meetings conducted by teleconference or videoconference.

AGENDA

Preliminary Matters

1. Roll Call
2. Public Comment (*speakers will be limited to two minutes*)
3. Approval of Minutes
Draft minutes for the Commission's consideration and approval
 - Meeting of May 13, 2021

Discussion/Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. Public comments are limited to two minutes per speaker.

- Election of Chairperson
- Fair and Impartial Policing Presentation – Fair and Impartial Policing Working Group
- Fair and Impartial Policing Implementation of Recommendations – Jennifer Louis,
Interim Police Chief
- BerkDoT Overview – Liam Garland, Director of Public Works
- Subcommittee Discussion

Subcommittee Reports

Each report should be limited to 15 minutes.

- Policing, Budget & Alternatives to Policing – Members Opton, Ghosh, cheema, Dangerfield,
Lindheim, Mizell, Harger, Hyde
- Community Engagement – Members Fine, Harger, Malvido, Lutzker, Ejigu, Blake

Items for Future Agenda

Adjournment

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900.

Any writings or documents provided to a majority of the Reimagining Public Safety Task Force regarding any item on this agenda are on file and available upon request by contacting the City Manager’s Office attn: Reimagining Public Safety Task Force at rpsf@cityofberkeley.info, or may be viewed on the City of Berkeley website: <http://www.cityofberkeley.info/commissions>.

Written communications addressed to the Reimagining Public Safety Task Force and submitted to the City Manager’s Office by 5:00 p.m. the Friday before the meeting will be distributed to members of the Task Force in advance of the meeting. Communications to the Reimagining Public Safety Task Force are public record and will become part of the City’s electronic records, which are accessible through the City’s website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to the Reimagining Public Safety Task Force, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service to the secretary of the task force. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary for further information.



COMMUNICATION ACCESS INFORMATION:

To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at (510) 981-6418 (V) or (510) 981-6347(TDD) at least three business days before the meeting date.

Reimagining Public Safety Task Force - Agenda

May 19, 2021

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Reimagining Public Safety Task Force Contact Information:

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City of Berkeley

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**ANNOTATED AGENDA
SPECIAL MEETING OF THE
BERKELEY CITY COUNCIL**

Tuesday, February 23, 2021

4:00 P.M.

JESSE ARREGUIN, MAYOR

Councilmembers:

DISTRICT 1 – RASHI KESARWANI
DISTRICT 2 – TERRY TAPLIN
DISTRICT 3 – BEN BARTLETT
DISTRICT 4 – KATE HARRISON

DISTRICT 5 – SOPHIE HAHN
DISTRICT 6 – SUSAN WENGRAF
DISTRICT 7 – RIGEL ROBINSON
DISTRICT 8 – LORI DROSTE

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in-Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

Live audio is available on KPFB Radio 89.3. Live captioned broadcasts of Council Meetings are available on Cable B-TV (Channel 33) and via internet accessible video stream at <http://www.cityofberkeley.info/CalendarEventWebcastMain.aspx>.

To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL <https://us02web.zoom.us/j/81676274736>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

*To join by phone: Dial **1-669-900-9128** or **1-877-853-5257 (Toll Free)** and enter Meeting ID: **816 7627 4736**. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.*

To submit an e-mail comment during the meeting to be read aloud during public comment, email clerk@cityofberkeley.info with the Subject Line in this format: "PUBLIC COMMENT ITEM ##." Please observe a 150 word limit. Time limits on public comments will apply. Written comments will be entered into the public record.

Please be mindful that the teleconference will be recorded as any Council meeting is recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900. The City Council may take action related to any subject listed on the Agenda. Meetings will adjourn at 11:00 p.m. - any items outstanding at that time will be carried over to a date/time to be specified.

Preliminary Matters

Roll Call: 4:06 p.m.

Present: Taplin, Bartlett, Harrison, Hahn, Wengraf, Robinson, Droste, Arreguin

Absent: Kesarwani

Councilmember Kesarwani present at 4:13 p.m.

Action: M/S/C (Arreguin/Wengraf) to adopt a special rule for this meeting to limit public comment to one minute per speaker, with the option to yield time up to a total of four minutes.

Vote: Ayes – Taplin, Bartlett, Harrison, Hahn, Wengraf, Robinson, Droste, Arreguin; Noes – None; Abstain – None; Absent - Kesarwani

Action Calendar – New Business

1. **Report and Recommendations From Mayor’s Fair and Impartial Policing Working Group**
From: Mayor Arreguin (Author), Councilmember Harrison (Author)
Recommendation:
 1. Accept and acknowledge the report from the Fair and Impartial Working Group (Attachment 1).
 2. Direct the City Manager to implement the following recommendations summarized below and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the Police Accountability Board (PAB) and/or the Working Group.
 - Focus traffic stops on safety
 - Use a clear, evidence-based definition for stops of criminal suspects
 - Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
 - Eliminate stops for low-level offenses
 - Implement an Early Intervention System (EIS) and a risk-management structure
 - Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group
 - Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole
 - Require written consent for all consent searches
 - Address Profiling by Proxy (PAB Policy Development, Dispatcher Training)
 - Fire racist police officers identified through social media and other media screens
 - Address Profiling by Proxy (Council develop & pass CAREN policy)
 - Require regular analysis of BPD stop, search, and use of force data
 - Make resources on police-civilian encounters more publicly available such as RAHEEM.org
 - Adopt Compliance and Accountability Mechanisms; -Hire consultant to develop implementation plan
 - For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complaint process with PAB
 3. Refer the following recommendations summarized below and detailed in full in Attachment 1 to be included in the process to reimagine public safety:

Action Calendar – New Business

-Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins

-Conduct a baseline community survey

4. Refer the following recommendations summarized below and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

-Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4

-Require enhanced annual implicit bias training for police

-Accelerate Crisis Intervention Team (CIT) activity

5. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway:

-Fund and implement a specialized care unit for mental health crises

-Conduct a Capacity Study of police calls and responses and use of officer time outside of case work

6. Refer \$50,000 to the FY 2022 budget process for a consultant to develop an implementation plan as described in Attachment 1 and other minor costs the Department may confer

Financial Implications: See report

Contact: Jesse Arreguin, Mayor, (510) 981-7100

Action: 40 speakers. M/S/C (Arreguin/Harrison) to:

1. Accept and acknowledge the report from the Mayor's Fair and Impartial Policing Working Group;
2. Acknowledge and appreciate the work already completed or underway by the City Manager's Office and Police Department to implement policing reforms including:
 - Adoption and implementation of Policy 401, Fair and Impartial Policing
 - Public reporting of stop data on the BPD Open Data Portal
 - Initiation of the Center for Policing Equity study
 - Implementation of the Body Worn Camera Program
 - Early adoption of Racial and Identity Profiling Act (RIPA) data collection and reporting
 - Updates to the Use of Force Policy, Policy 300
 - Development and passage of Measure II to create a new Police Accountability Board
 - Launching of the Public Safety Reimagining process
3. Refer to the City Manager to implement the following recommendations summarized below, with quarterly progress updates to the City Council and Police Review Commission/Police Accountability Board (when established):

Implement a new evidence-based Traffic Enforcement Model

 - Focusing the basis for traffic stops on safety and not low-level offenses;
 - Reaffirming and clarifying that the Berkeley Police Department will use a clear, evidence-based definition for stops of criminal suspects;
 - Reaffirming and clarifying that the Berkeley Police Department will use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
 - Minimize or de-emphasize as a lowest priority stops for low-level offenses.

Action Calendar – New Business

Implement Procedural Justice Reforms

- Refer amendments to existing BPD policy and the creation of an Early Intervention System (EIS) related to traffic, bike and pedestrian stops;
- Adopt a policy to require written consent for all vehicle and residence searches and update the consent search form in alignment with best practice and community feedback;
- Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole;
- Address Profiling by Proxy (PAB Policy Development, Dispatcher Training);
- Fire racist police officers identified through social media and other media screens;
- Require regular analysis of BPD stop, search, and use of force data;
- Make resources on police-civilian encounters publicly available such as through RAHEEM.org;
- For any individual detained, BPD officers shall provide a business card with info on the commendation and complaint process with PAB and Berkeley Police Department.

Request that the City Manager report back at a Council Work Session in three months with budget estimates for implementation (to be considered along with the FY 22 budget process), information on legal and operational considerations, and a short-term action plan of recommendations which can be implemented without the hiring of a consultant, and those that will require the assistance of a consultant and additional resources.

Compliance and Accountability Mechanisms

- The City Manager will create an implementation plan with the assistance of a consultant that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Long-term monitoring and assessments will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
 - The implementation plan will be presented to the Berkeley City Council for approval. Once the plan is approved by the City Council, the consultant's work is finished. Long-term monitoring and assessment will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
4. Refer the following recommendations summarized below to the Reimagine Public Safety process:
 - Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins
 - Conduct a baseline community survey.
 5. Refer the following training recommendations summarized below to the Police Review Commission, to be taken up by the Police Accountability Board when it is established, and consider the resources required to implement this expanded training:
 - Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
 - Require enhanced annual implicit bias training for police
 - Accelerate Crisis Intervention Team (CIT) activity

Action Calendar – New Business

- Refer to the PRC/PAB to consider a departmental policy on requiring written consent for person searches and report back in 6 months.
6. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway and have been completed:
 - BPD released stop, arrest, calls for service and use of force data from 2012 to present to the Working Group;
 - Fund and implement a specialized care unit for mental health crises;
 - Conduct a Capacity Study of police calls and responses and use of officer time outside of case work.
 7. Refer \$50,000 to the FY 2022 budget process for a consultant to assist the City Manager/Police Department in the implementation of these recommendations and other minor costs the Department may confer; and also refer to the FY 2022 budget process a line item for police training for the new evidence-based stop program (costs to be determined by BPD).

Vote: All Ayes.

Adjournment

Action: M/S/C (Robinson/Taplin) to adjourn the meeting.

Vote: All Ayes.

Adjourned at 7:07 p.m.

Communications

- None

Supplemental Communications and Reports 1

- None

Supplemental Communications and Reports 2

Item #1: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group

1. Elizabeth Ferguson

Supplemental Communications and Reports 3

Item #1: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group

2. Material, submitted by Mayor Arreguin
3. Presentation, submitted by the Police Department
4. Janice Schroeder
5. Thomas Luce
6. Ben Gerhardstein, on behalf of Walk Bike Berkeley
7. Diana Bohn
8. Sivan Orr
9. Ali Lafferty

10. Allegra Mayer
11. Chimey Lee
12. Moni Law



To: Members of the City Council

From: Mayor Jesse Arreguín and Councilmember Kate Harrison

Subject: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group

RECOMMENDATIONS

1. Accept and acknowledge the report from the Fair and Impartial Working Group (Attachment 1)
2. Direct the City Manager to implement the following recommendations summarized below and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the Police Accountability Board (PAB) and/or the Working Group
 - Focus traffic stops on safety
 - Use a clear, evidence-based definition for stops of criminal suspects
 - Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
 - Eliminate stops for low-level offenses
 - Implement an Early Intervention System (EIS) and a risk-management structure
 - Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group
 - Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole
 - Require written consent for all consent searches
 - Address Profiling by Proxy (PAB Policy Development, Dispatcher Training)
 - Fire racist police officers identified through social media and other media screens
 - Address Profiling by Proxy (Council develop & pass CAREN policy)
 - Require regular analysis of BPD stop, search, and use of force data
 - Make resources on police-civilian encounters more publicly available such as RAHEEM.org

- Adopt Compliance and Accountability Mechanisms
 - Hire consultant to develop implementation plan
 - For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complaint process with PAB
3. Refer the following recommendations summarized below and detailed in full in Attachment 1 to be included in the process to reimagine public safety:
 - Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins
 - Conduct a baseline community survey
 4. Refer the following recommendations summarized below and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established
 - Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
 - Require enhanced annual implicit bias training for police
 - Accelerate Crisis Intervention Team (CIT) activity
 5. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway:
 - Fund and implement a specialized care unit for mental health crises
 - Conduct a Capacity Study of police calls and responses and use of officer time outside of case work
 6. Refer \$50,000 to the FY 2022 budget process for a consultant to develop an implementation plan as described in Attachment 1 and other minor costs the Department may confer

RATIONALE FOR RECOMMENDATIONS

The working group organized its policy proposals into five council actions to ensure swift action on the measures directly related to reducing racial disparities, to avoid duplicating

efforts in parallel processes on public safety, and to ensure sufficient follow-up and oversight to build public trust.

Recommendation 2: Direct the City Manager to implement recommendations summarized above and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the PAB and/or the Working Group (see list in recommendations above)

These recommendations received consensus support from the working group and were identified as top priorities for action. Many of these proposals are drawn from the best practices and recommendations provided by experts that spoke to the working group throughout their process. Additionally, the working group recommended quarterly progress updates on the implementation of these recommendations. These progress updates will be valuable for oversight and will allow for the department to share the efficacy of these efforts in reducing disparities, which will be easier to track and evaluate with the new RIPA data collection system.

Recommendation 3: Refer the recommendations summarized above and detailed in full in Attachment 1 to be included in the process to reimagine public safety

These proposals extend beyond the working group's focus on racial disparities in policing and are appropriate to consider in the process the City has initiated to reimagine public safety where there will be robust community engagement efforts.

Recommendation 4: Refer the following recommendations summarized above and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

These recommendations, which relate to additional training for BPD are supported by the working group but require further consideration by the city's police oversight body. Additional training will require more resources to either coordinate with outside entities or to build internal capacity, which the Council will need to balance against other priorities.

Recommendation 5: Acknowledge and reaffirm the following recommendations summarized above and detailed in full in Attachment 1 that are already underway

The working group believes that these efforts can have an impact on reducing racial disparities. However, since the working group began formulating their recommendations, efforts to implement a specialized care unit and to conduct a

capacity study are already underway in the city. The working group supports and reaffirms these efforts.

Recommendation 6: Refer \$50,000 to the budget process for a consultant to develop an implementation plan as described in Attachment 1

The working group was clear that efficient and effective implementation of these recommendations is critical to reducing disparities and meeting the City's goal of fair and impartial policing. The working group believes the process would be more effective if facilitated by a consultant at a cost of approximately \$50,000. To that end, pages 8-9 in the The Mayor's Working Group on Fair and Impartial Policing Policy Proposals (Attachment 1) outlines a compliance and accountability mechanism that includes the hiring of an experienced consultant to draft an implementation plan. The plan should include a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Regardless of allocation, all of these recommendations have already been agreed to and can move forward without significant new resources. The working group acknowledges and expects that long-term monitoring and assessment will be the responsibility of the police oversight body.

BACKGROUND

The Mayor along with Councilmembers Harrison and Robinson convened the Fair and Impartial Policing Working Group on Thursday, November 14, 2019. The purpose of the Working Group was to analyze relevant information and develop a report and departmental action plan with short-term and long-term steps to address disparities in police stops, searches, use of force, and yield rate from stops, and to build a foundation for a subsequent community processes to build trust between Berkeley Police and the community. The working group met twice monthly from January through March 2020 when it suspended its work temporarily due to the COVID-19 pandemic. The working group resumed in May and continued meeting regularly via Zoom video conferencing through December when it finalized its recommendations via a consensus decision making process.

History of Council Action on Fair and Impartial Policing

The concept of "Fair and Impartial" policing has a long history in Berkeley, arising from anecdotal and statistical data regarding racially disparate policing outcomes.

In June 2014, the Council voted unanimously to approve a policy prohibiting racial profiling,¹ and On December 31, 2014, BPD issued General Order B-4 prohibiting racial profiling by law enforcement officers, clarifying the circumstances in which officers can consider race, ethnicity and other demographics, and to reinforcing procedures that serve to assure the public that we are providing service and enforcing laws in an equitable way.² These new policies required officers to internally report demographic and other statistical data about vehicle and pedestrian stops.

In 2015, community advocates concerned with perceived disparities in policing, analyzed police stop data acquired through a Public Records Act request and found evidence for disparate policing outcomes in Berkeley.³ BPD subsequently contracted with the Center for Policing Equity (CPE), an academic non-profit focused on providing police departments and communities with actionable stop data analysis, to better understand Berkeley's data. In June 2017, Council voted to release a draft version of the study, which BPD provided in July 2017 and detailed further statistical evidence of racially disparate outcomes across police use of force and vehicle and pedestrian stops.⁴

In response to the CPE report and community feedback, Council took various unanimous legislative actions to address disparities, including:

1. Direction to City Manager to overhaul BPD Use of Force Policy with various deadlines (10/31/17);⁵
2. Direction to City Manager to track and address racial disparities with various deadlines (11/14/17);⁶

¹ Nico Correia, "Anti-racial profiling policy passes unanimously in Berkeley City Council," The Daily Californian, June 18, 2014, <https://www.dailycal.org/2014/06/18/anti-racial-profiling-policy-passes-unanimously-berkeley-city-council/>.

² "General Order B-4." *Berkeley Police Department General Order B-4*, December 31, 2014, https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/GO%20B-04_12-31-14.pdf.

³ Trevor Greenan, "Civil rights leaders say Berkeley police disproportionately stop, search underrepresented minorities" The Daily Californian, September 30, 2015, <https://www.dailycal.org/2015/09/30/civil-rights-leaders-say-berkeley-police-disproportionately-stop-search-people-of-color/>.

⁴ Draft Interim Center for Policing Equity Report, July 14, 2017, [https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/CPE%20Draft%20Report%2007142017\(2\).pdf](https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/CPE%20Draft%20Report%2007142017(2).pdf).

⁵ Berkeley City Council Meeting Annotated Agenda, "Direct the City Manager and the Berkeley Police Department Regarding the Berkeley Police Department's Use of Force Policy" October 31, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/10_Oct/Documents/10-31_Annotated.aspx.

⁶ The Council voted unanimously to "[d]irect the City Manager to track yield, stop, citation, search and arrest rates by race, develop training programs to address any disparities found, and implement policy and practice reforms that reflect cooperation between the Berkeley Police Department ('BPD'), the Police Review Commission ('PRC') and the broader Berkeley community" and that the "City Manager will report findings in September 2018 and annually thereafter, using anonymized data." Council followed up with additional legislation including legislation to update the department's use of force policies. See Berkeley

3. Appropriation of \$50,000 for BPD to hire a Data Analyst (12/5/17).⁷

In response to a lack of progress towards addressing referrals to the City Manager and a related Police Review Commission report entitled *To Achieve Fairness and Impartiality*, Council unanimously adopted legislation on April 24, 2018 requiring a written Departmental Action Plan to study and address disparate policing outcomes. Council also directed that the City Manager convene a task force/working group, including representatives of the BPD, Berkeley Police Association, PRC, interested community organizations (particularly of constituencies of color), and academic experts, to ensure that the final plan was “effective and broadly accepted.”⁸ Council stipulated that the working group and action plan process would convene upon the issuance of the final CPE report, be run by a professional mediator/facilitator, and that the group would report back with an action plan within one year’s time.

Although the final CPE report was released in May 2018,⁹ the City Manager neither convened the working group nor did the Department release an action plan. Councilmember Harrison also submitted a supplemental Council informational report on October 30, 2018 noting the absence of a City Manager report on racial disparities findings as required by November 14, 2017 Council motion.¹⁰ The first report was to coincide with the 2018 Crime Report.

Ahead of the May deadline for the City Manager to present a Departmental Action Plan, the Police Chief on behalf of the City Manager submitted an April 30, 2019 referral

City Council Meeting Annotated Agenda, “Direct the City Manager to analyze and address disparate racial outcomes in policing and implement policy and practice reforms,” November 14, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/11_Nov/Documents/11-14_Annotated_Agenda.aspx.

⁷ “Mayor’s Recommendations for Allocation of Unassigned General Fund Excess Equity,” December 5, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/12_Dec/Documents/2017-12-05_Item_B2_Mayor%E2%80%99s_Recommendations_-_Supp.aspx.

⁸ Berkeley City Council Meeting Annotated Agenda, “Accept and Acknowledge Report from the Berkeley Police Review Commission, ‘To Achieve Fairness and Impartiality,’ and Refer Key Recommendations to the City Manager for Policy Development and Consideration in September 2018 Report to City Council,” April 24, 2018, https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/04-24_Annotated.aspx.

⁹ Final Center for Policing Equity Report, May 20, 2019, https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

¹⁰ “Informational Report about Absence of City Manager Report on Racial Disparities Findings as Required by November 14, 2017 Council Motion -2018 Mid-Year Crime Report,” Councilmember Harrison, October 30, 2018, https://www.cityofberkeley.info/Clerk/City_Council/2018/10_Oct/Documents/2018-10-30_Supp_1_Reports_Item_29_Supp_Harrison_pdf.aspx.

response regarding the status of various Council disparate policing referrals.¹¹ The report briefly noted that the Department was still seeking a request for proposal to “support analysis of stop data, to create tools to facilitate data analysis, to foster community, and to create a community engagement strategy.” This update was provided more than year and a half from the first Council referral to address racial disparities, and after various other missed deadlines.

Council referred the Chief’s response to the Public Safety Committee, and on June 3, 2019 the Committee voted unanimously, in recognition of a lack of progress to date and the urgency of the matter at hand that the Mayor supplant the City Manager and convene the task force in “an expeditious manner” and as outlined in the April 2018 Council referral.¹²

Fair and Impartial Working Group Development and Process

At the July 23, 2019 Council Meeting, Mayor Arreguín announced that he would independently convene a task force through his office on an ad hoc basis with assistance from the offices of Councilmember Harrison and Robinson.¹³ Building from the council referral, the Mayor convened a group with the following community representatives: Elliot Halpern (ACLU Northern California), Mansour Id-Deen (NAACP), Héctor Malvido (Latinxs Unidos de Berkeley), Izzy Ramsey and Kitty Calavita (Police Review Commission), Nathan Mizell (UC Berkeley ASUC and PRC), Perfecta Oxholm (PhD candidate at UC Berkeley¹⁴, [Moni Law \(Berkeley Community Safety Coalition\)](#), and Jim Chanin (Civil Rights Attorney). The Mayor met multiple times with the City Manager and Chief Greenwood in developing a framework for the working group and discussing a work plan. Chief Greenwood and his Staff were invited to all meetings, and the group had consistent participation from Chief Greenwood, Captain Rolleri, Lieutenant Montgomery, Lieutenant Tate, and Officer Matt Yee. Goldman Public Policy

¹¹ “Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement,” Berkeley Police Department, April 30, 2019, https://www.cityofberkeley.info/Clerk/City_Council/2019/04_Apr/Documents/2019-04-30_Item_29_Referral_Response_Update_on_Various.aspx

¹² Berkeley City Council Public Safety Committee Meeting Annotated Agenda, “Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement,” June 3, 2019, <https://www.cityofberkeley.info/uploadedFiles/Clerk/2019-6-3%20Annotated%20Agenda%20-%20Public%20Safety.pdf>

¹³ Berkeley City Council Meeting Annotated Agenda, “Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement (Reviewed by the Public Safety Committee),” July 23, 2019, https://www.cityofberkeley.info/Clerk/City_Council/2019/07_Jul/Documents/07-23_Annotated_Agenda_pdf.aspx

¹⁴ Perfecta Oxholm, PhD Student, <https://gspp.berkeley.edu/directories/phd-students/perfecta-oxholm>

student Arlo Malmberg was brought on to the BPD team to assist with data analysis. Leadership from the Berkeley Police Association were invited to all meetings but did not attend.

At its first meetings the working group chose Izzy Ramsey as the Chair, and developed a work plan. The working group organized their work into five phases and invited relevant subject matter experts locally and nationally to speak to the group to inform their research and recommendations. Key takeaways from the working group meetings and presentations for each phase are summarized below. For a more detailed meeting by meeting account, minutes, and in some cases full meeting recordings and presentations, are in the publicly accessible google drive.¹⁵

Phase 1: Establishing Process and Information Gathering

- The working group focused on building a common understanding of past work surrounding this issue and progress that has been made in this field.
- The group reviewed the open data portal to understand how data is currently collected and presented.
- The group provided feedback on draft RFP language for BPD to hire a professional facilitator. Ultimately, it was determined that there was not a sufficient need and the money was reallocated to support Arlo Malmberg's data analysis for the department.
- Councilmember Harrison presented an overview of outstanding referrals related to fair and impartial policing.¹⁶
- The group reviewed a spreadsheet of relevant council referrals and received a progress update on each item from BPD.¹⁷

Phase 2: Quantitative Analysis

- The group discussion included analysis of possible drivers of disparities, the disparity themselves, appropriate metrics to analyze disparities, and policies that can be implemented to ensure fair and impartial policing.
- Jack Glaser, Professor at UC Berkeley, an expert in the field of bias, stereotyping, and racial profiling provided the group with an overview on the

¹⁵ Mayor's Fair and Impartial Working Group Google Drive,
<https://drive.google.com/drive/folders/19xsOXIJvYtXQzaeJZzmSg2Mk3pJT6JYq?usp=sharing>

¹⁶ Kate Harrison, "Key Council Referrals" January 22, 2020,
https://drive.google.com/file/d/10EjYrd7EzExXlfmA2gVsX8-LtXrr2_-O/view?usp=sharing,

¹⁷ Spreadsheet on Fair and Impartial Policing Items, January 24, 2020
<https://drive.google.com/file/d/18ofsjsFAE7r3k-3REmVYU5nncQtCrZxL/view?usp=sharing>

drivers of disparities in policing.¹⁸ Key drivers of disparity include deployment patterns, crime category priorities, officer bias, complaint bias and the possibility of higher rates of offending among certain racial groups.

- Perfecta Oxholm, working group member, and PhD candidate at UC Berkeley working with Professor Glaser presented her analysis of stop data using the open data portal.¹⁹ Her analysis reviewed all the available metrics from the time the CPE report was published to present day and found similar trends with the exception of 2018 when staffing levels were at a historic low.
- George Lippman presented his memo “Racial Disparities in Berkeley Policing” (Attachment 6).
- There was robust discussion about the challenges in using census data as a baseline measurement for analyzing disparities. Ultimately, the group acknowledged that using yield rates, the ratio between stops and arrests or contraband seized was among the key metrics to analyze disparities and bias until more refined data was available through the new RIPA system implemented in October 2020. The idea is that in the absence of discrimination or bias, officers should cite and arrest people of color at the same rates as white people.
- Arlo Malmberg and Officer Matt Yee presented BPD’s a beta version of a fair and impartial policing data dashboard, which included analysis of yield rates, a “veil of darkness test,” and a measurement of implicit bias in officer deployment. The presentation acknowledged that there are disparities according to yield rates, and there is evidence that officer decisions may be biased.²⁰

Phase 3: Qualitative Analysis

- Originally, the working group hoped to conduct surveys and listening sessions to gather qualitative input on experience with the Berkeley Police Department. With limited staff resources to support this effort, a subcommittee of working group members formed in February to do outreach through community based organizations. These efforts were complicated and ultimately postponed due to COVID-19, however some of the recommendations speak to the continued desire to gather qualitative input on the relationship of community members and the BPD.

¹⁸Jack Glaser, “Understanding Disparities in Police Stops” February 5, 2020, <https://drive.google.com/file/d/1nJp1jIBKFVYHKtw633cwJQ5rjqWdjgOL/view?usp=sharing>

¹⁹ Perfecta Oxholm, “Hit Rate Analysis, Berkeley Police Department Data February 2015-July 2019” February 2020, <https://drive.google.com/file/d/1xlg9uY7vGqAEnrjchHzeC-wukCF6-DN9/view?usp=sharing>

²⁰ Arlo Malmberg and Matt Yee, BPD Data Dashboard Screenshots, June 2020, <https://drive.google.com/file/d/1AvUFZwLM0X6y1XksTJd0s1POCo5FPJ9R/view?usp=sharing>

Phase 4: Formulating Recommendations

- The working group held several meetings in the summer of 2020 to listen to presentations on best practices to reduce disparities in stops and searches and improve police and community relations. Expert recommendations were incorporated into a list of high-level recommendations. A subcommittee of the civilian working group members developed these into a detailed report with rationales for each recommendation.
- BPD presented on piloting a new approach, called “Problem Oriented Policing” to address disparities with a data-driven focus.²¹ The goal of this approach is to limit stops that provide low public safety value and enhance data-driven policing to deploy officers more appropriately.
- Dr. Frank Baumgartner, Professor of Political Science at University of North Carolina at Chapel Hill, author of the book *Suspect Citizen*, presented to the group. Dr. Baumgartner encouraged the group to consider whether current police policies generate enough public safety value to warrant the impact that a stop and search has on an individual and a community. He provided two concrete recommendations, which the group ultimately incorporated: (1) reduce the number of people pulled over for investigatory stops that are not safety-related, and (2) require people to sign a written consent form before officers search their vehicle.²²
- Oakland Police Captain Chris Bolton gave a presentation to the group titled “Precision-Based Approaches to More Legitimate Policing.” Captain Bolton’s presentation provided an overview of how police under his command in North Oakland reduced stops of black people from 58% to 35% in two years without a corresponding increase in crime. He emphasized the importance of clear leadership, utilization of data, and a risk-management program to review trends in officer behavior and community crime.²³²⁴
- Former Stockton Police Department Captain Scott Meadors, presented training on procedural justice, implicit bias and trust building, which he has been a leader in statewide. He emphasized teaching about the history of American policing, and that each trust-building workshop must be built on the unique community

²¹Berkeley Police Department, “Addressing Racial Disparities in Enforcement Outcomes”, July 1, 2020, https://drive.google.com/file/d/1x5NZzT9F6AZaArl_kEFyAYItB7q8Ka20/view?usp=sharing

²² Frank Baumgartner, *Suspect Citizens* Ch. 9 “Reforms that Reduce Alienation and Enhance Community Safety”, <https://drive.google.com/file/d/17I0vaDd1GOOxqV3zEvUu4eXxeWkT24Tn/view?usp=sharing>

²³ Captain Chris Bolton, “Precision Based Approaches to More Legitimate Policing” July 15, 2020, https://drive.google.com/file/d/1XuRt3Qo-_Ty5SL06Gh9rWK3s8zmlZ5Xl/view?usp=sharing

²⁴ Fair and Impartial Working Group Meeting Recording, July 15, 2020 <https://drive.google.com/file/d/1sbTwwY2EAMj9pFDythECFsXPTdnXZ0Ph/view?usp=sharing>

circumstances. There is no one-size fits all approach. Mr. Meador’s work has been featured in the New York Times, and Citylab.²⁵

- Brandon Anderson presented to the group about his non-profit Raheem, an independent service for reporting police conduct in the United States. When people report to Raheem, they do three things: (a) file a complaint on their behalf, (b) connect them to local advocacy groups, and (c) connect them to free legal representation. Raheem has developed a widget to allow reporting from third-party websites to have true community-centered reporting. The working group ultimately recommended the City use Raheem or something similar, and also Anderson’s suggestion of requiring police to provide a business card that includes information on how to file a complaint.²⁶²⁷

Phase 5: Developing Final Report and Next Steps

- The subcommittee of the working group provided their draft recommendations to the whole group and requested written feedback by BPD. The working group spent several meetings discussing each recommendation in detail.
- After these discussions, the subcommittee developed a revised set of proposals and a full account (Appendix C) of how BPD feedback was incorporated into the recommendations. The working group meetings were extended and postponed several times to provide time for additional dialogue and feedback on revised recommendations.
- The working group finalized the report through a consensus process. They first identified the recommendations that had complete agreement. Then, they worked through the list of proposals and made revisions on the recommendation itself and/or the recommended Council action to achieve agreement.
- During this final phase, BPD implemented its new data collection system to comply with RIPA. The department provided the group a walkthrough on how the new custom data collection system will work and the group asked questions on the data categories and method of collection.²⁸²⁹

²⁵Michael Friedrich, “A Police Department’s Difficult Assignment: Atonement” Citylab, October 23, 2019, <https://www.citylab.com/equity/2019/10/police-violence-history-community-trust-reconciliation/600544/>
Tina Rosenberg, “A Strategy to Build Police-Citizen Trust” New York Times Opinion, July 26, 2016, <https://www.nytimes.com/2016/07/26/opinion/a-strategy-to-build-police-citizen-trust.html>

²⁶ Fair and Impartial Working Group Meeting Minutes, August 5, 2020
<https://docs.google.com/document/d/1Yg6x32rCaWa38z427608t9tXB51oZBg9DUNEQ4U8Jo/edit>

²⁷ About Raheem, <https://www.raheem.ai/en/about>

²⁸ Berkeley Police Department, “AB 953 Racial and Identity Profiling Act of 2015 (RIPA)”, September 16, 2020 <https://drive.google.com/file/d/1yZ-9n4qJZQyM80tK1yTN6o1BRexF5WLz/view?usp=sharing>

²⁹Berkeley Police Department, RIPA App Presentation Screenshots, September 16, 2020
<https://drive.google.com/file/d/1PzwJrZjXAMJCNbQqB7-IIG2wOJtZal3G/view?usp=sharing>

ENVIRONMENTAL IMPACT

There are no direct environmental impacts as a result of adopting the working group's recommendations.

FINANCIAL IMPLICATIONS

\$50,000 to hire a consultant to develop an implementation plan. Additional costs include staff time to implement the recommendations and provide updates.

CONTACT PERSON

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Attachments:

1. The Mayor's Working Group on Fair and Impartial Policing Policy Proposals
2. Cover Letter, Members of Fair and Impartial Working Group, December 17 2020
3. ~~Dissent Letter~~ - "[Dissenting Opinion on the Accountability Mechanism](#)" by Nathan Mizell, Perfecta Oxholm, Héctor Malvido, and Jim Chanin, December 23, 2020
4. Center for Policing Equity Report,
5. PRC Report
6. "Racial Disparities in Berkeley Policing, Explanation of Statistical Methodology", January 30, 2020 George Lippman
7. "Key Points - BPD Stop Data", December 6, 2019, George Lippman
8. "Racial Disparities in Berkeley Policing, Update on Pandemic Period, March 15 to June 12, 2020" George Lippman, June 19, 2020
9. "Berkeley Protest Curfew Resulted in More Racialized Policing, BPD Stop Disparities: May 31 through June 2, 2020" George Lippman, July 4, 2020
10. Spreadsheet of Outstanding Referrals, January 24, 2020
11. Berkeley Police Department Stop Data March 15- June 2020
12. Berkeley Police Department Stop Data March 15--June 12, Pt. 2

The Mayor's Working Group on Fair and Impartial Policing Policy Proposals

Developing and implementing reforms that will effectively reduce existing racial disparities requires changes at several levels. The following recommendations include setting new policy, updating institutional structures, and mandating individual accountability. Their implementation and ongoing effectiveness require supportive leadership, transparency and police accountability.

Executive Summary. Mayor's Working Group on Fair and Impartial Policing (hereafter, "the working group") focused on reducing racial disparities in stops and searches and improving community relationships damaged by the racially disparate practices in stops and searches.

This report advances the following recommendations for BPD practices:

- Focus on public safety and eliminate stops for low-level offenses not directly impacting public safety.
- Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria.
- Institute annual implicit bias training and scenario-based training for California Penal Code 13519.4, prohibiting racial or identity profiling.
- Establish a truly effective Early Intervention System and risk management process to ensure department accountability and identify officers who are outliers in stops, searches, dispositions, and outcomes.
- Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole.
- Require written consent for consent searches.
- Include evaluations of cultural competence in hiring and promotion, and fire officers who have expressed racist attitudes and/or are identified as members of racist groups.

The report also advances these recommendations for the Berkeley City Council and/or the City of Berkeley:

- Hire a consultant to create a plan for monitoring and reporting on the implementation of these recommendations.
- Ensure the creation of a Specialized Care Unit with crisis-response field workers, as included in the recent contract for a community-process to establish an SCU.
- Ensure a robust community engagement process, including annual surveys and community forums
- Require quarterly analysis of stop, search, and use of force data by City Auditor and/or the PRC.
- Adopt and carry out the compliance and accountability system outlined in this document.

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Proposed Actions

Table 1 provides a proposed action for each recommendation in the body and appendices of this draft report.

<u>Action</u>	<u>Recommendations</u>
Direct the City Manager to implement key recommendations, with at minimum, quarterly progress reports to the PAB and/or the Working Group	<ul style="list-style-type: none"> • Focus traffic stops on safety • Use a clear, evidence-based definition for stops of criminal suspects • Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria • Eliminate stops for low-level offenses • Implement an Early Intervention System (EIS) and a risk-management structure • Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group • Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole • Require written consent for all consent searches • Address Profiling by Proxy (PAB Policy Development, Dispatcher Training) • Fire racist police officers identified through social media and other media screens • Address Profiling by Proxy (Council develop & pass CAREN policy) • Require regular analysis of BPD stop, search, and use of force data • Make resources on police-civilian encounters more publicly available such as RAHEEM.org • Adopt Compliance and Accountability Mechanisms <ul style="list-style-type: none"> a. Hire consultant to develop implementation plan • For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complain process with PAB
Refer to be included in the process to reimagine public safety	<ul style="list-style-type: none"> • The City should create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized and includes a basic report card and quarterly neighborhood check-ins • Conduct a baseline community survey.
Refer to the Police Accountability Board	<ul style="list-style-type: none"> • Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4 • Require enhanced annual implicit bias training for police • Accelerate Crisis Intervention Team (CIT) activity
Follow-up with PAB and/or Fair and Impartial Working Group	<ul style="list-style-type: none"> • Evaluate the impact of these proposals on racial disparities in stops and searches, using regular updates to stop and search data • Conduct a regular community survey and annual community forums on Police and Public Safety
Recommendations already underway	<ul style="list-style-type: none"> • Fund and implement a specialized care unit for mental health crises • Conduct a Capacity Study of police calls and responses and use of officer time outside of case work
Outstanding - No Action Recommended	<ul style="list-style-type: none"> • Include community member participation and feedback in the hiring process • Include the following for Performance Appraisal Reports

Reducing Disparities in Vehicle, Pedestrian, and Bicycle Stops & Searches:

1. Focus traffic stops on safety

According to Dr. Frank Baumgartner's 2018 book, *Suspect Citizens*, "Safety stops are those aimed at enforcing the rules of the road to decrease the likelihood of an accident" (pg. 191). The types of stops falling into this traffic safety category may include:

- Excessive speeding¹
- Running a stop sign or stop light
- Unsafe movement
- Driving while intoxicated

2. Use a clear, evidence-based definition for stops of criminal suspects

Dr. Baumgartner's analysis² reveals that "investigatory stops" (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior pgs. 53-55) allow for the most officer discretion and open the possibility of implicit bias or "reliance on cultural heuristics" (pg. 191). Based on analyses of more than 9 million stops, Baumgartner's team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.^{3,4}

Since the Oakland Police Department (OPD) has implemented evidence-based methods, the number of African American civilians stopped by the OPD has declined. Since Oakland Police Department has implemented evidence-based methods, the number of African American civilians stopped has declined from 19,185 in 2017 to 7,346 in 2019, a drop of 62% and a stop disparity rate reduction of almost 60%,⁵ with no corresponding increase in crime (Captain Chris Bolton presentation, 7/15/2020).

3. Use race and ethnicity as relevant factors when determining law enforcement action only when provided as part of a description of a crime and suspect that is credible and relevant to the locality and timeframe of the crime and only in combination with other specific descriptive and physical characteristics.^{6,7}

Specific descriptive and physical characteristics may include, for example: the gender, age, height, weight, clothing, tattoos and piercings of the suspect, the make and model of the car, and the time and location of the crime. Simple race and ethnicity alone are not

¹ <https://www.idrivesafely.com/dmv/california/laws/traffic-tickets-and-violations/>, <https://www.martenslawfirm.com/blog/2015/november/what-is-excessive-speeding/>

² *Suspect Citizens*, pp. 190-192

³ Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University

⁴ This definition was created by Dr. Jennifer Eberhardt in collaboration with the Oakland Police Department.

⁵ This is the percentage of African American stops within all discretionary non-intel led stops made by Police Area 2 officers fell from 76% in September 2017 to 31% in September 2018

⁶ Southern Poverty Law Center, 10 Best Practices for Writing Policies Against Racial Profiling

⁷ CA Penal Code

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satisfactory as bases for reasonable suspicion under the law, and amount to racial profiling.

4. Eliminate stops for low-level offenses

According to the presentation to the Working Group by Captain Bolton of the OPD, Oakland significantly reduced stops for these low-level, non-public safety related offenses, resulting in a reduction in the number of African Americans being stopped and a reduced stop-disparity rate, with no effect on crime rates (homicides and injury shootings went down during the same period). There is often overlap between “investigatory stops” and “stops for low-level offenses,” as the latter may be used as a pretext for investigation. The types of stops falling into these categories may include:

- Equipment violations
- Not wearing a seat belt
- Improper use of high beams
- Violating a regulation (e.g. expired license tags)
- Stop purposes recorded as “other”

5. Implement an Early Intervention System (EIS) and a risk-management structure

These measures to ensure individual accountability have operated successfully in Oakland and many other localities for some time. They involve identifying officer outliers in stops, searches, and use of force and their outcomes and examining the reasons for racial disparities. Existing software programs to assist BPD in implementing an EIS could be utilized or BPD can build its own system.

These programs operate to identify officers who are a danger either to themselves or to the public. They are referred to as “risk management” systems because they help limit the financial liability of the City and hence its taxpayers. They may address a broad range of concerns, but in this document, we only consider their use with regard to racial disparities. Elements of this process include the following steps:

- a. Evaluate and assess stop incidents for legality and enforcement yield.
- b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.
- c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates. In the risk management process, the responsible personnel in the chain of

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command reviews and discusses the available information about the subject officer and the officer's current behavior.

- d. Absent a satisfactory explanation for racially disparate behavior, monitor the officer.. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
- e. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.
- f. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.
- g. Report the results of this data analysis quarterly.

6. Immediately release the following data to the Working Group:

- a. All data given to the Center for Policing Equity (CPE) - This data includes:
 - i. Calls for Service (January 1, 2012 - December 2016)
 - ii. Use of Force Data (January 1, 2012 - December 31, 2016)
 - iii. Crime Report Data (January 1, 2012 - December 31, 2016)
- b. STOP DATA - this data shall include information on "call type," similar to the data used by the Center for Policing Equity. The timeframe would be January 1, 2012 to present.
- c. USE OF FORCE DATA - This data was used in the analysis presented in the CPE report. Along with the CPE data, it would be helpful to have more recent Use of Force data. The timeframe would be January 1, 2012 to present.
- d. DEIDENTIFIED STOP & ARREST DATA - To determine if there are any problematic patterns among certain officers, or perhaps pairs of officers, data that we can be attached to anonymized individuals. The timeframe for this data would be January 1, 2012 to present.
- e. ADDITIONAL ARREST DATA - Currently, the Open Data Portal posts arrest data from January 1, 2015. The timeframe for this data would be January 1, 2012 to present day.
- f. ADDITIONAL CALLS FOR SERVICE - Currently, Calls for Service data are posted for the last 180 days. The timeframe for this data would be January 1, 2012 to present.

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7. Limit warrantless searches of individuals on supervised release status, including probation, Post Release Community Supervision (PRCS), and parole, absent evidence of imminent danger

California is one of a handful of states that allow high-discretion, suspicionless searches of probationers and parolees. The following was passed by the Police Review Commission on 9/23/2020 and the Working Group endorses this approach:

“In accordance with California law, individuals on probation, parole, Post Release Community Supervision, or other supervised release status may be subject to warrantless search as a condition of their probation. Officers shall only conduct probation or parole searches to further a legitimate law enforcement purpose. Searches shall not be conducted in an arbitrary, capricious, or harassing fashion. However, under Berkeley policy, officers shall not detain and search a person on probation or parole solely because the officer is aware of that person’s probation or parole status.

The decision to detain a person and conduct a probation or parole search, or otherwise enforce probation or parole conditions, should be made, at a minimum, in connection with articulable facts that create a reasonable suspicion that a person may have committed a crime, be committing a crime, or be about to commit a crime.”

8. Require written consent for all consent searches

Baumgartner (pp. 195-209) and his team found that in cities requiring written consent to perform a consent search, these searches declined by 75%. Since people of color are disproportionately the subjects of these searches, it makes sense that a significant reduction would lead to fewer consent searches for people of color.

Examining three cities in North Carolina, Baumgartner found that in cities where there was resistance by leadership to the new written-consent policy, there was a substitution effect, such that as consent searches went down, probable cause searches went up. However, the substitution effect seemed to be directly correlated with leadership priorities. The chapter concludes, “We showed that a combination of leadership directives and simple initiatives can alter the relationship a department can have with their community” (pg. 213). *This speaks to the need for clear buy-in from BPD leadership.* The Working Group recommends that the BPD adopt the written consent form used in North Carolina, a copy of which can be found [here](#).

9. For any individual detained, BPD officers shall provide a business card with the following information on the back

- a) A website similar to RAHEEM that collects information on police-civilian encounters.⁸
- b) Contact information for filing a complaint with the PRC or its successor, the Police Accountability Board.

⁸ <https://www.raheem.ai/en/>

10. Address Profiling by Proxy⁹

Police should not be dispatched to calls that are motivated by caller bias or malintent, e.g., a claim that someone is suspicious with no corroborating reason.¹⁰ These types of calls harm police-community relationships and undermine the authority of the police. To protect against profiling by proxy the police department shall:

- a. work with PRC and other appropriate agencies to formulate a policy that defines and remedies profiling by proxy.
- b. enhance Dispatcher training to evaluate calls and add implicit bias training for 911 Dispatch.

An article on profiling by proxy by the Vera Institute of Justice recommends including 911 Dispatch in implicit bias training as a method for reducing issues with profiling by proxy. Anti-bias training will also help Dispatchers become aware of their own biases. For example, when they receive calls about behavior the complainant may dislike but is not illegal—e.g., “too many” black teenagers in the public park.¹¹

Hiring & Evaluation

The successful hiring and evaluation of police officers is an important part of creating a healthy and high-functioning police department. The types of people the department hires, and the effective evaluation of police officers are important in determining police department culture. Researchers on policing have repeatedly found that organizational culture is the single most important determinant of officer behavior.¹² Human Resource Management research supports including the evaluation for cultural competency as important in improving agencies. The key components for a high degree of cultural competency are: awareness, attitude, knowledge, skills.

11. Fire racist police officers identified through social media and other media screens

A third-party agency, hired by the City of Berkeley, or agency outside the police department should screen police officers and potential new hires’ social media accounts for racist or violent comments, affiliations to racist groups whether public or private, including private groups expressing racist or violent rhetoric.

- a. BPD shall immediately fire all identified officers who have engaged in racist or violent actions or commentary online.
- b. A social media screen of officer online conduct shall be done annually.

⁹ Profiling by proxy may occur “when an individual calls the police and makes false or ill-informed claims of misconduct about persons they dislike or are biased against—e.g., ethnic and religious minorities, youth, homeless people” (retrieved from The Vera Institute of Justice).

¹⁰ Captain Bolton of the Oakland Police Department made improvements on profiling by proxy using an approach that educated citizens on focusing on criminal behavior instead of suspicion when calling police.

¹¹ “[Avoiding 'profiling by proxy'](https://www.vera.org/blog/police-perspectives/avoiding-profiling-by-proxy),” Vera Institute of Justice, March 13, 2015, <https://www.vera.org/blog/police-perspectives/avoiding-profiling-by-proxy>

¹² [Organizational Culture and Police Misconduct](#)

Recommendations for Council

Community Engagement and Feedback - When the City of Berkeley pledged to consider reducing funding for the police department by 50%, it also committed itself to shifting to new and alternative methods of community safety. To effectively understand and implement new and alternative safety practices and services, the City of Berkeley must look to its residents for ongoing insight and feedback. The City must collect and utilize regular community feedback to inform the city on community investment priorities including police department policies and practices and future direction. To that end:

12. Address Profiling by Proxy¹³

To protect against profiling by proxy City Council should:

- a. Introduce profiling by proxy legislation similar to [CAREN Act](#) in SF, which would hold residents accountable for using police in a biased manner.
- b. Issue a quarterly review of data from 911 Dispatch, for the PRC or City Auditor to help understand the extent of calls from community members presenting ‘biased’ suspicions.”

13. Require regular analysis of BPD stop, search, and use of force data

The City Auditor and/or PRC shall update the [analysis](#) of BPD data completed by the [Center for Policing Equity](#) and the PRC and publish the results on the BPD website every quarter. This report shall include stop, search, and use of force analysis. —

Ensuring Timely and Effective Implementation:

Since the fall of 2017, the police department has received 37 separate policy or legislative directives to address the racially disparate treatment of City of Berkeley residents. Those directives are the result of extensive and on-going racial disparities in police department stops, searches, and use of force. As of the drafting of this report, at least 30 of those directives remain outstanding with **no plan** for implementation.

We respectfully recognize that the role of the Mayor’s Working Group on Fair and Impartial Policing is to advise the Berkeley City Council and staff. We recognize that we are not in a position to make final decisions; rather, our role is to offer advice and recommendations to the Council. The Mayor’s Working Group is committed to ensuring that the policy recommendations outlined in this proposal are not added to the long list of unaccomplished directives. Therefore, we have included an accountability system with our policy proposal. This accountability system

¹³ When an individual calls the police and makes false or ill-informed claims of misconduct about persons they dislike or are biased against—e.g., ethnic and religious minorities, youth, homeless people; retrieved from The Vera Institute of Justice

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will ensure that the changes necessary to establish fair and impartial policing and rebuild public trust occur.

Compliance and Accountability Mechanisms:

- A. Working in partnership with the Mayor's Working Group on Fair and Impartial Policing and within six months from approval of the proposal (extended for good cause), the City Manager hires an experienced consultant to help draft an implementation plan that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the working group's policy proposal.
 - i. If a consultant is not hired within six months from approval of the proposal, the Council should move to item "E" below.
 - ii. If a consultant is not hired within six months (extended for good cause), the working group should remain formally organized by the Mayor until a consultant is hired and a plan is approved.
- B. The Working Group, Police Chief, and the consultant will create an implementation plan that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Long-term monitoring and assessments will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
- C. The implementation plan will be presented to the Berkeley City Council for approval. Once the plan is approved by the City Council, the consultant's work is finished. Long-term monitoring and assessment will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
- D. The City Manager and the Berkeley Police Chief should do everything within their power to implement the items outlined in the plan and timeline set forth and approved by City Council.
- E. The City Council should set the implementation of this plan as a priority in the annual evaluation of the city manager.
- F. If the City Manager does not ensure that the Police Department implements the plan in accordance with the timeline, the City Manager should be held accountable.
 - i. In the event of a new Berkeley Police Department Chief: the Mayor's Working Group, on Fair and Impartial Policing, the new Police Chief and the City Manager shall meet and agree upon an updated timeline to monitor, assess, and report on the implementation of the items outlined in the plan approved by City Council.
 - ii. In the event of a new City Manager: the Working Group, the Berkeley Police Chief, and the new City Manager shall meet and agree upon an updated timeline to monitor, assess, and report on the implementation of the items outlined in the plan approved by City Council.

If these recommendations are adopted and implemented promptly, we expect that the disparate stop data can show significant improvement in the near future. We expect the City Manager and the Police Chief to implement these programs with enthusiasm and dedication, as they reflect the constitutional imperative of equal protection under the law.

Appendix A: Additional Recommendations

The following recommendations are also supported by the working group, which suggests referring them to the reimagining process and/or follow-up with the Police Accountability Board and the Fair and Impartial working group. See table 1 for recommended actions.

14. Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4

- a. The training must include specific, relevant examples of prohibited actions and how to conduct law enforcement activities in an unbiased manner.¹⁴
- b. MILO and VIRTRA are two such scenario-based training programs¹⁵
- c. An independent observer shall review the training and report back to the PRC or its successor on the quality of the training.

15. Require enhanced annual implicit bias training for police

There is scant scientific evidence that implicit bias training works to change implicit biases over the long-term. However, agency-wide, enhanced, and well-executed training that occurs on a regular basis could have a positive effect on the cultural environment of the police department and on expectations for behavior. Regular, required implicit bias training provides an expression of institutional support for fairness, which is important in improving relationships across groups¹⁶ and improving agency culture.

- a. Officers should receive intensive anti-racism and implicit bias training as part of their core instruction in the first 90 days of employment, and an annual 'refresher' course.
- b. An independent observer shall attend the training and report back to the PRC on the quality of the training.

16. Accelerate Crisis Intervention Team (CIT) activity

- a) Require 40 hours of CIT training in the first year of employment.
- b) Collect data on CIT calls to allow BPD to make informed decisions about staffing and deployment so that a CIT officer is available for all shifts in all districts to respond to every CIT call.
- c) Develop a CIT reporting system so that each deployment of a CIT officer is well documented. CIT officers should submit narrative reports of their interactions with persons in crisis so the appropriateness of the response can be evaluated in an after-action analysis.
- d) Implement an assessment program to evaluate the efficacy of the CIT program as a whole and the performance of individual CIT officers. A portion of a CIT officer's performance review should address skill and effectiveness in CIT situations.

¹⁴ [CA Penal Code](#)

¹⁵ MILO in an Oakland setting

¹⁶ Allport, G. W., Clark, K., & Pettigrew, T. (1954). The nature of prejudice.

17. The City of Berkeley should conduct annual community forums on Police and Public Safety:

- a. Identifying community-based leaders and impacted individuals for control of the envisioning process.
- b. Placing the process under the Office of the Mayor, not the City Manager. Upon establishment of the Police Accountability Board, place the process under the auspices of the Police Accountability Board.
- c. Including the creation of community-based measures of safety as part of the first round of the envisioning process.¹⁷
- d. Once community-based measures of safety are created, including these measures in the annual community survey (see item 17) and publishing the data as per item 17b.

18. The City of Berkeley should conduct an annual community survey.

Sample surveys include the [Milwaukee survey](#) and the [Dallas survey](#).

- a. Data collected should be shared publicly via the City of Berkeley website or an online community dashboard.

19. The City should create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized and includes:

- a. A basic “Report Card,” in collaboration with the PRC or its successor the Police Accountability Board, based on community feedback for each reform. This will enable the Department to take the ‘community’s temperature’ on how the implementation of the reforms are being perceived by the public.
- b. Quarterly neighborhood ‘check ins’ for relationship building .

20. Conduct a Capacity Study

- a. Release data including but not limited to 911 dispatch calls, BPD stops and interventions, written reports, and body-worn camera footage to the City Auditor and/or PRC for analysis.¹⁸
- b. Conduct an audit on officer down time to determine the percentage of police time spent outside of responding to calls for service and how police officers spend this time. Share this information with the City Auditor and/or PRC for analysis for use in the capacity study.
- c. Conduct an audit of police overtime to determine the factors that contribute to the use of overtime .

¹⁷ This process should follow or be modeled after the [Everyday Peace Indicators](#) process

¹⁸ This study could be time-limited and would not have to be a comprehensive analysis of internal data; a random sample done correctly would suffice to determine how best to restructure the response to a variety of problematic situations.

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- d. Identify what percentage of calls for service require a unique police response and what percentage of calls could be better served by an alternative response with the goal to focus police response on issues that can best be responded to by police officers.
- e. These data can also assist in identifying calls suspected of profiling by proxy.

21. Fund and implement a specialized care unit for mental health crises

Fully fund and implement the specialized care unit as swiftly as possible in order to remove mental health and homeless encounters from the responsibility of BPD. Research has found that individuals with mental illness are at a higher risk of police stops, use of force,¹⁹ and a fatal police encounter.²⁰ These disparities increase for Black and Latinx individuals. Specialized mental health crisis units are a safer option for those experiencing a mental health crisis than a police response and a more cost-effective use of public resources.²¹ The Council's July 14, 2020 decision to create a Specialized Care Unit will better serve people in Berkeley experiencing a mental health crisis. The Working Group supports transitioning away from police as first responders to 911 calls related to mental health and towards trained, unarmed mental health first responders.

The Berkeley Community Safety Coalition in collaboration with Councilmember Bartlett are developing a proposal related to a pilot program transitioning away from sworn police as first responders to professional mental health first responders. The Working Group supports this effort.

22. Make resources on police-civilian encounters more publicly available, including:

- a. A website similar to RAHEEM that collects information on police-civilian encounters.²²
- b. Contact information for filing a complaint with the PRC or its successor.

23. Evaluate the impact of these proposals on racial disparities in stops and searches, using regular updates to stop and search data

¹⁹ [Mental Illness, Police Use of Force, and Citizen Injury](#)

²⁰ [Deaths of people with mental illness during interactions with law enforcement](#)

²¹ [CAHOOTS Media Guide, 2020](#)

²² <https://www.raheem.ai/en/>

Appendix B: No Action Recommended

The following recommendations were proposed and discussed at the working group but no action is recommended by the Council.

1. Include community member participation and feedback in the hiring process

For all potential sworn officer hires interviewed by BPD, Berkeley residents should be included in the hiring process. For example, citizens of Berkeley should be allowed, in an equitable manner, to participate in Berkeley Police Department orals boards for prospective police officers or some comparable interview process.

2. Include the following for Performance Appraisal Reports

As the current Performance Appraisal Reports General Order P-28 requires, objectives of the report are to provide for fair and impartial personnel decisions, and to provide an objective and fair method for the measurement and recognition of individual performance according to prescribed guidelines.²³

- a. Officers should exhibit cultural competency and anti-racist conduct, and that should be included in their City of Berkeley Performance Appraisal Report (Police Sworn-Operations Division Personnel²⁴)
- b. Add to standards 1 and 2 of the Performance Appraisal Report as follows:
 - i. Provides excellent customer service and represents the Department well as a culturally competent and anti-racist officer
 - ii. Is respectful of both the people they serve and the people they serve with, in a culturally competent and anti-racist manner
 - iii. All officers should aspire for an “Above Average” “Exceeds Expectations” or “Exemplary Performance” mark each year with “Meets Minimum Standards” as the basic floor (with expected increase in performance level in subsequent years)

3. Include community and peer input into the annual review of sworn police officers.

For all BPD sworn officers, Berkeley residents should be included in the annual review process. For example, citizens of Berkeley should be allowed, in an equitable manner, to provide feedback into the annual review of Berkeley police officers.

²³ Previous language “a. An amendment to General Order P-28 would add a reference to 'cultural competency' and reassurances by the community that the officers are evaluated on their conduct in relationship to a person's gender, race, ethnicity, religion or gender identity/orientation. B. Performance Evaluation, Section B, page 2; #1 and #2 include language of cultural competency “

²⁴ [on p. 2 of 8 under Section “B” “Professionalism.”](#)

Appendix C – Incorporation of BPD Feedback

Please note: quoted text in this section references written feedback on the working group draft proposal provided by Chief Greenwood of the Berkeley Police Department.

Focus traffic stops on safety.

The BPD are in agreement with this item. In July 2020, representatives from BPD (Officer Matthew Ye and Arlo Malmberg) presented a “problem-oriented policing” strategy to the working group. Further, Captain Bolton of the Oakland Police Department presented an intelligence-led policing strategy to the working group. According to Captain Bolton, OPD was able to significantly reduce stops for low-level and non-public safety related offenses using an intelligence-led policing strategy, resulting in a 70% reduction in the number of African Americans being stopped with no effect on crime rates. BPD stated they plan to “establish a formal strategy focusing officers’ discretionary stops on intelligence-based and traffic safety stops.”

Additional updates include: the sample list of stops falling into the category of unsafe driving behavior was updated based on BPD feedback; the working group deleted a reference made to “misdemeanor” stops as BPD pointed out that most traffic violations are “infractions” and not misdemeanors.

Use a clear, evidence-based definition for stops of criminal suspects.

BPD stated they plan to establish a formal strategy focusing officers’ discretionary stops on intelligence-based stops. Chief Greenwood stated that an “intelligence based stop strategy aligns with [use of a clear, evidence-based definition for stops of criminal suspects].”

The BPD strategy as described focuses on general “intelligence” related to crime patterns. The BPD strategy does not respond to specific descriptions of perpetrators, nor is it clear what types of intelligence BPD would be using for stops of criminal suspects. An intelligence-based stop strategy can and should be implemented in concurrence with the items outlined in the working group’s proposal. However, the working group is not convinced by Chief Greenwood’s response that the BPD strategy will effectively address this item. The Working Group is recommending a shift in stop policy to address issues with racial disparities in stops. The BPD response as well as the strategy they have offered has not provided evidence there will be any shift from the status quo.

Use race and ethnicity as relevant factors when determining law enforcement action only when provided as part of a description of a crime and suspect that is credible and

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relevant to the locality and timeframe of the crime and only in combination with other specific descriptive and physical characteristics.

BPD stated “overall agreement” with this recommendation. BPD did not directly address the specific recommendation that race and ethnicity be used *only* in combination with other descriptive features of the individual or alleged offense. BPD wrote “[d]epending on circumstances, simple race and sex in a description can be sufficient for a terry [sic] stop.” It is the working group’s understanding that, absent other factors, race is insufficient to constitute the reasonable suspicion required for a Terry stop (i.e. detaining an individual based on reasonable suspicion of illegal activity, including the ability to handcuff and search the outer clothing of the individual detained). Furthermore, BPD’s feedback that “In a 1538 Motion to Suppress hearing, the court makes a determination if there [sic] factors associated with a detention are sufficient,” is inappropriate in this context. While the statement is factually accurate, the purpose of this recommendation is to establish a stop policy based on the Constitution, not to place the burden on civilians to go to court for relief.

Eliminate stops for low-level offenses

In response, BPD stated the plan to establish a formal strategy focusing officers’ discretionary stops on intelligence-based stops. Further, BPD stated, “We would support our Intelligence Based Stop Strategy through increasing our analysis capability, so that more information can be more efficiently provided to officers, Officers working in this manner would be more likely to have a higher yield even when making fewer stops, because of their focus on crime investigations.” It remains unclear to the working group how BPD plans to increase their analysis capacity or how that would impact racial disparities in stops.

In responses to items throughout the draft working group policy proposal, BPD referenced an early transition to the data collection methods required by the California Racial and Identity Profiling Act (RIPA). BPD announced an early transition to data collection methods in line with RIPA requirements at an October 2020 working group meeting. As of the writing of this report, data collected according to RIPA standards (hereafter “RIPA data”) has not been released on the BPD open data portal.

It is important to note: using the data currently available on the open data portal, a hit rate cannot be calculated. Hit rates are commonly used to measure the presence of racial bias in searches. A hit rate is calculated by dividing contraband found during a search (e.g. weapons, drugs, etc.) by the total numbers of searches, within racial categories (e.g. Black or white). The logic of the hit rate is straightforward: in the absence of discriminatory behavior, officers should find contraband on searched minorities at the same rate as on searched whites. A similar hit rate indicates a similar standard for searches is being used across different groups. If searches of racial minorities turn up contraband at lower rates than searches of whites, this suggests there is a double standard, where minorities are being stopped and searched on the basis of less evidence. BPD did not collect contraband information before the transition to RIPA. Therefore, there was no way to calculate a true hit rate during the period the working group met. Transitioning to RIPA will be helpful to determine racial bias in search decisions, but it does not

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provide information on racial bias in stop decisions. Most importantly, the collection of RIPA data does not directly address or work to mitigate existing racial disparities.

In a previous draft, this item included a reference to BerkDOT, but we removed it after BPD pointed out that inclusion was an unnecessary addition.

We also deleted a recommendation that officers provide those they stop with a reason for the stop, since BPD feedback cited section 14 of the T-3 Traffic Enforcement policy which requires officers to provide “explanation of the circumstances giving rise to the enforcement contact.”

Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4.

BPD responded that it “conducts all mandated training.” However, the working group item recommends including scenario-based training with relevant examples of what is prohibited, and includes an independent observer. This addition of specific scenario-based training is not currently mandated by the state, and it is this specific scenario-based training that the working group is recommending. This recommendation for specific scenario-based training comes from the Southern Poverty Law Center, “10 Best Practices for Writing Policies Against Racial Profiling.”

Require enhanced annual implicit bias training for police.

BPD agrees with the importance of implicit bias training and stated officers currently get implicit bias training while in training academy. BPD also cited budget constraints would limit the department’s ability to provide annual implicit bias training. The working group understands the constraints of budget cuts, but anticipates that some of the recommendations proposed here (e.g. eliminating stops for many low-level infractions) may free up resources for this important training that has the potential to trigger the kind of cultural shifts that are necessary.

This item also includes a policy recommendation that an independent observer attend the training and report back to the police oversight body (the PRC or its successor). Chief Greenwood stated he was open to the idea of an outside observer but had concerns that difficult conversations might be chilled by outside observers. The working group understands and appreciates these concerns.

Implement an Early Intervention System (EIS) and a risk-management structure.

Chief Greenwood's feedback expressed interest in this approach and in learning how the Oakland program works, stating “Open to learning about how Oakland does this work. Learning how the analysis works will help us understand the resources needed to do this work.” In response, a member of the working group put Chief Greenwood in touch with the OPD official in charge of that program. To date he has not taken advantage of that opportunity.

Further, BPD feedback references RIPA data, stating “With the collection of RIPA data, we will have richer data to examine. This will help us focus on data on stops, searches, and yields.” According to the National Police Foundation, in their report, *Best Practices in Early Intervention*

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System Implementation and Use in Law Enforcement Agencies, an “early intervention system [EIS] is a personnel management tool designed to identify potential individual or group concerns at the earliest possible stage so that intervention and support can be offered in an effort to redirect performance and behaviors toward organizational goals. The ideal purpose of an EIS is to provide officers with resources and tools in order to prevent disciplinary action, and to promote officer safety, satisfaction and wellness.”

The collection and analysis of RIPA data could be helpful to identify *racial implications* related to identified individual or group red flag behavior. However, the collection of RIPA data does not meet two core components of an EIS system: 1) identify potential individual or group red flag behavior (as early as possible), and 2) intervene to redirect performance and behaviors toward organizational goals. In short, the collection of RIPA data does nothing to address this item.

The working group considers this recommendation for an EIS and risk management system to be among its top priorities.

Immediately release the following data to the Working Group:

All data given to the Center for Policing Equity (CPE) - This data includes:

- a. Calls for Service (January 1, 2012 - December 2016)
- b. Use of Force Data (January 1, 2012 - December 31, 2016)
- c. Crime Report Data (January 1, 2012 - December 31, 2016)

STOP DATA - this data shall include information on “call type,” similar to the data used by the Center for Policing Equity. The timeframe would be January 1, 2012 to present.

USE OF FORCE DATA - This data was used in the analysis presented in the CPE report. Along with the CPE data, it would be helpful to have more recent Use of Force data. The timeframe would be January 1, 2012 to present.

DEIDENTIFIED STOP & ARREST DATA - data that we can be attached to anonymized individuals. The timeframe for this data would be January 1, 2012 to present.

ADDITIONAL ARREST DATA - Currently, the Open Data Portal posts arrest data from January 1, 2015. The timeframe for this data would be January 1, 2012 to present day.

ADDITIONAL CALLS FOR SERVICE - Currently, Calls for Service data are posted for the last 180 days. The timeframe for this data would be January 1, 2012 to present.

The BPD responded by referring to RIPA data collection, stating “RIPA data and current BPD officers seems to be the best path forward.” BPD also states, “Approximately 50 officers have been hired since late 2016,” and, “BPD staff are working on a number of technical projects, and resources are limited, especially after recent budget deferrals.”

Based on conversations related to this item which occurred in formal working group sessions, the working group believes the BPD comment related to the hiring of 50 officers was intended to communicate that the BPD department before 2016 (reflected in the CPE data), is different from the BPD today. The working group believes this may be true. The best way to determine if this

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is true is to have access to the data we have requested so we can determine if there have been any measurable shifts in the racial disparities found by CPE.

It is important to note that a member of the working group used publicly available BPD stop data to redo a portion of the CPE analysis. This publicly available stop data was from 2015 to 2019. Therefore, this data included the two years of the CPE report (2015 - 2016) and two and a half years after the CPE report (2017-2019). This analysis was presented to the working group. This analysis found persistent racial disparities in stops and searches during this time. In other words, the pattern of racial disparities found in the CPE analysis persisted through 2019, over two years after the CPE report was released. It is also important to note that this analysis only includes stops and searches. It does not include an analysis of use of force. A complete CPE redo has not been possible because **BPD has never released any data to the working group.**

The working group understands budgetary constraints are impacting BPD. Further, the working group understands that it is possible BPD does not have some of the data we request, e.g. de-identified stop and arrest data. When BPD has made it clear they do not have the data, we have updated our data requests. For example, an early draft of the working group's policy proposal included a request for weapons and contraband data. BPD has made clear they do not have weapons and contraband data, so the working group removed this data request from our final proposal.

For the remaining data requests, BPD has not provided a compelling reason for why they have not released this data. At the very least, BPD should be able to turn over all the data that was shared with CPE as this data has already been put into a format which allowed it to be shared. Moreover, BPD feedback that, "BPD staff are working on a number of technical projects," seems to indicate that BPD has staff capable of providing and perhaps already working on the data we request.

The Working Group agrees that RIPA data will be useful going forward. However, this item speaks to data from the past, beginning in 2012, and includes data given to the CPE as well as additional data. For the City Council to determine if and how the policy shifts implemented in this proposal have been effective in reducing racial disparities, it must have data from before the implementation of RIPA and this data must be more extensive than stop and search data. The data the working group has requested in this proposal would allow City Council to properly measure the impacts of the policy changes outlined in this proposal. RIPA data will help create a richer picture but in isolation it cannot tell us any information about changes to racial disparities that result from the policy changes outlined in this proposal.

Limit warrantless searches of individuals on supervised release status, including probation, Post Release Community Supervision (PRCS), and parole, absent evidence of imminent danger

BPD agrees with this recommendation which has passed the PRC with BPD collaboration.

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Require written consent for all consent searches

BPD agreed with this item and cited the collection of RIPA data. Chief Greenwood's feedback states, "BPD will make it a policy that the department's existing consent search form shall be used when consent to search is sought by an officer. Existing body worn camera policy already captures the consent request interaction. RIPA data will specifically address this issue: Data will indicate when a consent search was performed, and what the outcome (yield) is providing specific data for analysis. The data will support understanding of how often it occurs, the circumstances under which it occurs, and the outcomes."

In mid-December, the Working Group received a copy of the consent form used by the BPD; however, as noted above in #8, the Working Group recommendation is that the BPD adopt the written consent used in North Carolina. It is imperative that any consent form be used consistently and include the printed name and signature of the person consenting to the search as well as clear indications of what property the person consents to search, rather than blanket statements that the consent includes all aspects of the person and their property.

Additionally, while the written feedback did not make this distinction, conversations with Chief Greenwood at Working Group meetings indicated that perhaps BPD focus for written consent was on car or traffic searches only. This policy item recommendation includes all searches-- traffic, pedestrian, bike, etc.

The Working Group acknowledges that body worn cameras may capture the consent process but does not support only the use of body worn cameras to capture this process. The intent of this item is to require written consent for any person, or their property, undergoing a consent search.

The Working Group agrees RIPA data collection will be helpful in determining if there are racial disparities in stops and searches. However, RIPA data collection is not a substitute for a written consent.

Accelerate Crisis Intervention Team (CIT) activity

BPD agrees with this response. However, Chief Greenwood states, "Class availability is limited. Budget and resource constraints may impact this as well, as overtime is restricted to backfill for officers' absence due to training." The working group considers that accelerating current CIT activity as critically important.

For any individual detained, BPD officers shall provide a business card that displays with the following information on the back:

- a. A website similar to RAHEEM that collects information on police-civilian encounters
- b. Contact information for filing a complaint with the PRC or its successor, the Police Accountability Board.

BPD feedback states, "Open to idea, but with balance: perhaps a link to an online survey, provide info on commendations as well as how to file complaints with PRC and IAB." The

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working group supports the collection of both positive and negative feedback on police civilian contacts.

Address Profiling by Proxy

BPD supports this item.

Include community member participation and feedback in the hiring process

BPD provided no written feedback on this item. However, in a formal working group session Chief Greenwood expressed concerns about including community participation in the hiring process for all BPD staff. The proposal was updated to include community member participation only in the hiring process related to sworn officers.

Include the following for Performance Appraisal Reports

- a. Officers should exhibit cultural competency and anti-racist conduct, and that should be included in their City of Berkeley Performance Appraisal Report (Police Sworn-Operations Division Personnel), on p. 2 of 8 under Section “B” “Professionalism.”
- b. Add to standards 1 and 2 of the Performance Appraisal Report as follows:
 - i. Provides excellent customer service and represents the Department well as a culturally competent and anti-racist officer
 - ii. Is respectful of both the people they serve and the people they serve with, in a culturally competent and anti-racist manner
 - iii. *All officers should aspire for an “Above Average” “Exceeds Expectations” or “Exemplary Performance” mark each year with “Meets Minimum Standards” as the basic floor (with expected increase in performance level in subsequent years).*

BPD provided no written feedback to this item. This item was updated based on verbal feedback Chief Greenwood gave during a formal working group session.

Include community and peer input into the annual review of sworn police officers.

Based on BPD feedback, this item was updated. Previous language was as follows: Include a “360 Degree Review Form” completed by December 30th each year after an Annual Community Forum. The working group updated the item to account for the lack of familiarity at BPD with a 360 review process as well as to incorporate peer review into the annual review process.

Fire racist police officers identified through social media and other media screens.

- a. BPD shall immediately fire all identified officers who have engaged in racist or violent actions or commentary online.
- b. A social media screen of officer online conduct shall be done annually.

BPD agrees with this item. In response, BPD cited existing policies in place to discipline or terminate an employee. However, Chief Greenwood stated a need to check if or how these policies are related to racist behaviors. Further, Chief Greenwood pointed towards the existing

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screening process and background checks for hiring. Lastly, other members of BPD expressed concerns that social media screens might violate legal protections.

The working group has not received clarification on if or how existing disciplinary policies relate to racist behavior of officers. The working group would like clarity on this process. Further, if policies are in place to discipline an officer engaged in racist behavior this still does not address the issue of identifying officers engaged in racist behavior. This item is designed to identify if BPD officers are engaged in racist online activity and states clearly any officers so identified should be terminated. The working group does not recommend that Council accept any other action than termination for any officer found to have engaged or currently engage in racist behavior.

Additionally, this item is not requesting BPD violate privacy laws of potential or existing employees. Comments made on an electronic app, chat room, social media group, etc. are not protected by privacy laws or the constitution. A screen of social media platforms is routinely done by employers today. According to a 2018 CareerBuilder survey, "70% of employers use social media to screen candidates during the hiring process, and about 43% of employers use social media to check on current employees." Regular social media screens are a routine practice today. A third party that specialized in social media screens is well aware of legalities of the screening process, which is one reason why the FIP working group suggested a third party, not BPD, conduct the screening process.

Of Note:

The working group removed one item based on BPD feedback. The original item read: Officers shall prominently display identification. This item was updated with new language that read: Officers violating penal code (CA 830.10) shall be severely disciplined. Finally, the working group removed this item completed based on feedback from BPD.

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Appendix D - Unfulfilled Council Mandates to BPD

Following on the publication by the CPE and the PRC of their respective reports on BPD stop, search, and use of force data, the Berkeley City Council gave specific policy direction to staff to address racial disparities apparent in that data.

At the onset of the Fair and Impartial Working Group in the fall of 2019, mayoral staff noted the following directions that had not been carried out by the City Manager or Chief of Police. Significantly, these directions remain unfulfilled as of August 2020:

I. Council referral from Nov. 14, 2017, to be completed by September 2018 and annually thereafter.

1. Direct the City Manager to track yield, stop, citation, search and arrest rates by race, develop training programs to address any disparities found, and implement policy and practice reforms that reflect cooperation between the Berkeley Police Department (“BPD”), the Police Review Commission (“PRC”) and the broader Berkeley community. The City Manager will report findings in September 2018 and annually thereafter, using anonymized data. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]

2. Tracking Yield rates

- a. Analyze whether officer-initiated or in response to calls for service or warrants.
- b. Focus on reasons for disparate racial treatment and to identify any outliers. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]

3. Consider any other criteria that would contribute to a better understanding of stops, searches, citations and arrests and the reasons for such actions. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]

4. Consulting and cooperating with the broader Berkeley community, especially those communities most affected by observed racial disparities, to develop and implement policy and practice reforms that reflect these shared values. Work closely with the PRC, providing the commission all legally available information that may be helpful to designing reforms.

5. Once released, BPD should analyze the final Center for Policing Equity report and propose improvements as needed. [NOTE: CPE final report was released in May 2018.]

None of these items, which are now nearly three years old, were ever accomplished

II. Council referral from April 24, 2018

1. Create, Present and Execute a Departmental Action Plan **by April 30, 2019.**

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2. Officer Identification. Develop a policy requiring officers to identify themselves by their full name, rank and command and provide it writing (e.g. a business card) to individuals they have stopped, as in Oakland, New York, Providence, and San Jose.
3. Review and Update BPD Policy Surrounding Inquiries to Parole and Probation Status.
4. Enhance Search Consent Policies.
5. Collect Data on Terry Stops/Searches and Citations [NOTE: Remains undone. BPD responded that they are addressing this via RIPA work, but it has still not been done.]
6. BPD Data Dashboard.
7. Enhance Existing “Early Warning” Systems

None of these items, which are over two years old, were ever accomplished

III. CPE recommendations from early 2018

1. We recommend that BPD monitor search and disposition outcomes across race, and arrest and disposition outcomes associated with use of force. In particular, BPD should collect and share data with respect to contraband (distinguishing among drugs, guns, non-gun weapons, and stolen property) found during vehicle or pedestrian searches, and that it analyze data about charges filed resulting from vehicle and pedestrian stops. [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
2. We recommend that BPD more clearly track, analyze, and share data with respect to whether law enforcement actions are officer-initiated, or responses to calls for service. [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
3. We recommend that BPD continue to affirm that the egalitarian values of the department be reflected in the work its officers and employees do. [NOTE: Chief responded in 4/2019 message, saying they address in ongoing training, but their own heavily disparate stop and force data suggests that more needs to be done and that the ongoing training may be insufficient.]
4. We recommend that BPD consult and cooperate with the broader Berkeley community, especially those communities most affected by observed racial disparities, to develop and implement policy and practice reforms that reflect these shared values. [NOTE: See Council referrals above. Also referred to Working Group and to July 14 2020 community engagement process.]
5. We recommend BPD track yield rates (of contraband found at searches). [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
6. We recommend that BPD monitor patrol deployments, using efficient and equitable deployment as a metric of supervisory success. One way to promote equitable contact rates is to monitor racial disparities (not attributable to non-police factors such as crime) and to adjust patrol deployments accordingly.
7. We recommend that BPD track crime trends with neighborhood demographics in order to ensure that response rates are proportional to crime rates.

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8. We recommend that BPD engage in scenario-based training on the importance of procedural justice and the psychological roots of disparate treatment in order to promote the adoption of procedural justice throughout the organization, and to protect officers from the negative consequences of concerns that they will appear racist. [NOTE: Chief responded in 4/2019 message to say the department completed procedural justice training, but their own heavily disparate stop and force data suggests that more needs to be done and that the procedural justice training may be insufficient.]
9. We recommend that values-based evaluations of supervisors be developed to curb the possible influence of social dominance orientation on the mission of the department. CPE research has found a significant relationship between social dominance orientation and negative policing outcomes in many police departments.
10. We recommend that BPD training include clear messaging that racial inequality and other invidious disparities are not consistent with the values of BPD. [NOTE Chief responded in 4/2019 message, said they address in ongoing training, but their own heavily disparate stop and force data suggests that more needs to be done and that the ongoing training may be insufficient.]
11. We recommend leveraging the Police Review Commission, as well as ensuring inclusion from all groups in the community, to help review relevant areas of the general orders manual and provide a more integrated set of policies with clear accountability and institutional resources. [NOTE: Chief responded in 4/2019 message, saying they address in ongoing PRC subcommittee work.]

The Fair and Impartial Policing Working Group has received three contemporaneous studies of the BPD's stops as published on the City's Open Data Portal. The following patterns emerge from this data as shown in these studies:

1. Berkeley's stop rate for African Americans is over three times greater than Oakland's. Annually, African Americans are stopped by police according to BPD records at a rate of 32.7% (3,083 stops of African Americans compared to 10,331 African American Berkeley residents). In Oakland, the corresponding stop rate is 10.4% (10,874 compared to a total of 104,310 African American Oakland residents).
2. During the first 13 weeks of the Covid-19 pandemic from March 15 to June 12, the disparity between stops of Black and White civilians in Berkeley skyrocketed. African American stops were exactly 50% of total 608 stops at 304, with White stops were 143 for 23.52% of all stops. Taking into account the low number of African Americans residing in Berkeley, the disparities are even starker: African American stops are about 42.7 per 1,000 of their population, where White stops are about 2.9 per 1,000, a disparity of 14.5 to 1, twice the disparity in 2018.
3. The discriminatory stops exploded under the Black Lives Matter curfew at the end of May. In three days from May 31 to June 2, 92 African Americans and 18 Latinx people were pulled over by Berkeley police, compared to just 18 White people. This is a disparity in raw numbers of five to one. Based on stops per 1,000 of ethnic population,

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Black civilians were nearly 35 times more likely to be stopped than Whites during the curfew.

There has been no meaningful response from the BPD to either confirm and account for the disparities, convincingly explain why the critical analysis is incorrect, or give some alternative interpretation of the data. Instead the department has simply ignored the data and the evidence that it discriminates in its treatment of Black, Latinx, and White civilians. BPD representatives quibble over side issues such as whether the data is skewed by stops of Black people coming into Berkeley from outside, or a theory that police are being nice to Black people by issuing them only warnings whereas they ticket White civilians in similar circumstances. The recommendations made in this document will uncover the true cause of the stark racial disparities, and indicate a path to correct them.

The Fair and Impartial Working Group does not want its recommendations to go the way of prior recommendations and directives from the City Council, CPE, and PRC. As shown above, the City Manager and Chief of Police have failed to execute the policies set by the elected officials. The City Council must ensure that staff act promptly to bring Berkeley policing into compliance with constitutional principles, particularly equal protection under the law.



Public Works Commission

AGENDA
May 19, 2021

To: Reimagining Public Safety Task Force
From: Liam Garland, Public Works Director
Submitted by: Shamika Cole, Co-Secretary
David White, Co-Secretary
Subject: Reimagining Public Safety/BerkDOT

INTRODUCTION

The July 14, 2020 omnibus package to reimagine public safety included a referral to the City Manager to:

- a) pursue the creation of a Berkeley Department of Transportation (BerkDOT) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, and infrastructure, and
- b) identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

In addition to instilling a racial justice lens in transportation programs and services, the referral's stated purpose was "to separate traffic enforcement from the police," "reduce traffic enforcement as a tool for enhancing traffic safety," and to "shift traffic enforcement, parking enforcement, crossing guards, and collision response & reporting away from policed officers—reducing the need for police interaction with civilians..."

By this report, staff seeks the Reimagining Public Safety Task Force's input and advice on a) research and analysis conducted to date, b) input solicited from the Public Works Commission, Transportation Commission, and public speakers and incorporated herein, and c) a draft phased approach to explore possible next actions. This work raises important questions about how the current Public Works department and the City's transportation functions are—and should be—organized, and how a racial justice lens can be applied across transportation-related programs and projects.

The referral component to reduce and/or eliminate stops based on minor traffic violations is at the core of the original omnibus package approved by City Council. The Mayor's Fair and Impartial Policing Working Group submitted recommendations to City

Council at a special meeting held on Tuesday, February 23, 2021.¹ The City Council unanimously adopted recommendations from the Fair and Impartial Policing Working Group that will result in a new, evidence-based traffic enforcement model that focuses traffic stops on safety, such as running a red light, rather than lower level offenses, such as minor equipment violations. The City Council also approved the implementation of procedural justice reforms including, but not limited to, the implementation of an early intervention system and requiring written consent for certain searches.² BPD is in the early stages of defining, developing, and implementing these measures.

This staff report complements the efforts of the Fair and Impartial Policing Working Group, lays out initial background and approaches to the creation of a BerkDOT, and explores opportunities to shift functions into this new department or division, as well as potential new positions or functions. In particular, staff seeks further input from the Task Force on the following questions:

- What near term actions should be prioritized?
- What areas of future research and/or due diligence should staff focus on?
- What is missing from the analysis and possible actions?
- Which of the three organizational approaches to a BerkDOT provided below align best with the City Council's referral and the City's adopted strategic and other plans (e.g., Berkeley Strategic Transportation Plan, Vision Zero, and recently-adopted Pedestrian Plan), both in the short and long term?

This staff report concludes with a list of proposed actions phased in over time. These actions support establishment of a BerkDOT that translates City Council's direction (and staff's intent) into racially just, equitable, sustainable, and accessible transportation policies, programs, services, and projects. The phased actions explored in this report are considered for inclusion in Annual Appropriation Ordinance #1 in December 2021, the two-year budget adopted by June 30, 2022, or future budget adoptions.

BACKGROUND

Public Safety Reimagining Process. On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directions.³

¹ https://www.cityofberkeley.info/Clerk/City_Council/2021/02_Feb/Documents/2021-02-23_Special_Item_01_Report_and_Recommendations_pdf.aspx.

² Please see the annotated agenda for the February 23, 2021 Special Meeting of the City Council, which can be found at the following -

https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx.

³ https://www.cityofberkeley.info/Clerk/City_Council/2020/07_Jul/Documents/07-14_Annotated_Agenda_pdf.aspx

On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the National Institute of Criminal Justice Reform (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley. NICJR's scope and contract documents are complete.⁴

On January 19, 2021, City Council amended the enabling legislation for the Reimagining Public Safety Task Force. Appointments have been made from the City Council, Mental Health Commission, Police Review Commission, and Youth Commission, and three "At-Large" appointments confirmed by City Council on March 9, 2021.⁵

The Task Force met on February 18, March 11, April 9, April 29, and May 13, and covered topics ranging from the consultants workplan; community survey; calls-for-service analysis and framework; and overviews of the Police Department, priority dispatch, new and emerging models of community safety, and specialized care unit.

Public Works and Police Departments. Today, Public Works includes 320 full time employees (FTEs) across seven divisions. The divisions of Transportation, Engineering, Zero Waste, and Administration report to the Public Works Director. The Facilities, Streets & Utilities, and Equipment Maintenance divisions report to an Operations Manager who, in turn, reports to the Director.

The Transportation Division has 43 FTEs and is responsible for the following functions: traffic engineering, planning and design of transportation-related capital improvement projects, off- and on-street parking management, and transportation planning, policies, and programs, e.g., Vision Zero. In January 2018, traffic maintenance and parking meter maintenance were shifted from the Streets and Utilities Division to the Transportation Division. This division's breadth of functions is well beyond that of transportation divisions in similarly sized cities.

Both the Transportation and Engineering Divisions currently sit on the 4th Floor of 1947 Center Street. The permanent repair of streets and sidewalks is planned and executed by the Engineering Division with 2.5 full time engineers. Smaller, temporary street and sidewalk repairs are made through our Streets and Utilities Division Operations by two separate units of 13 FTEs. These units work out of the City's Corporation Yard, as does our Facility Management Division and its nearly 7 FTEs handling streetlight maintenance and repair.

⁴ https://www.cityofberkeley.info/Clerk/City_Council/2020/12_Dec/Documents/2020-12-15_Supp_2_Reports_Item_7_Supp_CMO_pdf.aspx

⁵ https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

Today, all traffic enforcement functions are housed within the Traffic Bureau of the Police Department's Investigation Division. The Traffic Bureau includes all traffic enforcement functions, parking enforcement, traffic control, serious injury collision investigations and review, collision data functions, and crossing guards. The Traffic Bureau currently sits at 841 Folger and this substation will soon move to 125 University.

Current Plans and Programs for Racial Justice and Equity. The City of Berkeley set a goal in its strategic plan to "[c]hampion and demonstrate social and racial equity," which is an especially important goal for Public Works. The 2020 end of year workforce report showed the department was 63% African American and Latino (and 77% non-white), 92% of that year's new hires were non-white, and 78% of staff promoted were non-white. While racially diverse, that report also showed only 16% of the department was female and only 38% of management was non-white, suggesting more work was needed in our department's gender diversity and having management reflect the racial diversity of the department's staff.

In recent years, the Transportation Division sought to more explicitly incorporate racial justice into transportation policies, projects, and services. The Berkeley Strategic Transportation (BeST) Plan adopted in 2016 prioritized capital projects by whether those projects would increase transportation choices for disadvantaged communities. The Vision Zero Plan adopted in March 2020 documented racial disparities in severe and fatal traffic injuries, and it acknowledged racial and economic inequities associated with traffic enforcement. As a result, the Vision Zero Plan emphasized improvements to traffic safety through engineering solutions over enforcement, and it called for an equitable enforcement policy before making any Vision Zero-related enforcement changes.

The first set of Healthy Streets established during the COVID-19 pandemic were selected from bicycle boulevards in traditionally underserved neighborhoods. Most recently, the Pedestrian Plan adopted in January 2021 built on the work of Vision Zero to document that black pedestrians are twice as likely to be victims of traffic violence as white pedestrians. The Pedestrian Master Plan uses redlining maps to prioritize safety improvements in these historically underserved neighborhoods.

Other aspects of Public Works' services aid equity and racial justice in Berkeley, including:

- The Clean Cities Unit abates illegal dumping, trash, and debris, especially in and around encampments, and many of these locations are in historically underserved areas;
- An existing Disability Services Specialist helps ensure the accessibility of new improvements, existing infrastructure, and current Public Works services;
- Most repairs of the City's sewers, streets, streetlights, and sidewalk are completed without regard to the adjacent property owner's ability to pay; our

stormwater and sewer fees are eligible for relief under the City's Very Low Income Fund; and, in the proposed budget, Public Works has recommended extending relief from sewer charges for more low income families; and

- Public Works, Public Works Commission, and Facilities, Infrastructure, Transportation, Environment, and Sustainability Committee are proposing to City Council on June 1 revisions to the street rehabilitation policy that specifically address racial justice and equity through the creation of an Equity Zone where paving repairs are prioritized. If adopted, Public Works will explore broader applicability of this zone to our sidewalk, streetlight, and other maintenance and repair services.

The department is at an inflection point. A new director was hired in July 2020 and since that time, the department has adopted [top goals and projects](#),⁶ drafted [performance measures](#),⁷ and sought more open lines of communication with the department's Commissions. An all-staff survey has been completed, showing the department faces a significant staff morale challenge. One driver of the morale challenge is a persistent vacancy rate of 15%+. The high vacancy rate diminishes the department's ability to deliver programs, leads to delays in implementing projects, and leaves the remaining staff shouldering a larger work burden. The work burdens are only increasing. The department is leading up the effort to turn Vision 2050 into reality; accelerate conversion of our fleet and facilities to all-electric; construct a whole range of T1 and other capital projects; and develop comprehensive plans for our street lights, paving, green infrastructure, and storm drains. All while Public Works and IT are working together on the simultaneous replacement of three key internal asset management systems without which a modern Public Works or Transportation department cannot operate.

As a result of these significant opportunities and challenges, Public Works is initiating a process to adopt a strategic plan in the next fiscal year. The plan will help clarify the department's core mission, values, priorities over the next five years, including how the department's staffing, programs, and projects can advance racial justice and equity.

APPROACHES

To inform the approaches presented in this staff report, interviews were held with director-level staff of Transportation and Public Works departments in Los Angeles, Minneapolis, Oakland, Denver, Ft. Collins, and Cambridge. These cities were selected for their variety of organizational, political, and governance structures. These conversations revealed different ways to structure a department, and how some cities were applying a racial justice lens to their transportation (and other) work. The

⁶ https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_General/FY20-21%20Berkeley%20PWD%20Goals%20and%20Projects-Sep%202020.pdf

⁷ https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_General/CoB%20Performance%20Measures%20041921.pdf

interviews showed there are many different ways to organize, and pros and cons associated with each method of organization.

At a high-level, there are three approaches to a new BerkDOT. Each of these presents an opportunity to refine the mission and overall organization of functions within the Transportation Division and the Public Works Department, and to carry out any new functions assigned by the City Council or reorganized within Public Works. The three approaches are:

A. Establish the existing Public Works' Transportation Division as BerkDOT:

This option would retain the existing Public Works department and structure, revamp the current *Division* of Transportation as BerkDOT, and create a new Deputy Director for Transportation reporting to the Public Works Director. Public Works' FY 21/22 budget request includes the adjustment of a current position to Deputy Director for Transportation. This would confirm the centrality of transportation in the department.

B. Remake Public Works into the Department of Transportation & Infrastructure (BerkDOTI):

This option would create a new BerkDOTI, subsume the existing Public Works Department into it, and the department's mission would focus on stewardship of the City's transportation system and public right-of-way, as well as the safety of the public in using streets and sidewalks. The functions of the remade department would include discrete lines for Transportation, Utilities, and Administration. Within these lines, a new Deputy Director for Transportation would be created, while infrastructure services such as storm water, sewer, and Zero Waste would remain in a newly configured Utilities division. This option still allows for intra-departmental coordination between planners and engineers by retaining an overall singular department under the oversight of a unified administrative structure. It elevates the new department's transportation programs and services to the whole of the public right-of-way, consistent with Vision 2050's positioning of the right of way as the *Public Commons*. An integrated BerkDOTI department would allow for ongoing coordination between functions affecting all aspects of transportation and non-transportation services in the public right-of-way, and a single point of contact for inter-departmental coordination.

C. Create a new, stand-alone BerkDOT that subsumes the current Division of Transportation and leaves a separate, stand-alone Public Works Department:

This would shift transportation functions out of Public Works into a standalone, new department oriented around a mission inclusive of transportation services and projects. Transportation operations, safety, and maintenance functions

would be transferred to this new stand-alone BerkDOT, while non-transportation capital project delivery and utilities such as storm, sewer, and Zero Waste would remain in the Public Works department. While duplicating back-office requirements, this structure may offer a more focused mission and vision, and resolution of items at the level of City Manager, not Department Director.

Mission and Vision. Each of these options presents an opportunity to sharpen the mission of our transportation work and deliver racially just, equitable, accessible, safe, and environmentally sustainable transportation programs, services, and projects. A stand-alone BerkDOT with a new Director reporting to the City Manager may provide the opportunity to start from scratch and create a whole new vision for transportation in this City. This also may provide the Public Works' department an opportunity to sharpen and improve its mission. On the other hand, the City's transportation and infrastructure visions are evident through the City Council's adoption of existing and recent plans, such as Vision 2050 (2020), BeST (2018 and update 2021), pedestrian plan (2021), and Vision Zero (2020). There may be conflict between Vision 2050's envisioning of the right of way as a public commons, and its implementation depending on two separate, stand-alone departments. It also may be the case that these adopted plans do not sufficiently capture Berkeley's transportation and infrastructure vision. If that is the case, then a new stand-alone BerkDOT may help chart whatever that new vision may be.

Prioritization and Coordination. A new stand-alone BerkDOT reporting to the City Manager or Deputy City Manager may elevate the transportation function's importance among many other competing priorities in the City. However, two separate departments will require staff currently sitting in the same department—with direct opportunities and incentives to collaborate—to be in stand-alone separate departments with more divergent priorities and more difficulty in coordination.

Transition Costs: Each of these organizational options would have different cost implications. Creating a wholly new stand-alone DOT alongside a stand-alone Public Works department is the highest cost option. Staff's initial estimate is \$750,000, mostly based on Oakland's experience creating a new DOT from its Public Works Department. These are hard costs related to hiring a new Director; building the required HR, payroll, and finance functions; consultant support for the change effort; and ancillary costs related to the new department, such as updates to the website, municipal code, letterhead, and work clothing. The ongoing operating costs for future years are in the range of \$500,000-\$750,000 annually.

Standing up a new department will incur significant non-financial costs, especially in time and effort. Interviews with other DOTs suggest this is an intense two-year process to stand up the organization and another two to three years until it is a cohesive organization. It would involve significant need to bridge and manage the transition with staff, collaboratively build a new department culture, and reorganize career advancement pathways in the workplace. Logistics are important, too. Staff are not

aware of building space that may accommodate a new stand-alone BerkDOT. In addition, the necessary investments in time and effort may require tradeoffs that slow down or put at risk other high-priority projects, e.g., Vision 2050, Vision Zero, T1, November 2022 infrastructure-focused revenue measure, and implementation of the BeST, Bicycle, and Pedestrian Plans.

The BerkDOTI option of a remade Public Works department with transportation, utility, and administration lines is estimated to cost less than \$150,000, mostly related to one position upgrade (Deputy Director, Transportation), hard costs related to the name change, and some support for the change efforts. Given the department's intention to undergo strategic planning next year, there may be an opportunity to leverage this process to support the BerkDOTI change effort. There would be limited ongoing additional operating costs for future years.

The option of creating BerkDOT out of the existing Transportation Division, and remaining within Public Works, is likely to involve similar cost as the BerkDOTI option as it includes similar actions, e.g. position upgrade, name change costs, and change efforts.

City Council could consider covering these costs through budget reductions to the Berkeley Police Department, reductions to other departments' budgets, or with additional General Fund resources. However, the source of funds does not change the fact that these three approaches have different cost impacts. Similarly, it is possible that as the number of sworn personnel in traffic enforcement is reduced, those savings are shifted into transportation programs and/or services. However, those savings may be speculative, as costs related to the civilian traffic enforcement unit and/or automated enforcement are very likely to rise.

Under any of these structures, there will be additional costs associated with implementing new policies or programs. This could include automated enforcement programs with staffing required for citation processing and review, a new specialist staffing for public engagement and racial justice programs, etc.

Implementation Risks. Many reorganizations fail or take much longer than planned. According to a 2016 Harvard Business Review study, more than 80% of reorganizations fail to deliver the hoped for value in the time planned, and 10% can cause real damage to the organization. The creation of a separate, stand-alone BerkDOT with a separate stand-alone Public Works Department entails the most risk of failure and/or delay. A BerkDOT subsuming Public Works entails low to moderate risk. Creating the BerkDOT out of the existing Transportation Division, and keeping it within Public Works, is low risk. To mitigate these risks, the changes might be made incrementally, allowing for smaller course corrections to address issues that may arise and preserving options moving forward.

City Size. Few cities of Berkeley’s size have a stand-alone DOT. Nor do most cities of Berkeley’s size have the breadth of transportation functions already assigned to the existing Transportation Division within Public Works.

Racial justice lens. Staff’s view is that any of these organization approaches could apply an improved racial justice lens to transportation programs, and none of the approaches provide distinct benefit over the others in advancing racial justice and equity.

Shifting functions. Staff’s view is that any of these organizational approaches could facilitate shifting of functions as explored later in this staff report, and none is uniquely configured for a particular shifting of functions.

SHIFTING FUNCTIONS

The BerkDOT referral incorporated into the City Council’s omnibus package adopted on July 14, 2020 stated the following:

A Department of Transportation in the City of Berkeley could shift traffic enforcement, parking enforcement, crossing guards, and collision response & reporting away from police officers—reducing the need for police interaction with civilians—and ensure a racial justice lens in the way we approach transportation policies, programs, and infrastructure. It would also ensure a focus on transportation that is separate and apart from public works issues, fitting for the importance of transportation as an issue of concern to Berkeley and as a key component of our greenhouse reduction goals.

There are a variety of transportation-related functions within the City of Berkley which are performed by:

1. Sworn, uniformed officers (e.g., police officers assigned either to Patrol Division or the Traffic Bureau);
2. Non-sworn, uniformed personnel (e.g., parking enforcement officers);
3. Civilian personnel (e.g., crossing guards); and
4. Civil engineers, transportation engineers, transportation planners, and operations and maintenance staff.

Below, each function is assessed for possible shift into any of the three BerkDOT approaches described above.

Traffic Enforcement

The original referral suggested shifting traffic enforcement to a new BerkDOT. However, California Vehicle Code section 21100 appears to delegate authority to localities to enforce traffic laws by means of “traffic officers,” which are further defined by Penal Code Section 830, et seq., as sworn police officers. Thus, enforcement of traffic

violations set forth by non-sworn personnel could violate existing state law. Until state law changes, such a shift in function outside of BPD may be preempted.

The City Council adopted a resolution on December 15, 2020, requesting the California legislature enact legislation to give cities greater flexibility in traffic enforcement. Staff has considered prioritizing near-term action to develop a plan for standing up a civilian traffic enforcement unit. However, given the content of the state law change is likely to be important for the particulars of how such a unit is structured and organized, staff suggests the civilian traffic enforcement unit be considered a longer term action, and that this action be triggered when there is a change in state law. In the meantime, the City could engage in discussion with state legislators about potential legislation on this topic. When such a state law change does occur, staff would evaluate the legislation and prepare a plan for City Council discussion with the aim that Berkeley thoroughly evaluate and engage the community and its employees over the potential to establish a civilian traffic enforcement unit.

Other state law changes might alter the nature of traffic enforcement, as well. Current state law prohibits automated enforcement of speeding violations. Assembly Bill (AB) 550 would permit several cities to initiate pilots of automated enforcement of speeding violations⁸. On May 11, 2021, the Council took formal action to support AB 550 and urge that the City of Berkeley be included as a pilot location. Similar to red light cameras, photo speed enforcement could reduce the need for traffic stops and the associated interactions between police officers and drivers, while providing effective enforcement against speeding, which is the traffic violation most likely to contribute to several or fatal traffic injuries especially among pedestrians. The degree to which automated speed enforcement could be administered by non-sworn staff would depend on the enabling legislation. AB 550 currently calls for violators to be subject to civil penalties and the availability of diversion programs.

Given the legal hurdles to a civilian traffic enforcement unit and automated enforcement, staff suggest prioritizing advocacy for state law changes in the near-term, and, over the longer term, develop practical plans and policies to implement state law changes when they occur. As suggested in Vision Zero, the City's adoption of a Vision Zero Enforcement Policy could help explain and further detail the City's approach to enforcement as a tool of last resort, provide guidance for the implementation of automated enforcement, and ensure the lens of racial justice and equity is incorporated into enforcement efforts.

Crossing Guards

Berkeley Function Today

Crossing guards are civilian personnel within the Police Department who help ensure safe routes to school and Vision Zero functions, which are important citywide priorities.

⁸ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB550

There are currently 15 part-time crossing guards, equivalent to 3.7 FTEs, working during school arrival and departure times. Crossing guards do not enforce the law, rather they enhance safety by stopping traffic and escorting children across an intersection.

Other Cities' Experiences

Some cities, such as Los Angeles and Cambridge, MA, employ crossing guards through the Transportation and/or Public Works department; other cities that house crossing guards in the Police Department, such as the City of Oakland, are considering moving them to OakDOT in response to similar conversations around racial justice in traffic enforcement. Another model is schools overseeing the crossing guard functions with the City providing some portion of funding, which is the case in Fort Collins, CO.

Potential Options for Berkeley

Crossing guards could move into BerkDOT with minimal disruption. Shifting that staff to a new department will require a BerkDOT staff person to take on a new supervisory role, which could require new training. Within BerkDOT, crossing guards could be assigned to school sites based on racial equity and Vision Zero priorities. Including crossing guards in BerkDOT could have the positive effect of bolstering local relationships between BerkDOT and local schools and communities.

There are some impacts to BPD's operations of moving crossing guards to BerkDOT. By removing this function, it means severing a visible tie between elementary school staff, local residents, and BPD. Otherwise, the impacts are not significant. This change could be accomplished in the budget proposed for adoption in June 2022.

Parking Enforcement

Berkeley Function Today

Parking Enforcement Officers are non-sworn, uniformed officers within the Police Department. These officers support the City's parking program, which is stewarded by Public Works and the officers are funded out of the Public Works' on-street parking fund. (Citation revenue goes to the General Fund.) There are currently 24 FTE parking enforcement officers, supervisors, and a manager within BPD's Traffic Bureau.

The City of Berkeley's current [parking program](#) offers a payment plan for low income persons, and a fee waiver for low-income citation recipients who request an appeal hearing.

Other Cities' Experiences

Other cities, both large and small, manage parking enforcement under the Transportation and Public Works departments: examples include Los Angeles, Fort Collins, CO, Cambridge, MA, and Orlando, FL. Some parking enforcement staff maintain inter-departmental connections and access to shared communication systems with Police Departments where there are concerns for staff safety. For example, the OrlandoDOT has a parking enforcement function, and parking enforcement staff share a

radio frequency with the Police Department. Some cities, such as Los Angeles, have qualified relief programs to address the burden of parking fines on low-income residents, such as the [Community Assistance Parking Program](#).

Potential Options for Berkeley

The parking enforcement function could move into BerkDOT, which would be a major shift in terms of the number of employees and their day-to-day interface with the Police Department. Parking enforcement staff currently sit within PD offices, and their trainings and career development paths are through PD.

Shifting this function to a new BerkDOT would require investment and training in the newly transitioned staff on the BerkDOT mission and career advancement paths, and new management and supervisory capacity within BerkDOT to absorb responsibility for the parking enforcement staff. Given that the Transportation Division is currently 43 FTEs, this shift would increase this organization's size by more than 50%. It poses some logistical challenges, too, as BPD Traffic Unit's staff and parking enforcement's staff currently sit with one another in the same location, and there is not an obvious solution for co-locating parking enforcement staff and existing transportation division staff given significant space constraints at the City's Corporation Yard.

Such a shift would have significant impacts on BPD and its 24 parking enforcement staff. BPD would lose important members of its team, and parking enforcement staff themselves would have a more difficult time keeping up communication with the Police Department for backup requests, which occur weekly. Nearly one-half of parking enforcement officers participated as public speakers when the Public Works Commission heard this BerkDOT item, and expressed a strong sentiment that affiliation with PD helped them feel safer in their work and strong opposition to any move outside of PD.

As suggested by several Public Works Commissioners, staff proposes further dialogue with the parking enforcement officers themselves. After that dialogue, staff would return to City Council for discussion on whether the parking enforcement function should sit within PD.

Paving

Berkeley Function Today

Public Works has 2.5 engineers who put together the paving plan, and then do the public procurement for the annual paving and sidewalk repair projects. Another engineer or inspector is involved in the construction management and inspection of the improvements. All of these staff are in the Engineering Division, and consult regularly with Transportation's planning unit to ensure coordination with the various transportation plans.

Other Cities' Experiences

Both OakDOT and Minneapolis include some paving functions. Both pothole repair and designing and bidding contracts for paving are held within OakDOT. However, the paving and capital project construction management function is still held within Oakland's separate Public Works department. In Los Angeles, the paving function is housed in Streets LA, a division of Public Works, not LADOT. Cambridge, MA also does not house paving functions in its Transportation, Parking, and Traffic Department; instead, the Community Development Department prepares the paving plan, and Public Works completes the paving.

Potential Options for Berkeley

The existing configuration results in collaboration on paving between engineers in Public Works' Engineering Division, and engineers and planners in the Transportation Division. Moving this function to the BerkDOT has the potential to realize more opportunities for Vision Zero, Bicycle Plan, and Pedestrian Plan improvements in the course of paving. However, the paving budget faces an annual funding shortfall of more than \$10 million for basic pavement maintenance, not to mention the improvements suggested by the Vision Zero, Bicycle Plan, and Pedestrian Plan. Thus, these opportunities to use our paving program to further the goals of our transportation plans may be more vision than reality. In addition, even if this function moves to Transportation, significant coordination with the Engineering Division will be required to ensure consideration of sewer, green infrastructure, storm drain, and other utility projects occurring in the streets. Staff believes that the coordination between Transportation Planning and paving engineers has improved over the past several years, but agree more improvement and coordination is needed. What is less clear is whether improvement will come from an organizational decision—either moving the paving planning function from Engineering into Transportation's planning unit or moving transportation planners into Engineering's Pavement Unit—or bringing in new revenue into paving through a November 2022 infrastructure-focused revenue measure. The latter would be the most significant action the City Council could take to ensure our paving program advanced our BeST, Vision Zero, Pedestrian, and Bike Plan's goals. Staff could return to City Council as part of the budget adopted in June 2022 with a discussion of where the paving planning function might sit.

Collision Investigation**Berkeley Function Today**

Today, BPD's Traffic Bureau sworn officers are responsible for traffic collision investigations. This includes forensic functions, determining why and how the crash occurred, data collection on victim information, and the state of existing street safety infrastructure. No Public Works or Transportation staff participate in that data collection. Collision investigation invariably requires sworn officers to collect witness statements and evidence, conduct analysis, and develop a report, all of which are governed by state vehicle code. In addition, collisions can happen at any time of day or night and police staff with assigned vehicles are on duty 24/7 in the field and enable rapid response.

Other Cities' Experiences

Collision investigation functions are conducted by police departments, and in many cities there is limited data sharing and collaboration in data collection, which can be a barrier to data-driven Vision Zero work. A few cities have built partnerships with police departments to share crash investigation functions as it pertains to transportation engineering. Director-level partnerships with the police department has allowed some cities, such as Fremont, CA, to share more Vision Zero-related traffic data.

Potential Options for Berkeley

Many of the forensic functions of crash investigation are important for the Police Department to carry out. Increased collaboration between BerkDOT and the Police Department through sharing of some collision investigation functions could improve traffic safety. Bringing BerkDOT planners and engineers into the process to assess site context and transportation infrastructure issues in the field during investigation is likely to lead to better understanding of why crashes occurred and may help identify opportunities to improve infrastructure to improve safety outcomes in the future. This also advances the City's Vision Zero focus, and encourages direct access to police reports and other disaggregated data for purposes of Vision Zero analysis and monitoring, which includes an assessment of racial disparities in traffic safety. Improved information sharing could occur within existing structures and progress is already being made. The most important near-term action to promote this information sharing and safety improvements would be the hire of a new staff member into BerkDOT to support the Vision Zero program and codify this interdepartmental coordination. A request for this FTE will be included in the budget proposed in June 2022.

Traffic Control**Berkeley Function Today**

Both sworn officers and parking enforcement officers provide special traffic control during major planned events today, such as festivals, marches and protests, and other large-scale events, and also during emergencies, such as street flooding, large structure fires, and during high wildfire-risk periods. Public Works, BPD, and parking enforcement staff frequently coordinate on traffic controls, including temporary signage and barricades often planned by Traffic Engineers and deployed by Traffic Maintenance staff.

Other Cities' Experiences

In other cities, both sworn and non-sworn uniformed officers can carry out traffic control functions. In San Francisco, parking enforcement officers have traffic control functions as part of their regular duties, which includes directing traffic during both planned events and critical incidents. In Minneapolis, the Regulatory Services department provides uniformed personnel for traffic control functions, which include rush hour traffic management, emergency response to traffic control needs via 311, and support for special events.

Potential Options for Berkeley

Event-related traffic control could be provided by non-sworn, uniformed personnel for planned events in Berkeley. Parking enforcement personnel provide this function today. Non-sworn, uniformed officers could also provide some or perhaps all emergency-related traffic control. Consideration would need to be given to time of day and week to ensure availability of appropriate staff, and ensuring proper training of non-sworn staff conducting planned and emergency related traffic control.

3. Racial Justice in Transportation Policies, Programs, and Infrastructure

Ensuring a racial justice lens in transportation policy, programs, and infrastructure would mean that all decisions, procedures, and guidelines that govern transportation in this City would affirmatively work to reduce the burdens of racial inequities and mitigate structural harm put on people of color, and create streets where people are safe, experience belonging, and can thrive.

From listening to the input received so far and considering other organizations approaches, staff see three important opportunities moving forward. First, establish a BerkDOT that uses racial and social justice and safety data to improve safe and equitable access to mobility and helps reduce traffic violence, economic violence, and risk of institutional violence experienced by the most vulnerable users of the public streets and sidewalks.

Second, embed the racial justice lens in BerkDOT through one of two potential organizational approaches:

- A. Racial Justice and Equity Division within BerkDOT: The Racial Justice and Equity Division could be a separate division within any of the three BerkDOT approaches, at the same organizational level as project delivery, maintenance, or administration. The division may be staffed with one or two people, and those staff working across divisions, similar to how engineers and planners already work across divisions and functions today.
- B. Deputy Director of Transportation, Racial Justice, and Equity: The racial justice function could move up a tier in the organizational chart to assign that function to a newly titled, Deputy Director of Transportation, Racial Justice, and Equity. This would elevate the transportation and racial justice functions and accountability in the organizational hierarchy. It might then mean that existing staff take on day-to-day responsibility for racial justice functions, with approval and strategy provided by the Deputy Director for Transportation, Racial Justice, and Equity. This position could still be supplemented with a Racial Justice Specialist position as an assistant to the Deputy Director.

The organizational structure of the racial justice function within BerkDOT might also consider the size of Berkeley's city government and BerkDOT itself. For example, the division itself might contain one FTE; however, regardless of the number of FTEs, creating a division within an organizational chart on equal footing with other departmental functions elevates its importance in the department's mission. Under either approach, it will be important to ensure that people of color, and especially African Americans, have clear and well-used career pathways.

Public Works' budget proposed for adoption in June 2021 includes an adjustment for a Deputy Director of Transportation, so Option B is readily achievable and does not preclude a change later to Option A.

Third, as suggested by various contributors in the public process to date, incorporating a racial justice lens into transportation work requires in-depth examination, discussion, training, and action. This work has an aspect that is inward-facing and focused on our staff and their experiences and career pathways. It also must focus on BerkDOT's services, programs, and projects delivered to the community. For that reason, staff propose using the assistance of an expert to lead the internal examination, discussion, training, and action that would culminate in the development of a *Racial Justice and Equity Action Plan, Part 1*. A budget request for Annual Appropriation Ordinance #1 in December 2021 would fund this third-party's work. *Part 2* would examine the department's services, programs, and projects, and identify the areas and actions where more progress is required. This work would be proposed for inclusion in the budget adopted June 2023.

INPUT RECEIVED FROM COMMISSIONS TO DATE

This report reflects input provided by the Transportation Commission, Public Works Commission, and public speakers at both commission meetings. Prior versions of this report incorporated this specific feedback from the Transportation Commission. More has been provided on the purpose and vision of the omnibus package and BerkDOT referral, and the report provides more focus on near-term actions to change transportation's mission, vision, programs, services, and projects and ensure they are imbued with a racial justice lens. There is more background and explanation on the civilian traffic enforcement unit, and City Council's direction to focus traffic stops on safety and eliminate stops for minor traffic violations. Greater detail has been provided on automated enforcement, inclusion of career pathways for people of color, and the cost implications of the three organizational approaches.

Several Transportation Commissioners suggested crossing guards and parking enforcement were functions that should be moved to a BerkDOT sooner rather than later. Staff incorporated a suggestion to re-work the near-term and longer-term actions into a phased approach.

There was consensus at the Public Works Commission and its public speakers that the revised staff report responded to much of the Transportation Commission's feedback. There was a consensus that enforcement as a method of improving traffic safety should be a tool of last resort within the City's toolbox. There was not consensus on the organizational approach to BerkDOT or on which functions might be prioritized for shifting into BerkDOT. Some commissioners wanted to learn more about how BerkDOT might be informed by a strong, transparent public engagement process. On this latter point, staff are exploring on-the-street, intercept surveys and/or public opinion surveys to be conducted this summer in order to engage and learn from traditionally underrepresented and underserved members of the community.

PHASED APPROACH

The phased approach described below combines the direction set by Council in the original omnibus package, the input received to-date, and the constraints of our existing budget, commitments, laws, and bandwidth. The order and phasing of the approach is designed to preserve opportunities for the City to speed up or slow down along the way.

Phase 1: July 1, 2021-June 30, 2022

Ongoing	Coordinate with PD on implementation of precision policing and major v. minor stops. Monitor state legislative proposals and be prepared to engage and advocate for automated enforcement.
Jun 2021	Proposed budget includes Deputy Director of Transportation, Racial Justice, and Equity.
Jul	Opinion and/or intercept surveys to solicit input on BerkDOT.
Dec	Submit budget request in AAO#1 for expert support on <i>Racial Justice and Equity Action Plan, Part 1</i> , focused on staff and career pathways.
Jan 2022	Berkeley <u>Division</u> of Transportation stood up as BerkDOT with lead Deputy Director of Transportation, Racial Justice, and Equity.
Jun	Potential budget proposals implementing various aspects of BerkDOT and submit request for new Vision Zero staff member to coordinate with PD on data sharing and collision analysis.

Phase 2: July 1, 2022-June 30, 2023

Jul 2022	Report to City Council on results of legislative advocacy on civilian traffic enforcement and automated enforcement, and if automated enforcement on speeding enabled by change in state law, plan for implementing.
Dec	Council considers adoption of Vision Zero enforcement policy. Complete <i>Racial Justice and Equity Action Plan, Part 1</i> .

- Jan 2023 City Council discusses possibility of creating civilian traffic unit. This discussion and deliverable is wholly dependent on state law changes permitting such action.
- Jun Report to Transportation Commission on equity of City's existing parking fines and rates, and possible revisions.

Phase 3: July 1, 2023-June 30, 2025

- Dec 2023 Complete *Racial Justice and Equity Action Plan, Part 2*, focused on programs, services, and projects.
- Jun 2024 Update to Council on progress to date and seeking direction on final BerkDOT organizational structure (enhanced division, BerkDOTI, or stand-alone BerkDOT), civilian traffic enforcement unit, and equity policies.
- Jun 2025 Final report closing BerkDOT referral.

Attachment:

- 1: Budget and Position Inventory

Attachment 1: FTEs and Budget for Existing BerkDOT-related Functions

	Total potential FTEs	99.95	Total Costs	\$	49,627,069
PW Engineering/Streets					
Implementing capital projects to maintain 216 miles of street and 300 miles of sidewalk					
	Associate Civil Engineer	1	\$	143,157.66	
	Assistant PW Engineer	1	\$	123,956.56	
	Supervising Civil Engineer	0.5	\$	81,070.50	
	Total	2.5	\$	348,184.72	\$ 660,534
				Nonpersonnel Costs	\$ 330,267
				Capital Costs	\$ 11,010,303
				Total	\$ 12,001,104

PW Transportation

Improve traffic safety, encourage transit use, bicycling and walking, and address transportation issues. Capital projects include parking facilities; street improvements; traffic calming measures; and bicycle and pedestrian infrastructure improvements.

Management	Transportation Manager	1	\$	177,577.71	
	Administrative Secretary	1	\$	88,553.50	
	Administrative Assistant	1	\$	88,293.71	
	Assistant Management Analyst	1	\$	89,820.02	
Parking (off and on-street)	Parking Services Manager	1	\$	130,562.85	
	Senior Planner	1	\$	126,667.01	
	Assistant Management Analyst	4	\$	359,280.08	
	Accounting Office Specialist II	1	\$	69,366.54	
	Parking Meter Maint & Collection Supv	1	\$	91,188.45	
	Parking Meter Maintenance Worker	6	\$	391,547.52	
	Parking Meter Mechanic	5	\$	369,082.50	
CIP Engineering	Associate Civil Engineer	2	\$	286,315.32	
	Supervising Traffic Engineer	1	\$	165,189.86	
Traffic Engineering	Assistant Traffic Engineer	2	\$	250,942.02	
	Associate Traffic Engineer	2	\$	286,315.32	
	Engineering Inspector	1	\$	106,362.46	
	Traffic Engineering Assistant	1	\$	86,079.55	
Planning	Principal Planner	1	\$	143,078.83	
	Senior Planner	1	\$	126,667.01	
	Associate Planner	2	\$	219,506.56	
	Assistant Planner	1	\$	90,424.05	
Traffic Maintenance	Traffic Maintenance Supervisor	1	\$	91,188.45	
	Traffic Maintenance Worker I	3	\$	202,701.42	
	Traffic Maintenance Worker II	2	\$	147,742.40	
	Total	43	\$	4,184,453.14	\$ 7,938,238
				Nonpersonnel Costs	\$ 4,175,377
				Capital Costs	\$ 12,500,000
				Total	\$ 24,613,615

PW Streets/Sidewalk Operations

Performs spot repairs on the City's maintain 216 miles of street and 300 miles of sidewalk

Management	Senior PW Supervisor	1	\$	111,161.44	
	PW Supervisor	1	\$	96,565.46	
Streets / Asphalt	Skilled laborer	2	\$	143,751.72	
	Construction Equipment Operator	1	\$	81,359.20	
	Laborer	2	\$	135,228.28	
Sidewalks / Concrete	PW Supervisor	1	\$	96,565.46	
	Concrete Finisher	2	\$	86,386.35	
	Skilled Laborer	1	\$	71,875.86	
	Laborer	2	\$	135,228.28	
	Total	13	\$	958,122.05	\$ 1,817,633
				Nonpersonnel Costs	\$ 300,000
				Total	\$ 2,117,633

PW Signals and Streetlighting

Maintains signals and traffic controls at 140 intersections and 8,000 LED streetlights.

Electrician	4	\$	411,091.20	
Lead Electrician	2	\$	219,648.00	
Senior Electrical Supervisor	0.75	\$	97,022.18	
Total	6.75	\$	727,761.38	\$ 1,360,914
			Streetlights	\$ 1,377,731

Signals	\$	896,755
Capital Cost	\$	1,050,000
Total	\$	4,685,399

PD-Investigations Division

The Traffic Unit's Motorcycle Officers focus on community safety through traffic law enforcement, investigation of serious injury/fatality traffic collisions; DUI enforcement, and coordinating grantfunded focused enforcement efforts. The Parking Unit's Parking Enforcement Officers enforce applicable State and Local codes which regulate parking and provide traffic control and support, e.g. Special Events or incident scene management.

Parking Enforcement	Parking Enforcement Manager	1	\$	114,869.25	
	Parking Enforcement Officer	21	\$	1,492,580.46	
	Parking Enforcement Supervisor	2	\$	84,899.98	
	Total	24	\$	1,692,349.69	\$ 1,692,350
				Nonpersonnel Costs	\$ 1,638,945
Traffic Bureau	School Crossing Guard	3.7		145987.2	
	Lieutenant	1	\$	178,231.87	
	Sergeant	1	\$	148,483.71	
	Motor Officer	4	\$	515,017.16	
	Assistant Management Analyst/OSII	1	\$	89,820.02	
	Total	10.7	\$	1,077,539.96	\$ 1,077,540
				Nonpersonnel Costs	\$ 1,800,483
				Total	\$ 6,209,318

Total potential FTEs	99.95	Total Costs	\$	49,627,069
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Survey of Adult Residents
City of Berkeley, CA
Hybrid Email-to-Web/Live Telephone Survey
Conducted September 20-28, 2021
Citywide n=550; Margin of Error \pm 4.2 percentage points
Targeted oversamples added among Latinx and Black residents
EMC Research #21-8226

*All numbers in this document represent percentage (%) values, unless otherwise noted.
 Please note that due to rounding, percentages may not add up to exactly 100%.*

GREETING: Hello, my name is _____, may I speak with **(NAME ON LIST)?**

INTERVIEWER: NOL ONLY

INTRO: Hello, my name is _____, and I'm conducting a survey for _____ to find out how people feel about issues in Berkeley. We are not trying to sell anything and are collecting this information on a scientific and completely confidential basis.

1.	Do you live in the City of Berkeley?	
	Yes	100
	No → TERMINATE	-
	(Don't know/Refused) → TERMINATE	-
2.	What is your zip code?	
	94618	0
	94702	18
	94703	16
	94704	17
	94705	13
	94706	1
	94707	10
	94708	8
	94709	10
	94710	7
	94720	1
	(Refused)	-
3.	What is your gender?	
	Male	48
	Female	50
	Non-binary	1
	Another gender identity (please specify)	0
	(Refused)	0

4.	What year were you born? (YEARS CODED INTO CATEGORIES)	
	18-29 (1992-2003)	32
	30-39 (1982-1991)	13
	40-49 (1972-1981)	14
	50-64 (1957-1971)	19
	65 or over (1956 or earlier)	22
	(Refused)	0
5A.	Do you consider yourself to be of Hispanic or Latino descent?	
	Yes	13
	No	86
	(Refused)	1
5B.	Please select the race or ethnicity you consider yourself to be. You may select more than one if needed.	
	White	68
	Chinese	8
	Asian Indian	4
	Native Hawaiian or Pacific Islander	1
	Another Asian ethnicity (Please specify: _____)	7
	Black or African American	9
	American Indian or Alaska Native	2
	Middle Eastern or Northern African	3
	Something else (Please specify: _____)	4
	(Refused)	5

6INT. Using the following scale, please rate each of the following.

SCALE:	Poor	Only fair	Good	Excellent	(No response)
(RANDOMIZE)					
6.	The ease of getting around Berkeley				
	11	29	50	10	0
7.	The safety of getting around Berkeley				
	15	34	46	5	0
8.	The pedestrian infrastructure in Berkeley, such as sidewalks, crosswalks, and street lighting				
	13	31	47	9	0
9.	The streets and roads in Berkeley				
	29	40	28	3	0

SCALE:	Poor	Only fair	Good	Excellent	(No response)
10.	The bicycle infrastructure in Berkeley, such as bike lanes and paths, bike parking, bike signals, and bicycle boulevards				
	12	29	43	13	4
11.	The street traffic safety features in Berkeley, such as traffic signals, electronic speed signs, flashing pedestrian lights, and pedestrian signals				
	12	28	49	10	0
12.	The Healthy Streets program, where some streets have been temporarily altered to encourage walking and biking over driving				
	13	26	39	15	6
(END RANDOMIZE)					
13.	What are the biggest challenges you and/or your family face in getting around Berkeley? (OPEN ENDED, RESPONSES CODED INTO CATEGORIES)				
	Traffic				13
	Condition of roads/Potholes				9
	Poor bus/BART transportation				8
	Parking				8
	Drivers/Pedestrians/Bikers don't follow laws/rules				8
	Homeless/Drugs/Crime				7
	Safety for Bikers/Pedestrians				7
	Crosswalks/Intersections/Poor lighting and markings				7
	Poor public transportation options				5
	Construction/Blocked access				4
	Poor infrastructure/Narrow roads/Dangerous left hand turns/More traffic lights				4
	Poor bike lanes				4
	Sidewalk condition				2
	None/Nothing				7
	Other				6
	Not Sure/Don't Know/No Opinion				1
	Refused/N/A				2

14INT. How safe do you feel traveling around Berkeley using each of the following? Please do your best to answer even if you personally don't get around that way.

	Very unsafe						Very safe	(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
14.	On foot or using a mobility device such as a walker or wheelchair								
	6	7	13	16	22	20	10	4	4.49
15.	AC Transit								
	3	5	7	16	26	25	15	5	5.01
16.	BART								
	5	4	10	17	25	22	15	2	4.82
17.	Bicycle								
	7	9	13	20	27	14	5	6	4.18
18.	Car, whether you are the driver or a passenger								
	1	1	6	10	25	28	28	1	5.56

(END RANDOMIZE)

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19. Thinking about places you visit or travel to in Berkeley, are there particular locations, areas, or neighborhoods that you feel unsafe in? **(OPEN ENDED, RESPONSES CODED INTO CATEGORIES)**

Downtown	18
West Berkeley	10
South Berkeley	9
Southside	8
Gilman	2
UC Berkeley	2
Berkeley Hills	1
Busy streets	5
Night time	3
More than one place	3
Homeless encampments	3
None	31
Other	7
Don't know	1
Refused	0

20INT. Please indicate how much you agree with each of the following statement.

	Strongly disagree				Strongly agree		(Don't know/Refused)	Mean	
SCALE:	1	2	3	4	5	6			7
(RANDOMIZE)									
20. I feel like I am welcomed by other members of the community when I am out and about in Berkeley.	4	3	7	20	24	25	16	0	4.98
21. I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley.	21	19	13	13	16	8	9	1	3.44
22. I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley.	18	21	15	13	14	9	10	0	3.52
23. People drive safely in my neighborhood.	13	11	16	16	19	14	9	1	3.99
24. There are enough bus shelters, benches, and other safe places to rest or wait for the bus in my neighborhood.	14	9	15	21	18	13	8	3	3.88

	Strongly disagree							Strongly agree	(Don't know/Refused)	Mean
SCALE:	1	2	3	4	5	6	7			
25. The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded.	6	4	3	10	12	14	50	1		5.65

(END RANDOMIZE)

26. I'm now going to read you a statement about the Berkeley Police Department.

The Berkeley Police Department currently has a wide range of responsibilities, including enforcing traffic and parking laws, investigating traffic collisions, and handling property crimes. The City of Berkeley is considering moving **some** of those responsibilities to other City departments to be handled by unarmed public employees instead of police officers.

Do you support or oppose the idea of moving **some** police responsibilities to other City departments?

1 – Strongly oppose	9
2	3
3	4
4	7
5	10
6	15
7 – Strongly support	51
(Don't Know/Refused)	1
Mean	5.58

27INT. For each of the following activities, please indicate how important you feel it is that a police officer be responsible for handling it.

	Not important at all					Very important		(Don't know/Refused)	Mean
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
27.	Enforcing parking regulations and issuing parking tickets								
	51	18	11	7	6	3	5	0	2.25
28.	Enforcing routine moving vehicle violations and issuing traffic tickets								
	24	12	15	13	14	10	12	0	3.61
29.	Responding to and investigating traffic collisions with pedestrians, bicyclists, or other drivers								
	12	7	10	8	17	18	28	0	4.78
30.	Enforcing bicycle and pedestrian regulations and issuing tickets								
	35	20	13	11	9	3	8	0	2.81
31.	Responding to and investigating property crimes, including car theft and vandalism								
	7	4	5	10	17	19	38	0	5.36

(END RANDOMIZE)

32. The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers, instead assigning these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people. These employees would be trained and uniformed, and would conduct activities like issuing parking tickets, investigating collisions, enforcing traffic regulations, and conducting routine traffic stops.

Do you think this is a good idea or a bad idea?

1 – Very bad idea	7
2	5
3	5
4	8
5	13
6	17
7 – Very good idea	45
(Don't Know/Refused)	0
Mean	5.46

33.	Why do you say that? (OPEN ENDED, RESPONSES CODED INTO CATEGORIES)	
	Cops Not Needed/Don't Require Being Armed/Decreases Chances Of Escalation	37
	More Serious Crime/Police Needed Elsewhere/Priority	19
	Safety Concerns/Potential To Escalate/Inherent Risk/Dangerous	9
	Should Be Law Enforcement/Necessary Authority	9
	Alternative Solutions/Different Qualifications	8
	(Addresses Issues) Use Of Force /Abuse of Power/Mental Health	7
	Deescalates Tensions With Community/Address Racial Disparity In Law Enforcement	6
	Won't Be Armed/Ineffective/Taken Serious	5
	Agree With Some Of The Responsibilities Being Removed/Still Need Police Presence In some Cases	5
	It Would Work/I Agree With/Help Where Needed	4
	Feel Less Safe/Miss Potential Criminal Arrest	3
	Already Qualified/Trained/Experienced	2
	Eliminates Deterrents/Criminals Will Take Advantage	2
	Need More Info/Details/Don't Know How It Would Work	2
	More Bureaucracy/Don't Trust Government	1
	Waste of Money/Unnecessary/Cost	1
	Other	6
	Not Sure/Don't Know/No Opinion	2
	None/Nothing	0
	Refused/N/A	5

34INT. Please indicate how much you agree with each of the following statements.

	Strongly disagree			Strongly agree				(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
34.	Police enforcement of traffic laws makes me feel safer as I get around Berkeley.								
	17	15	11	18	16	9	14	1	3.85
35.	Fear of being stopped by the police impacts how I get around Berkeley.								
	54	18	7	6	6	4	4	0	2.21
36.	I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley.								
	48	14	9	8	8	4	9	1	2.59
37.	I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley.								
	43	19	11	8	8	6	5	0	2.58
38.	Automated traffic enforcement technology like red light or speeding cameras are better and less biased than police officers making traffic stops.								
	10	3	5	14	18	16	31	2	5.05
39.	Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people.								
	8	5	5	11	17	14	39	2	5.25
40.	People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley.								
	6	3	6	11	17	17	37	4	5.36

(END RANDOMIZE)

Finally, I'd like to ask you a few questions for statistical purposes only. Your answers will remain anonymous.

41INT. Have you, anyone in your family, or both you and a member of family ever...

SCALE:	Yes, myself	Yes, someone else in my family	Yes, both myself and someone else in my family	No	(Don't know/Refused)
41.	42	5	30	22	1
42.	42	4	27	26	0
43.	37	9	28	26	0
44.	23	9	9	58	1
45.	28	8	20	42	1
46.	21	10	8	61	0
47.	24	5	14	54	3
48.	6	4	1	88	1
49.	3	1	1	93	2

50INT. Please indicate how often you currently use each of the following ways to get around Berkeley. If you're not sure, please take your best guess.

SCALE:	6 or 7 days a week	4 or 5 days a week	1 to 3 days a week	At least once a month	At least once every six months	At least once a year	Less often or never	(Don't Know/Refused)
50. Walk	48	19	24	6	0	0	3	0
51. Use a mobility device such as a walker, wheelchair, or mobility scooter	3	1	1	1	0	1	91	1
52. Ride AC Transit	2	5	13	13	10	12	45	0
53. Ride BART	1	4	17	29	18	11	21	1
54. Ride a bicycle	9	9	14	10	5	4	49	0
55. Drive a vehicle	34	22	21	5	2	1	14	0
56. Ride in a vehicle driven by someone you know, like a friend or family member	8	7	37	22	7	3	16	0
57. Ride in a Lyft, Uber, or taxi	0	1	9	23	21	14	31	0
58. Use East Bay Paratransit or the City of Berkeley's Senior or Disabled Van Service	1	1	1	1	1	0	95	1

59.	Which of the following do you have or have access to? (SELECT ALL THAT APPLY)	
	A Clipper card	84
	A working vehicle	81
	A working bicycle	56
	A ride hail account, like Lyft or Uber	73
	A car share account, like Gig or ZipCar	16
	A bike share account, like BayWheels or GoBike	10
60.	Do you...	
	Own or are buying the home where you live	44
	Rent or lease	46
	Live with family	7
	Have another housing arrangement	1
	Do not have stable housing	0
	(Refused)	1
61.	Are there any individuals under the age of 18 living in your household?	
	Yes	25
	No	75
	(Refused)	1
62.	What is the last grade you completed in school?	
	Some grade school	1
	Some high school	2
	Graduated high school	6
	Technical or Vocational school	1
	Some college, including a 2-year degree or a certificate	19
	Graduated college or 4-year degree (BA, Bachelor)	34
	Graduate or Professional Degree (MA, Master's, PhD, MBA, Doctorate)	36
	(Don't Know/Refused)	1
63.	What is your sexual orientation?	
	Straight or Heterosexual	77
	Gay or lesbian	4
	Bisexual	5
	Queer	4
	Questioning or unsure	1
	Another orientation (please specify: ____)	1
	(Refused)	7

64.	Do you consider yourself to be transgender?	
	Yes	2
	No	94
	(Refused)	4
65.	What was your total household income in 2020?	
	Less than \$50,000	24
	\$50,000-84,999	19
	\$85,000-149,99	19
	\$150K+	30
	(Refused)	9

THANK YOU!

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Survey of City of Berkeley Residents Reimagining Policing Project

Initial Review of Results – 10/15/21



- ▶ Hybrid email-to-web/live telephone survey of adult City of Berkeley residents
- ▶ Survey conducted September 20-28, 2021
- ▶ 630 total respondents
- ▶ Oversamples among Black and Latinx residents to reach 100 respondents
- ▶ Weighted n = 550; overall margin of error ± 4.2 percentage points
- ▶ Interviews were conducted in English and Spanish by trained, professional interviewers; landlines and mobile phones included

Please note that due to rounding, some percentages may not add up to exactly 100%.

Preliminary Summary of Findings

- ▶ A majority of Berkeley residents feel that getting around the City is easy, but many have concerns about safety, particularly outside of personal vehicles.
- ▶ Most feel positively about safety infrastructure for bikes and pedestrians in Berkeley, but they are less satisfied with streets and roads. There is an appetite for allocating more transportation money to historically underfunded neighborhoods.
- ▶ While most feel welcome in the Berkeley community, about one third worry about being harassed or assaulted by community members.
- ▶ A majority are open to the idea of moving some responsibilities out of the police department to other city departments, particularly parking enforcement, bike/ped enforcement, and traffic enforcement. Support is consistent across racial groupings, and particularly strong among LGBTQ populations.
- ▶ Many believe police making traffic stops can lead to unsafe encounters, and that people of color are more likely to be stopped than others. These perceptions are present across racial groups.
- ▶ One in five worry about being harmed or treated unfairly during a stop. People of color, especially Black people, are particularly concerned about potential harm by police due to their race.
- ▶ Nearly half have been impacted (themselves or their family) by mistreatment by someone in the community, but many fewer have been mistreated by police or other city employees.

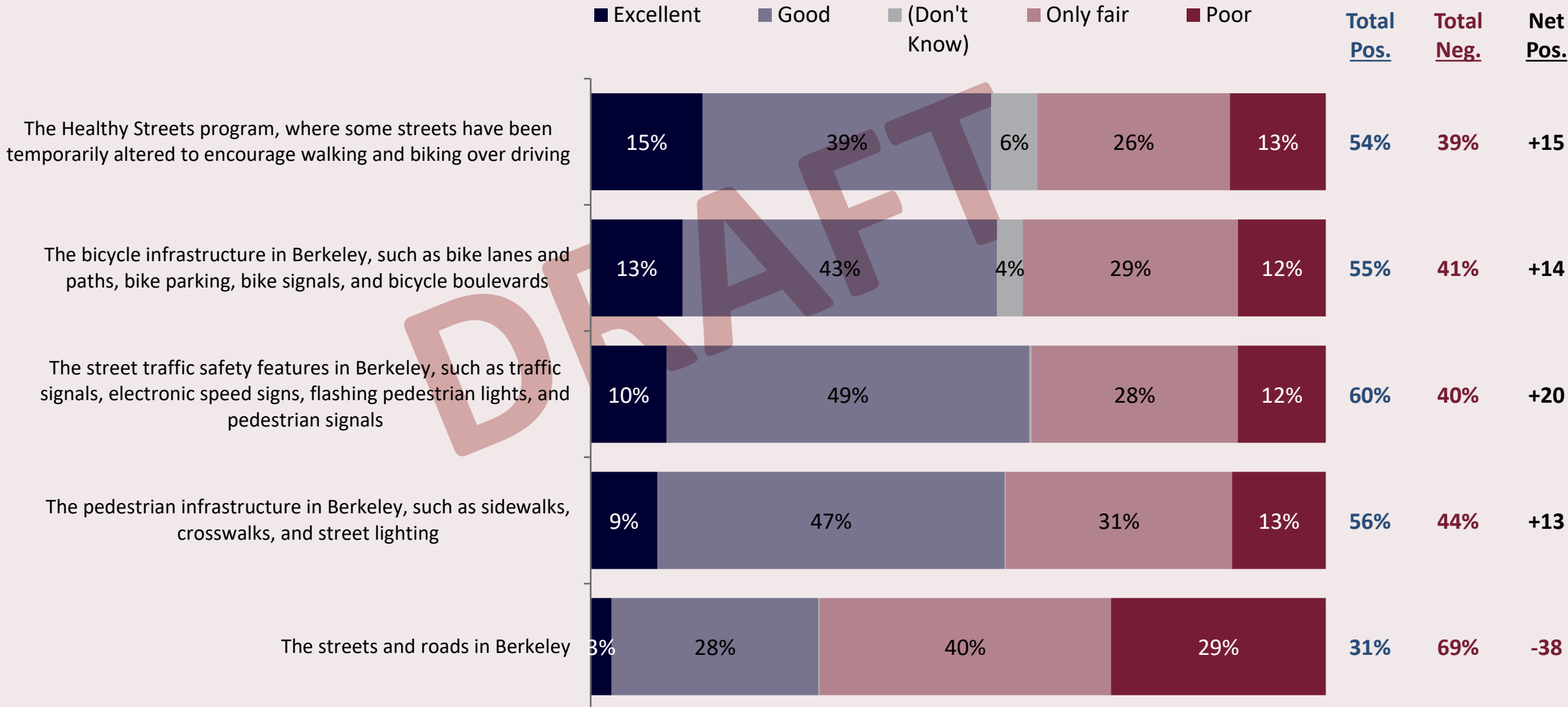
Statistical Information on Subgroups



Subgroup	Weighted Frequency	Unweighted n	Margin of Error
Men	48%	293	±5.7 percentage points
Women	50%	326	±5.4 percentage points
White	68%	419	±4.8 percentage points
Hispanic	12%	100	±9.8 percentage points
Black	9%	100	±9.8 percentage points
Asian	18%	77	±11.2 percentage points
Other	9%	59	±12.8 percentage points
POC	34%	225	±6.5 percentage points
Non-POC	66%	405	±4.9 percentage points
LGBTQ	16%	92	±10.2 percentage points
Non-LGBTQ	84%	538	±4.2 percentage points

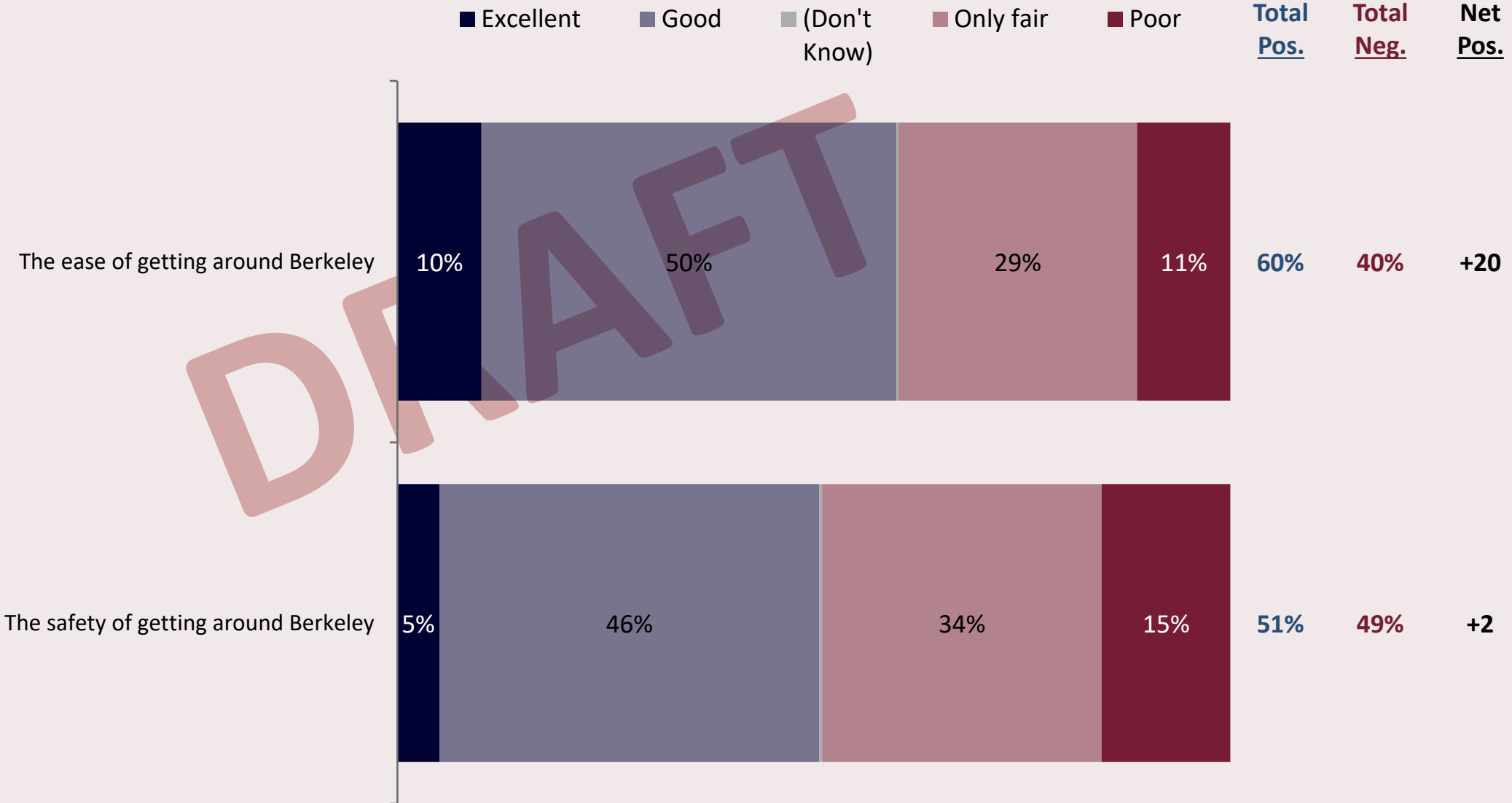
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Transportation and Infrastructure Ratings



Q6-Q12. I'm going to read you a list about different aspects of transportation around Berkeley. After each one, please tell me whether you'd rate that aspect as poor, only fair, good, or excellent.

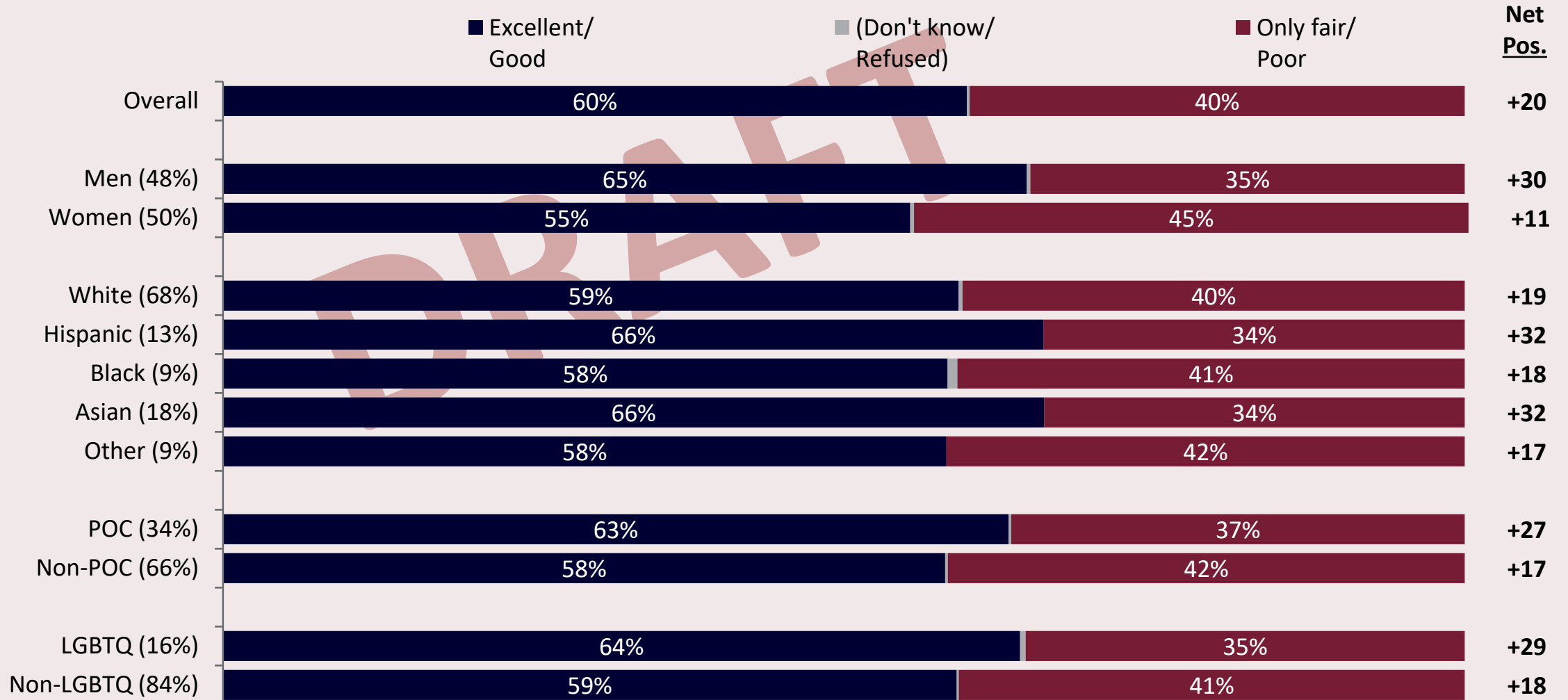
Transportation Ease and Safety Ratings



Q6-Q12. I'm going to read you a list about different aspects of transportation around Berkeley. After each one, please tell me whether you'd rate that aspect as poor, only fair, good, or excellent.

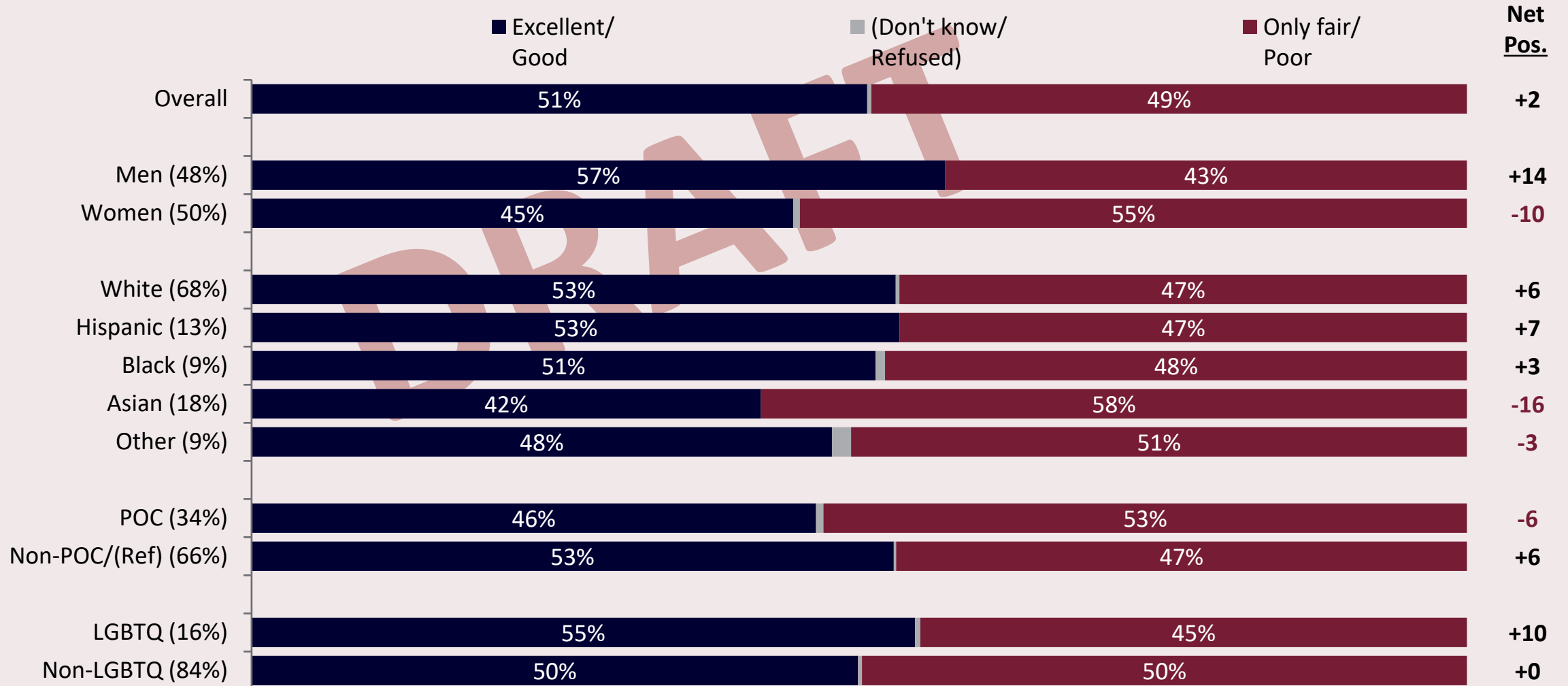
Ease of Transportation - Subgroups

How would you rate the ease of getting around Berkeley?

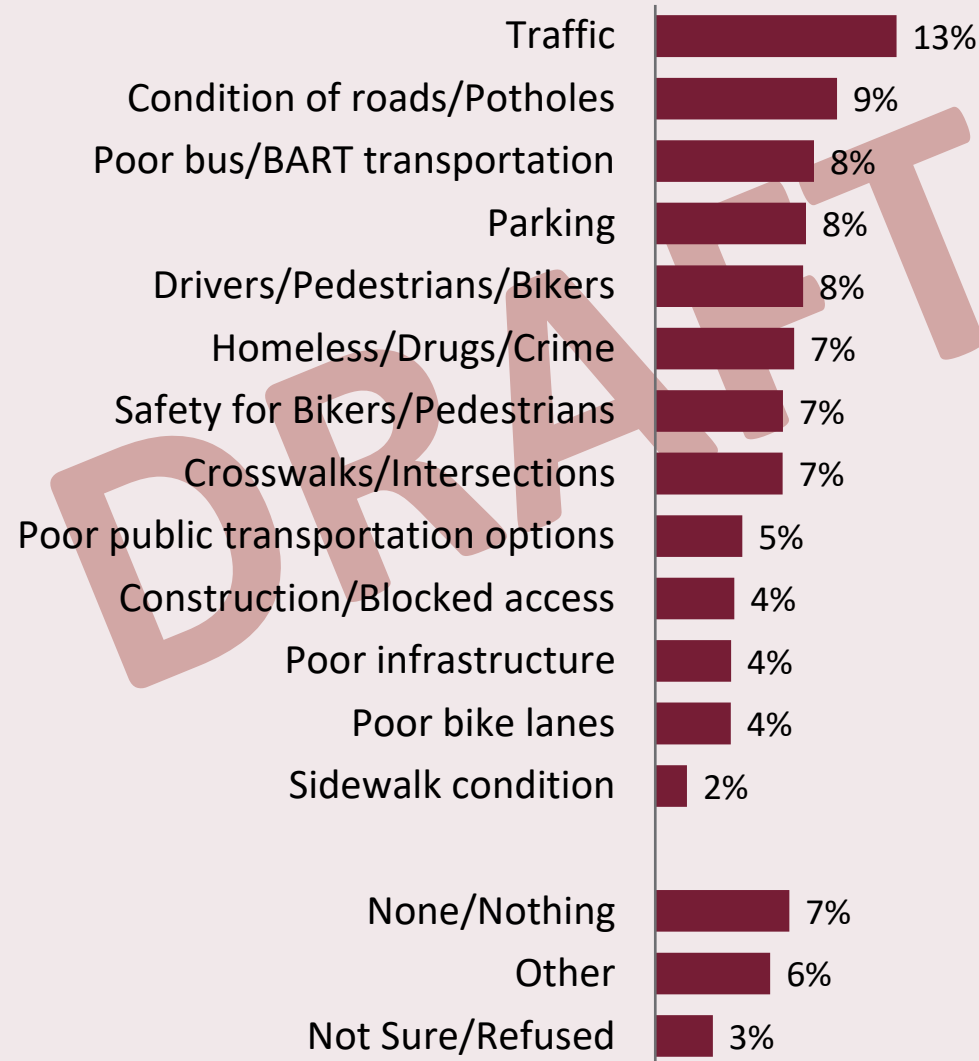


Safety of Transportation - Subgroups

How would you rate the safety of getting around Berkeley?

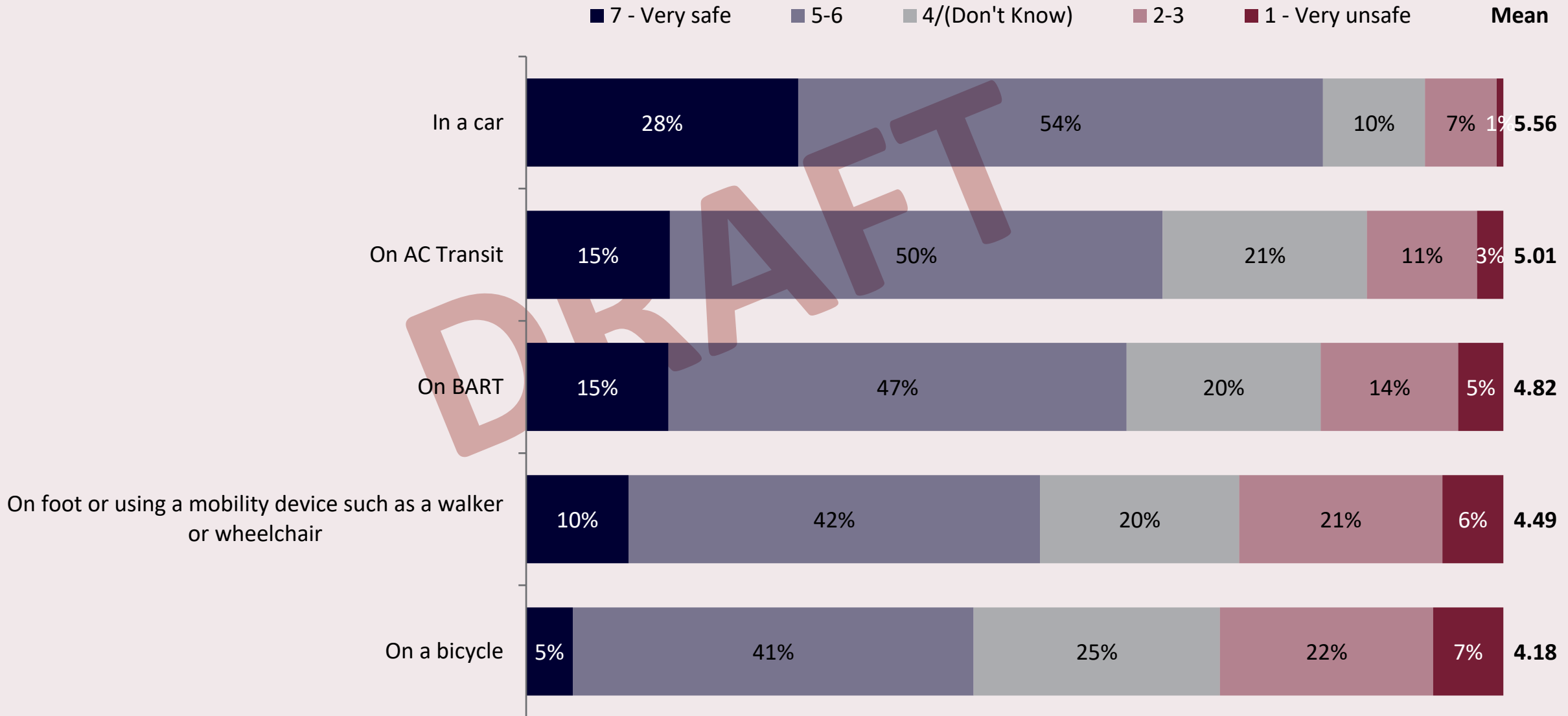


Transportation Challenges



Q13. What are the biggest challenges you and/or your family face in getting around Berkeley? (Open ended, multiple responses accepted)

Transportation Safety Perceptions



Q14-Q18. I'm going to read you a list of transportation methods to get around Berkeley. For each one, please rate how safe you feel traveling around Berkeley using that transportation method.

Areas Where You Feel Unsafe



Are there particular locations, areas, or neighborhoods that you feel unsafe in?	%
Downtown	18
West Berkeley	10
South Berkeley	9
Southside	8
Gilman	2
UC Berkeley	2
Berkeley Hills	1
Busy street	5
Night time	3
More than one place	3
Homeless encampments	3
None	31
Other	7
Don't know	1

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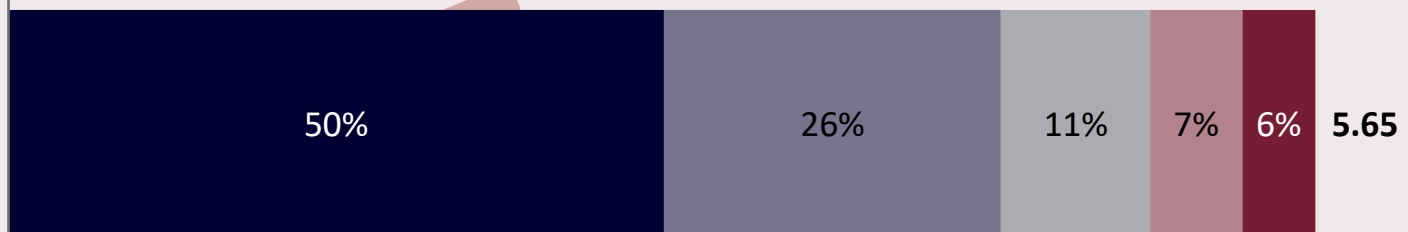
Q19. Thinking about places you visit or travel to in Berkeley, are there particular locations, areas, or neighborhoods that you feel unsafe in?
 Note: this was an open-ended question.

Perceptions of Community Accessibility and Equity

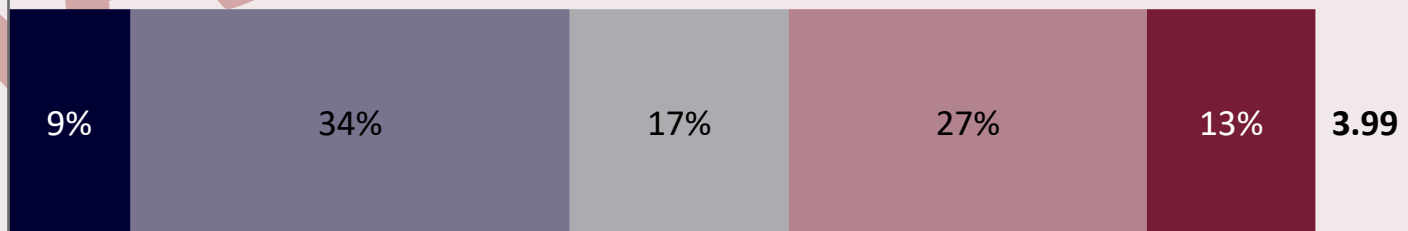


7 - Strongly agree 5-6 4/(Don't Know) 2-3 1 - Strongly disagree Mean

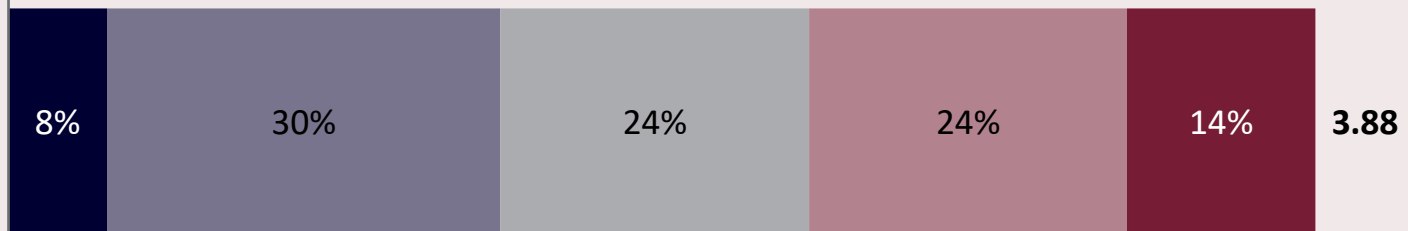
The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded



People drive safely in my neighborhood



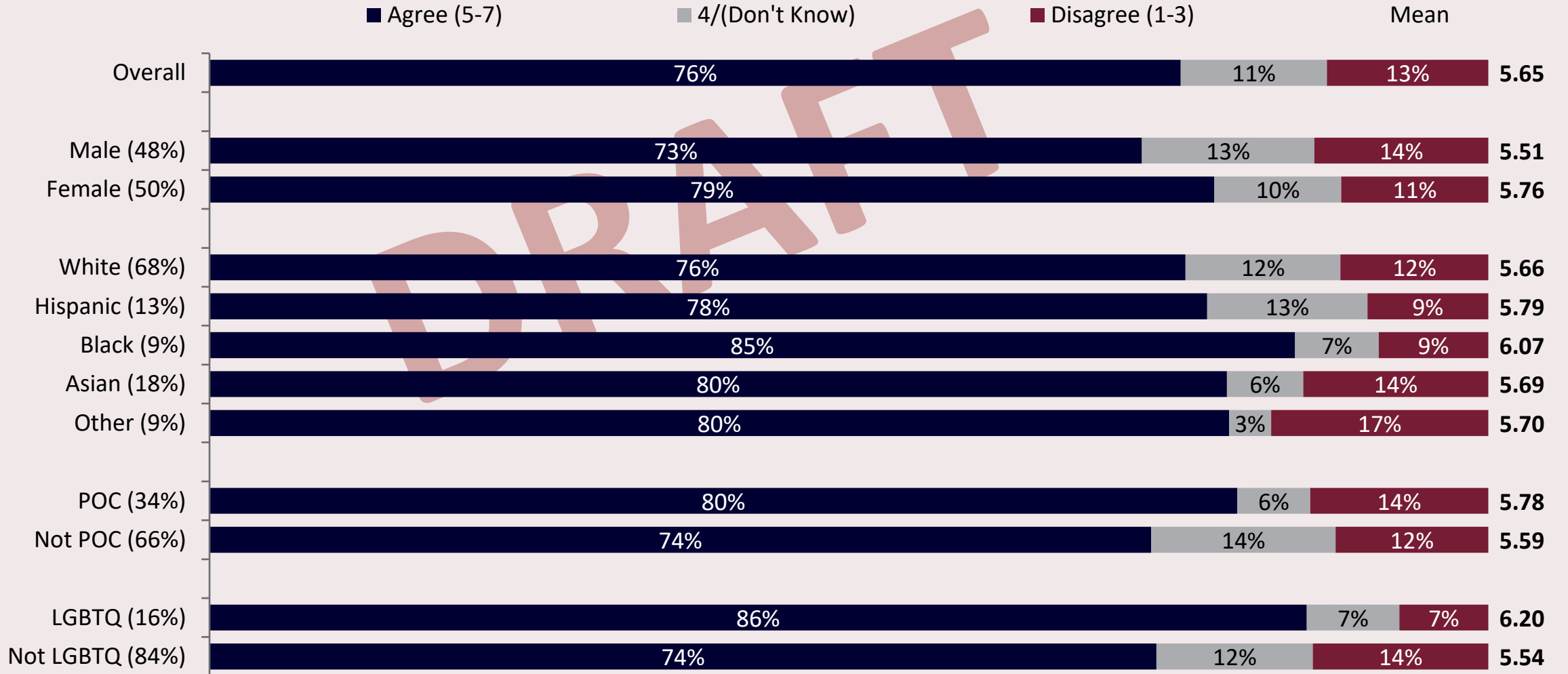
There are enough bus shelters, benches, and other safe places to rest or wait for the bus in my neighborhood



Transportation Allocation by Subgroups



The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded.

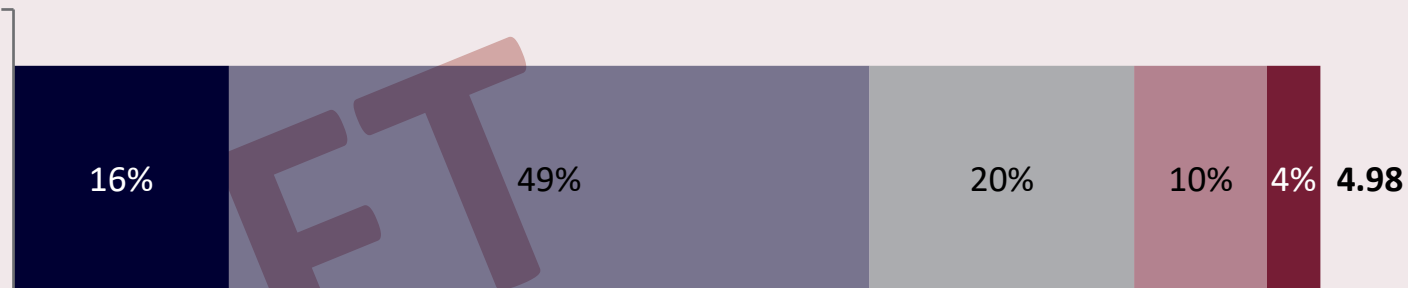


Perceptions of Community Interactions



7 - Strongly agree 5-6 4/(Don't Know) 2-3 1 - Strongly disagree Mean

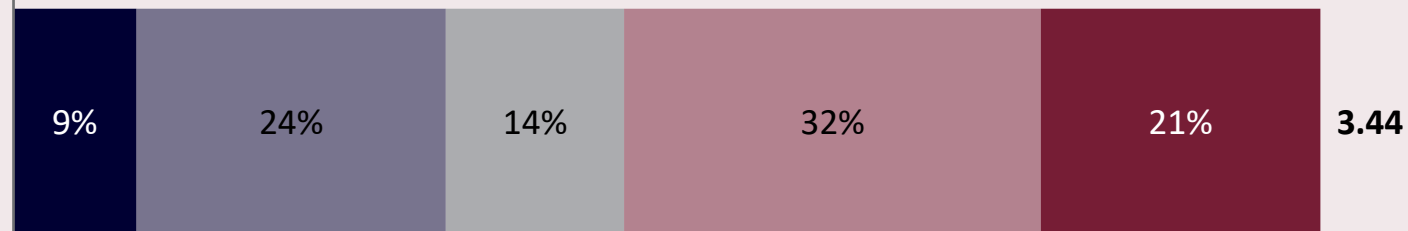
I feel like I am welcomed by other members of the community when I am out and about in Berkeley



I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley



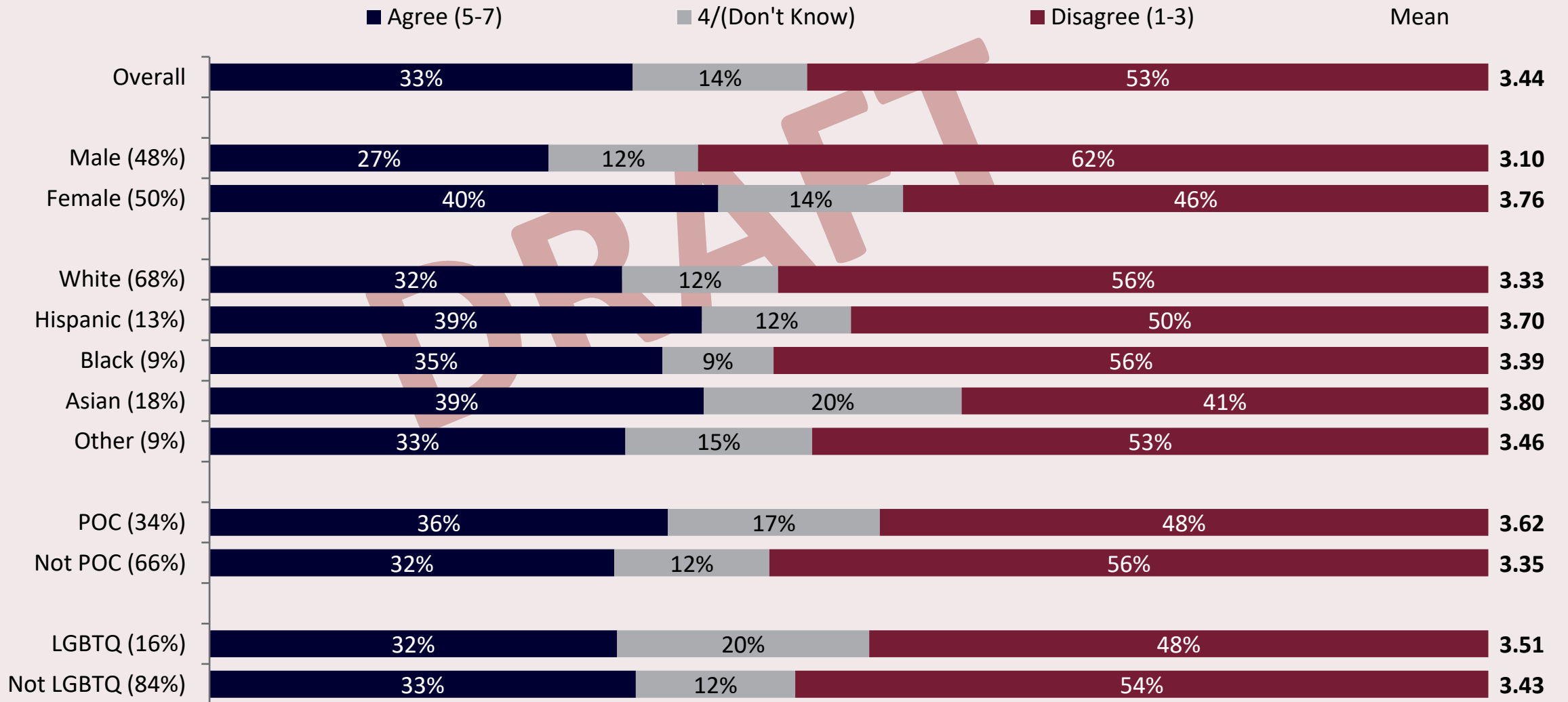
I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley



Worry About Harassment by Community - Subgroups



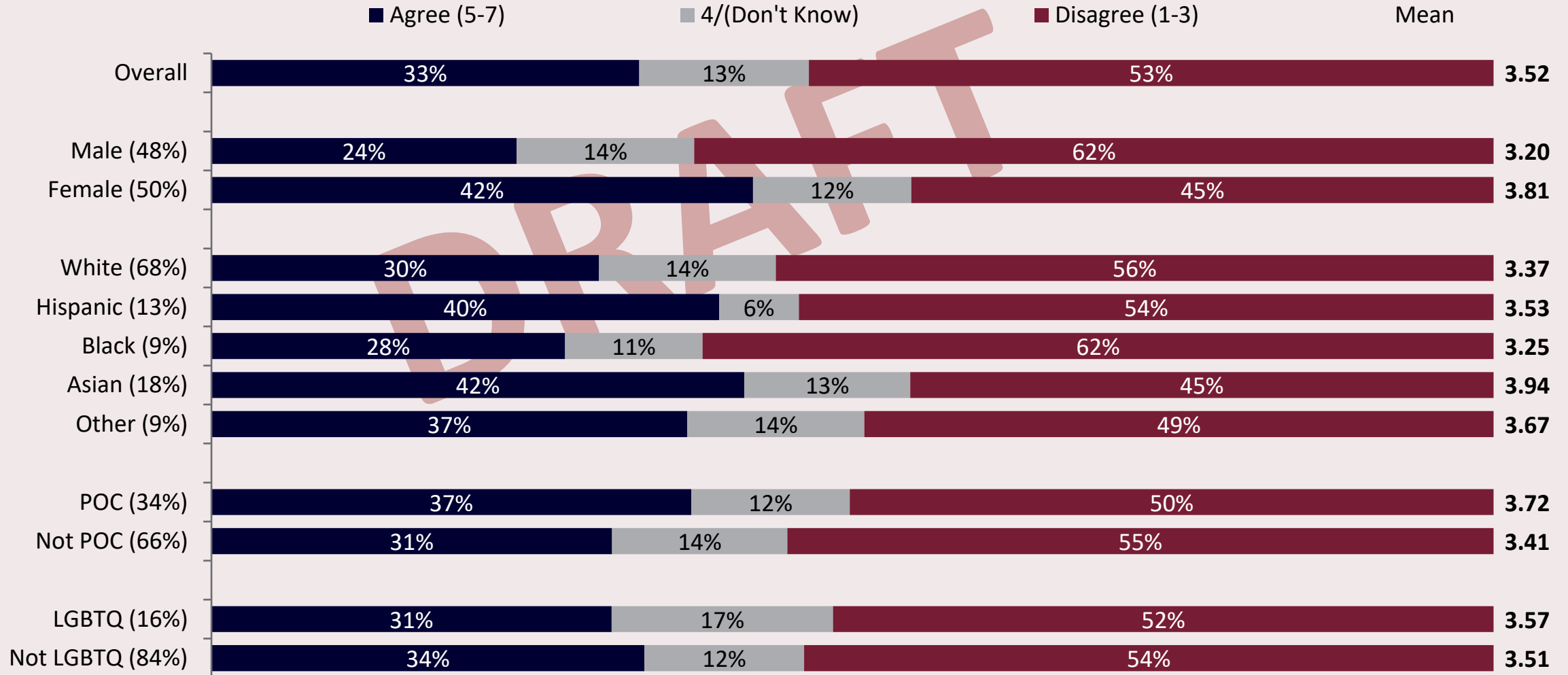
I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley.



Worry About Assault by Community - Subgroups

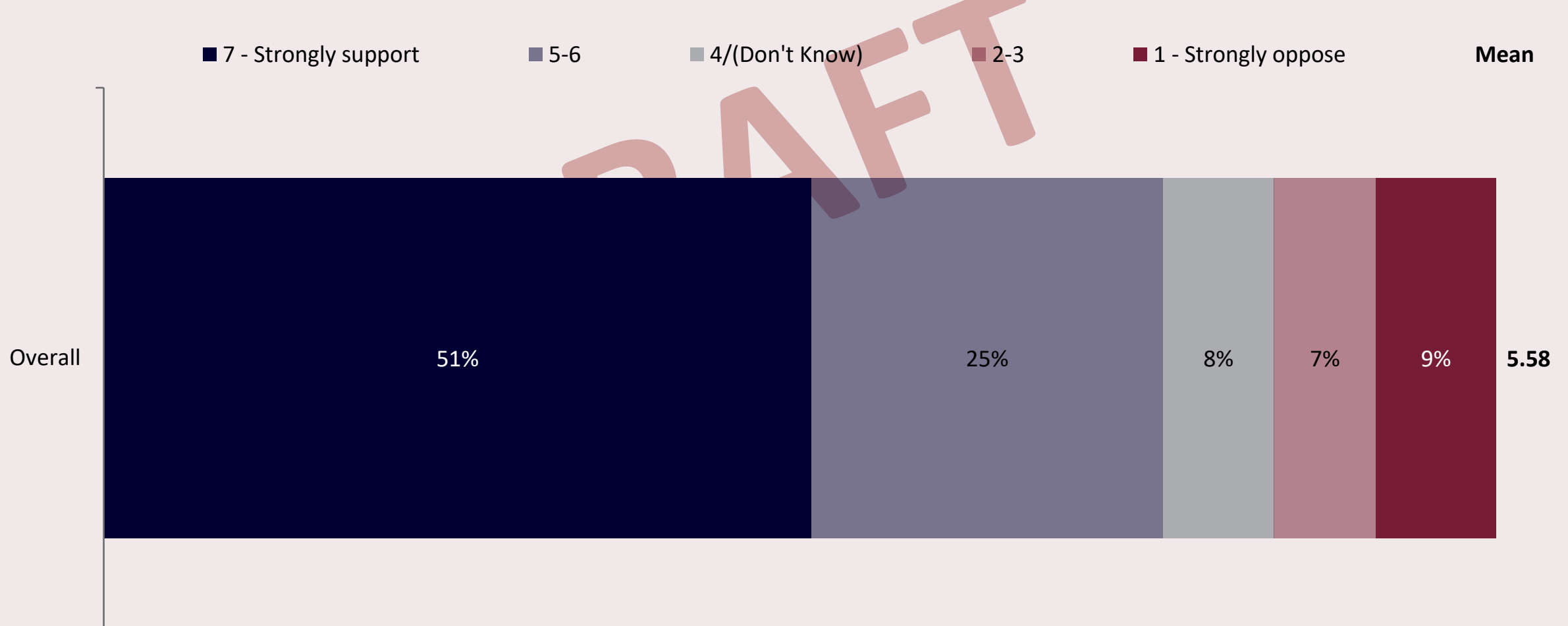


I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley.

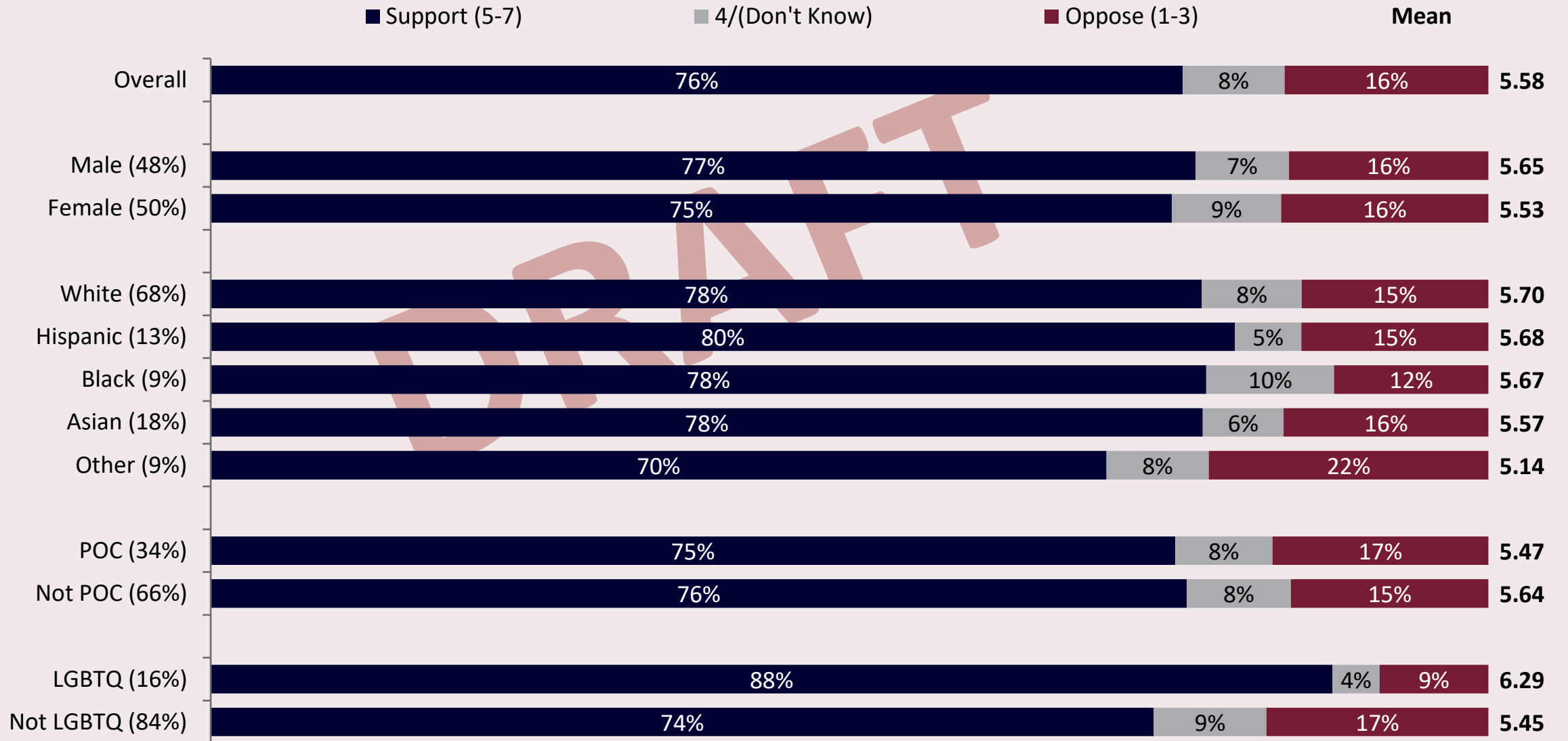


Support for Moving Police Responsibilities

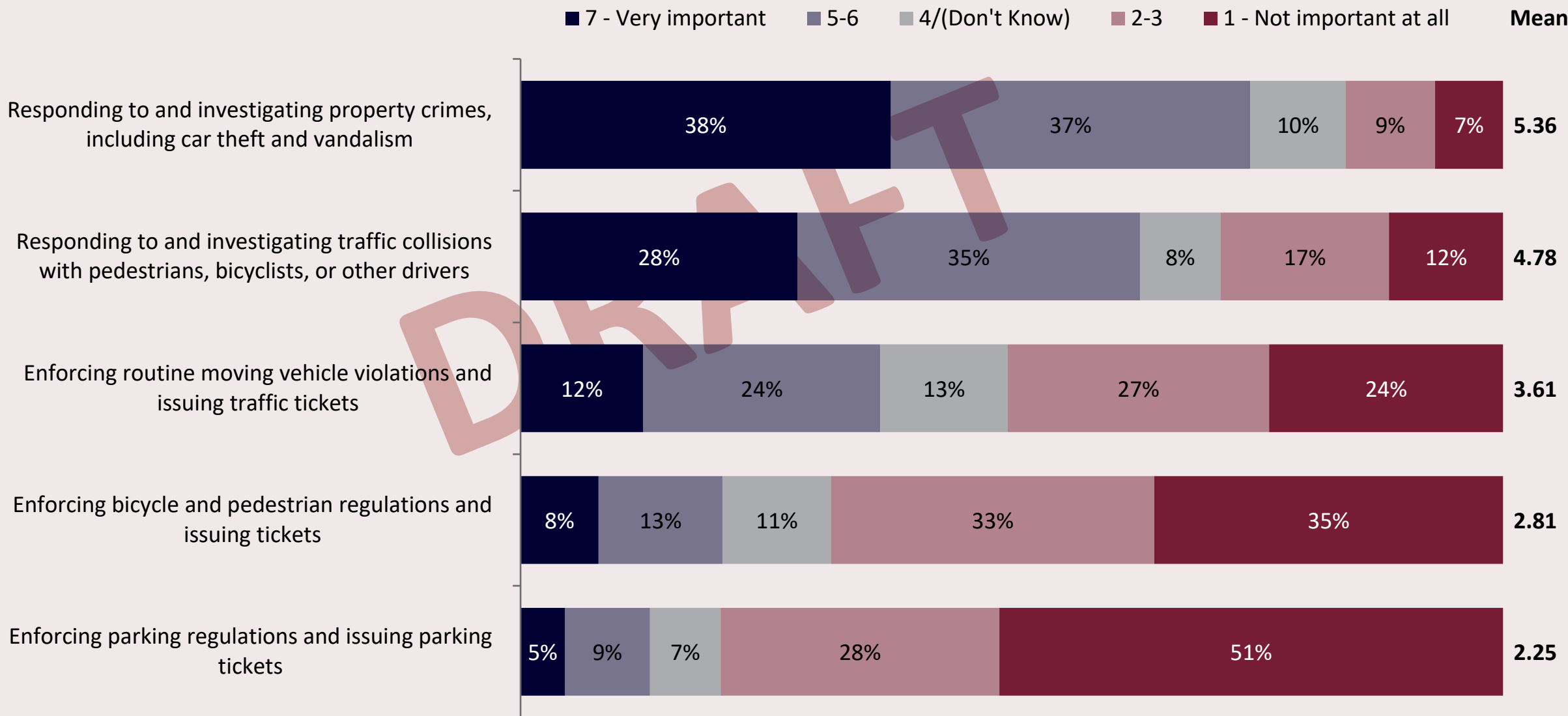
The Berkeley Police Department currently has a wide range of responsibilities, including enforcing traffic and parking laws, investigating traffic collisions, and handling property crimes. The City of Berkeley is considering moving **some** of those responsibilities to other City departments to be handled by unarmed public employees instead of police officers.



Support for Moving Police Responsibilities - Subgroups



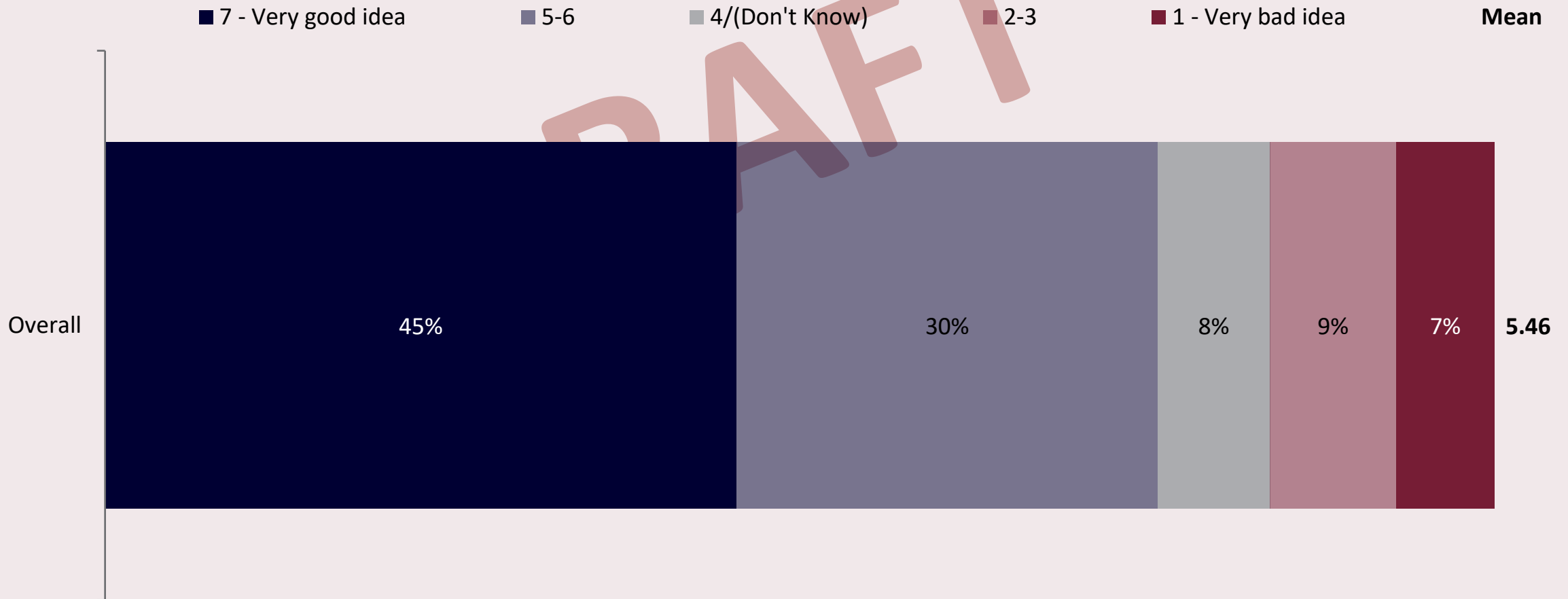
Importance of Police Handling



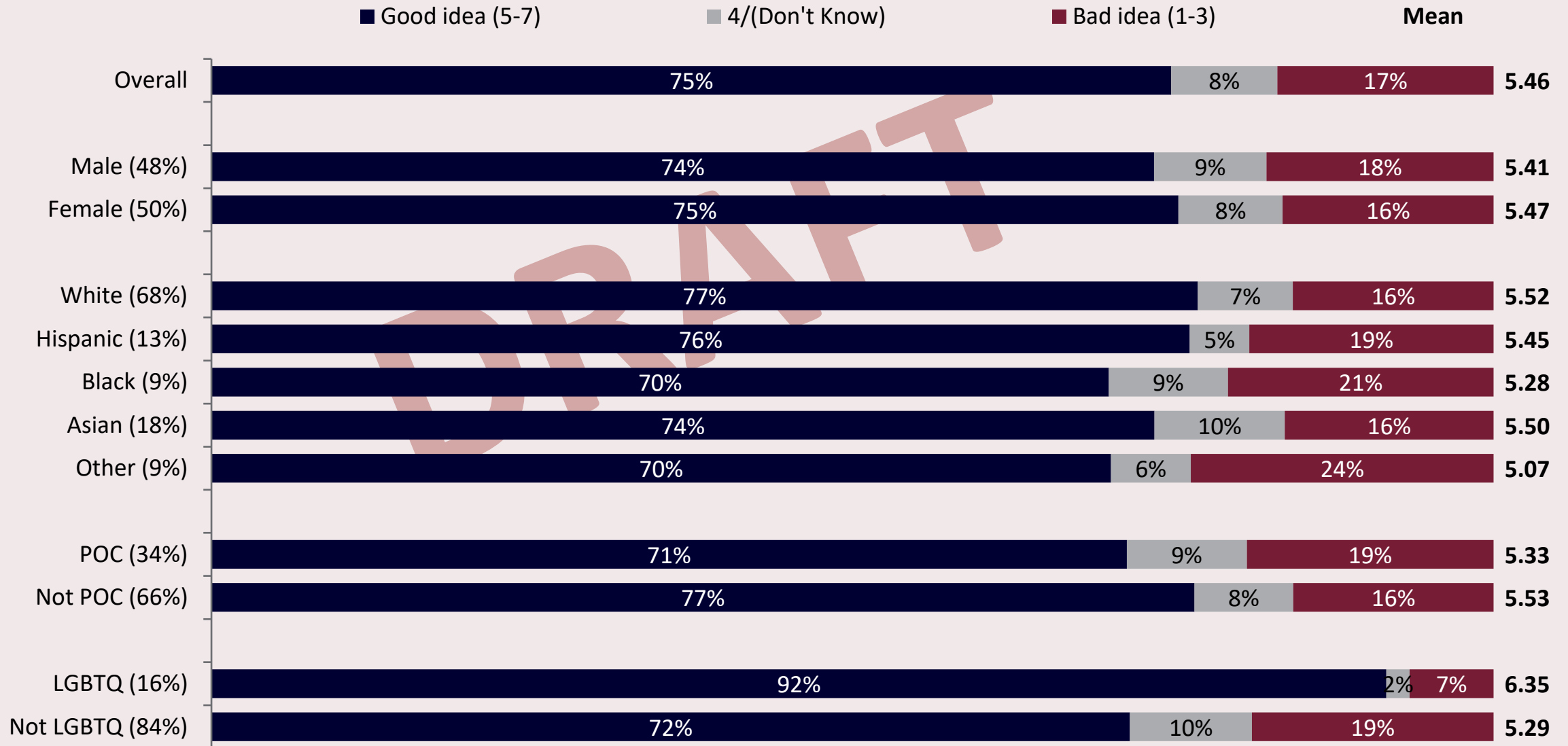
Q27-Q31. I'm going to read you a list of activities that a police officer could be responsible for handling. After each one, please tell me how important you think it is for a police officer to handle that situation.

Support for Moving Traffic Enforcement Away from Police

The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers, instead assigning these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people. These employees would be trained and uniformed, and would conduct activities like issuing parking tickets, investigating collisions, enforcing traffic regulations, and conducting routine traffic stops.



Support for Moving Traffic Enforcement Away from Police - Subgroups



Reasons for Support for Moving Traffic Enforcement Away from Police

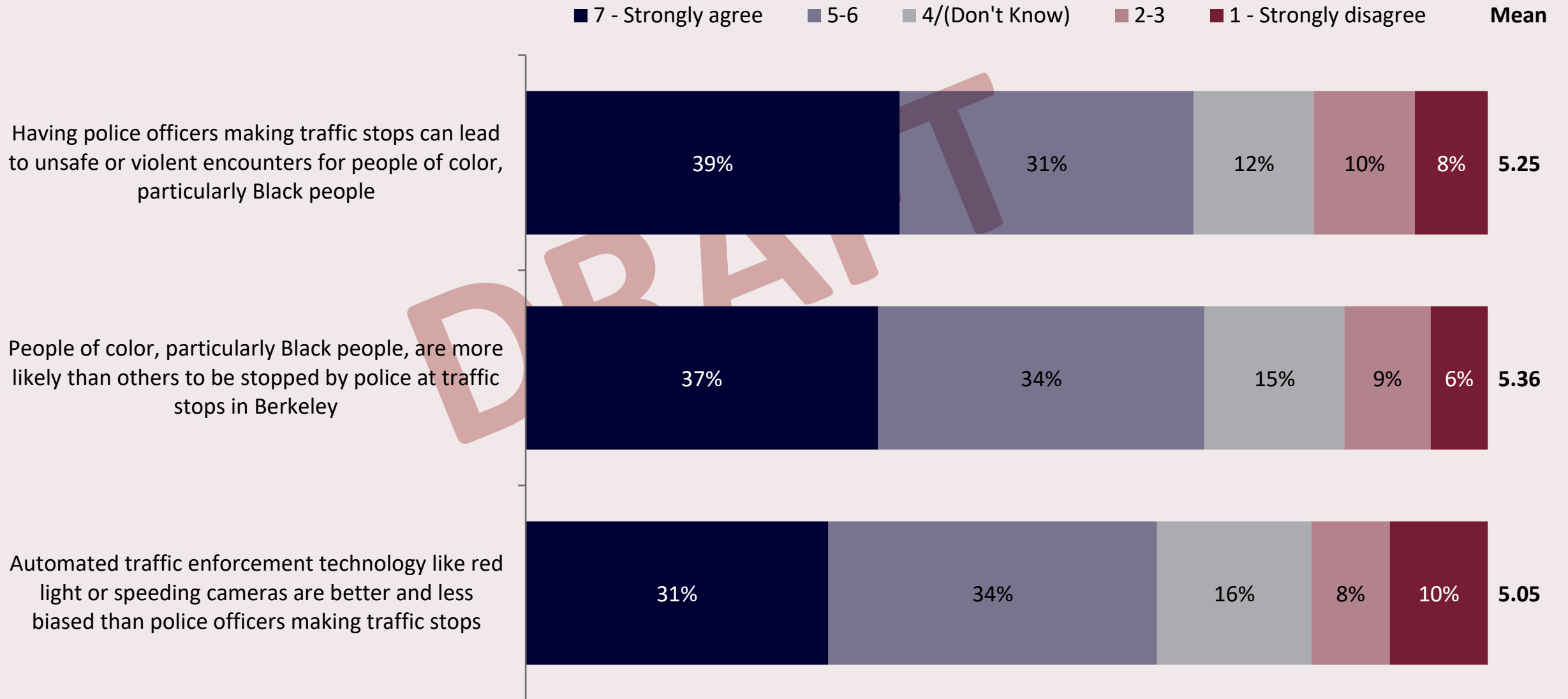


Why do you feel moving traffic enforcement responsibilities away from police officers is a good or bad idea?	%
Cops Not Needed/Don't Require Being Armed/Decreases Chances Of Escalation	37%
More Serious Crime/Police Needed Elsewhere/Priority	19%
Safety Concerns/Potential To Escalate/Inherent Risk/Dangerous	9%
Should Be Law Enforcement/Necessary Authority	9%
Alternative Solutions/Different Qualifications	8%
(Addresses Issues) Use Of Force /Abuse of Power/Mental Health	7%
Deescalates Tensions With Community/Address Racial Disparity In Law Enforcement	6%
Won't Be Armed/Ineffective/Taken Serious	5%
Agree With Some Of The Responsibilities Being Removed/Still Need Police Presence In some Cases	5%
It Would Work/I Agree With/Help Where Needed	4%
Feel Less Safe/Miss Potential Criminal Arrest	3%
Already Qualified/Trained/Experienced	2%
Eliminates Deterrents/Criminals Will Take Advantage	2%
Need More Info/Details/Don't Know How It Would Work	2%
More Bureaucracy/Don't Trust Government	1%
Waste of Money/Unnecessary/Cost	1%
Other	6%
Not Sure/None/Refused	7%

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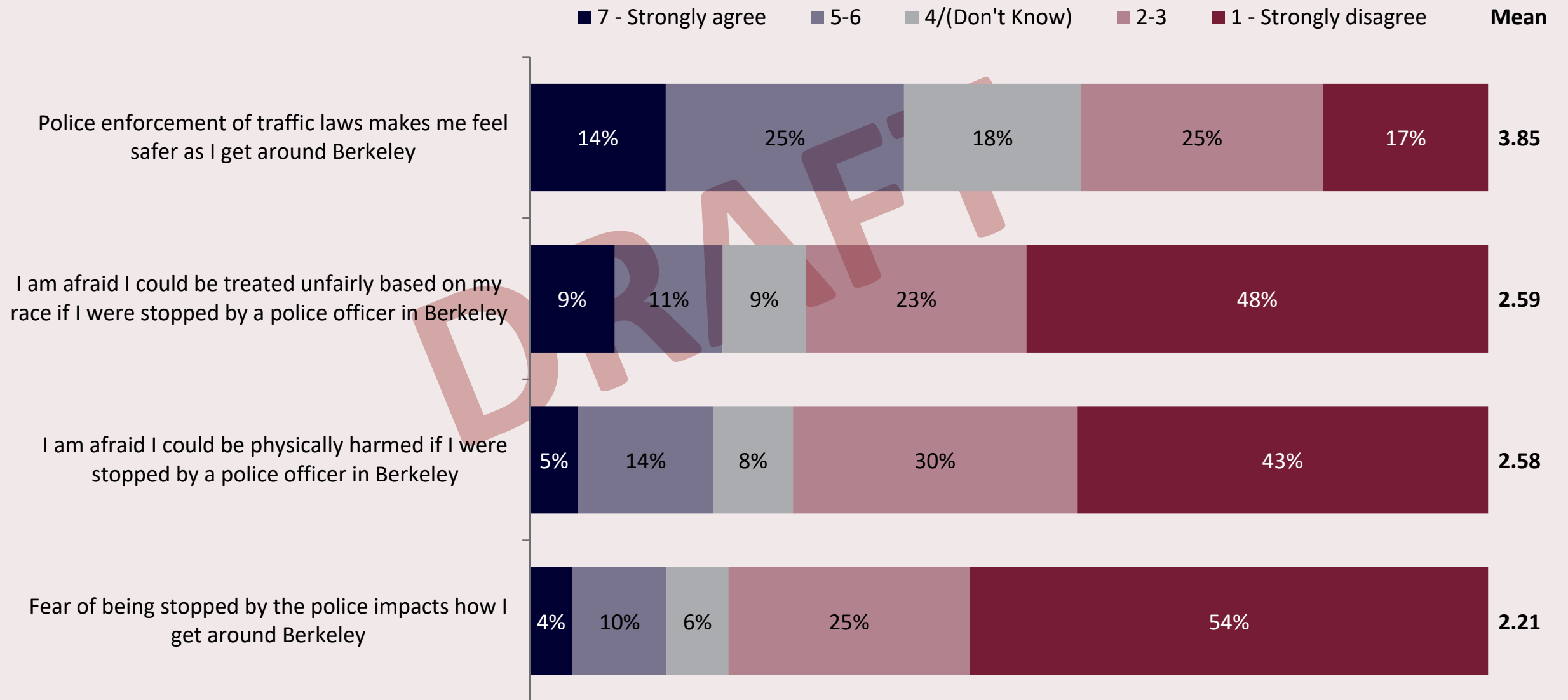
Q33. The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers... Why do you say this is a good idea or a bad idea? (Open ended)

Perceptions of Policing



Q34-Q40. I'm going to read you another list of statements. For each one, please tell me whether you agree or disagree.

Perceptions of Policing, continued

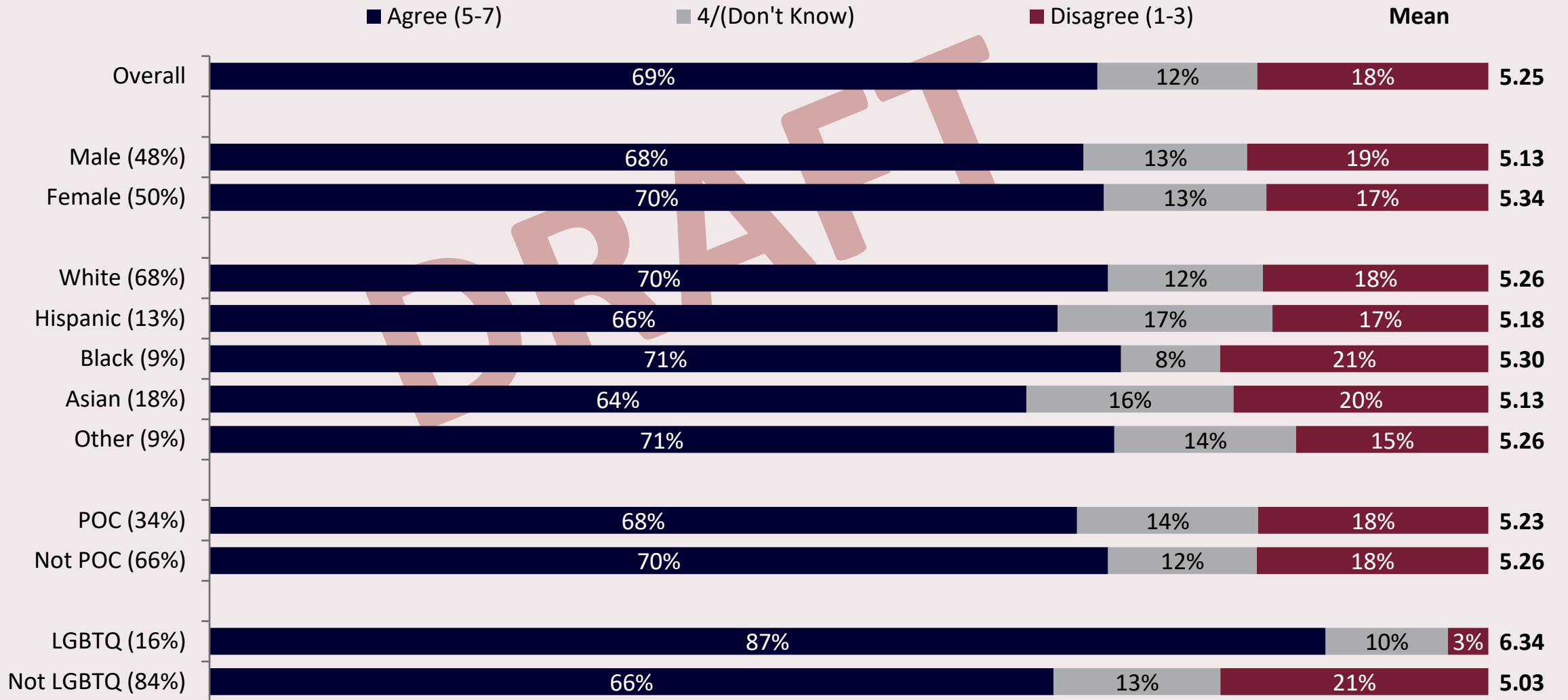


Q34-Q40. I'm going to read you another list of statements. For each one, please tell me whether you agree or disagree.

Police Making Traffic Stops Leads to Unsafe Encounters - Subgroups



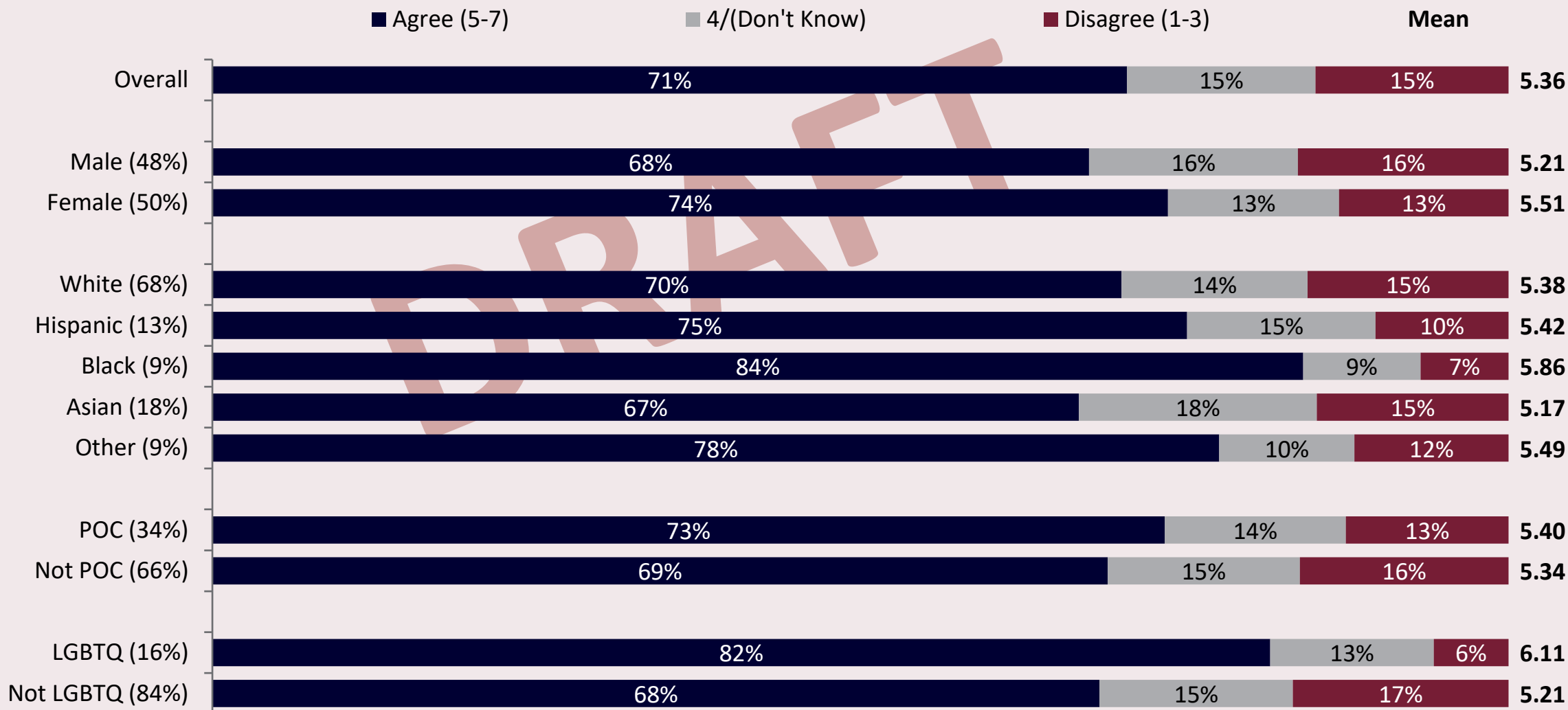
Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people.



POC More Likely to Be Stopped - Subgroups



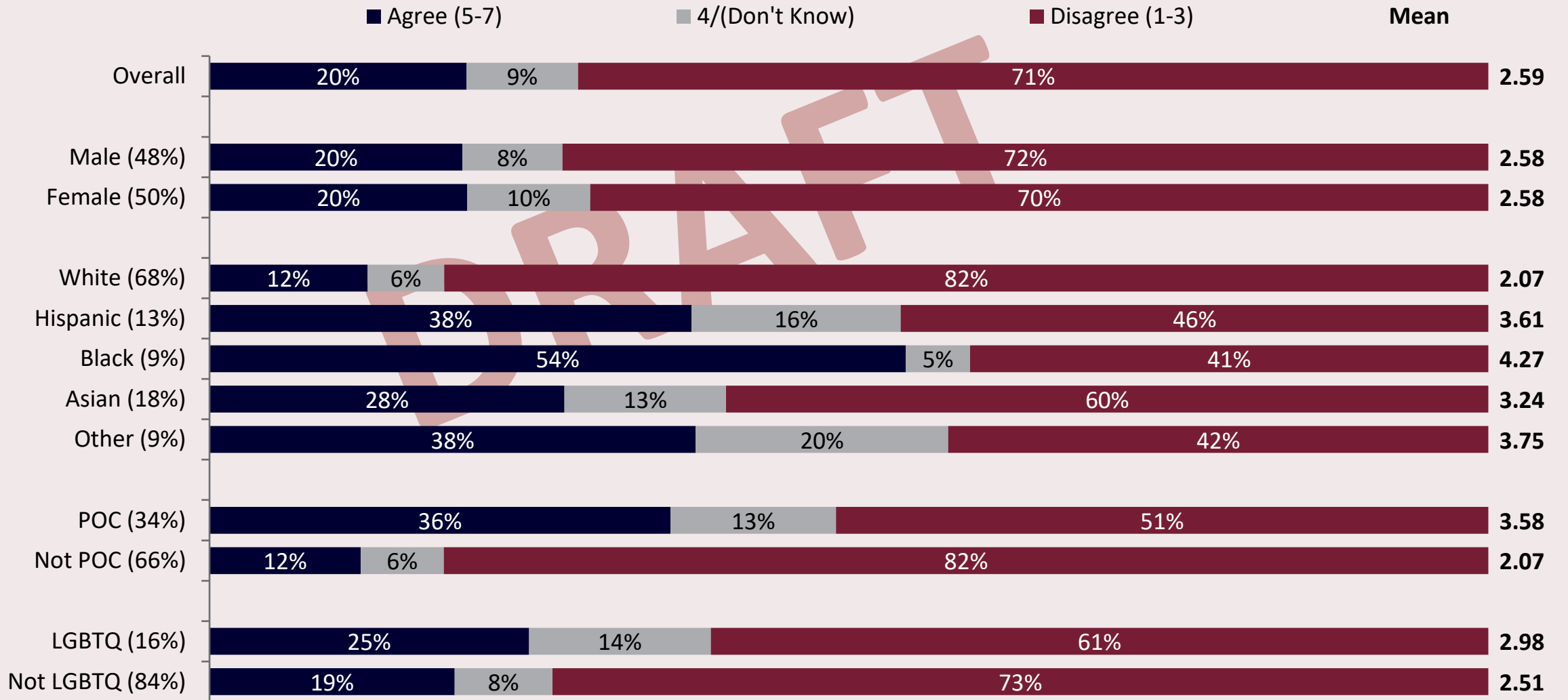
People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley.



Fear of Unfair Treatment Based on Race - Subgroups

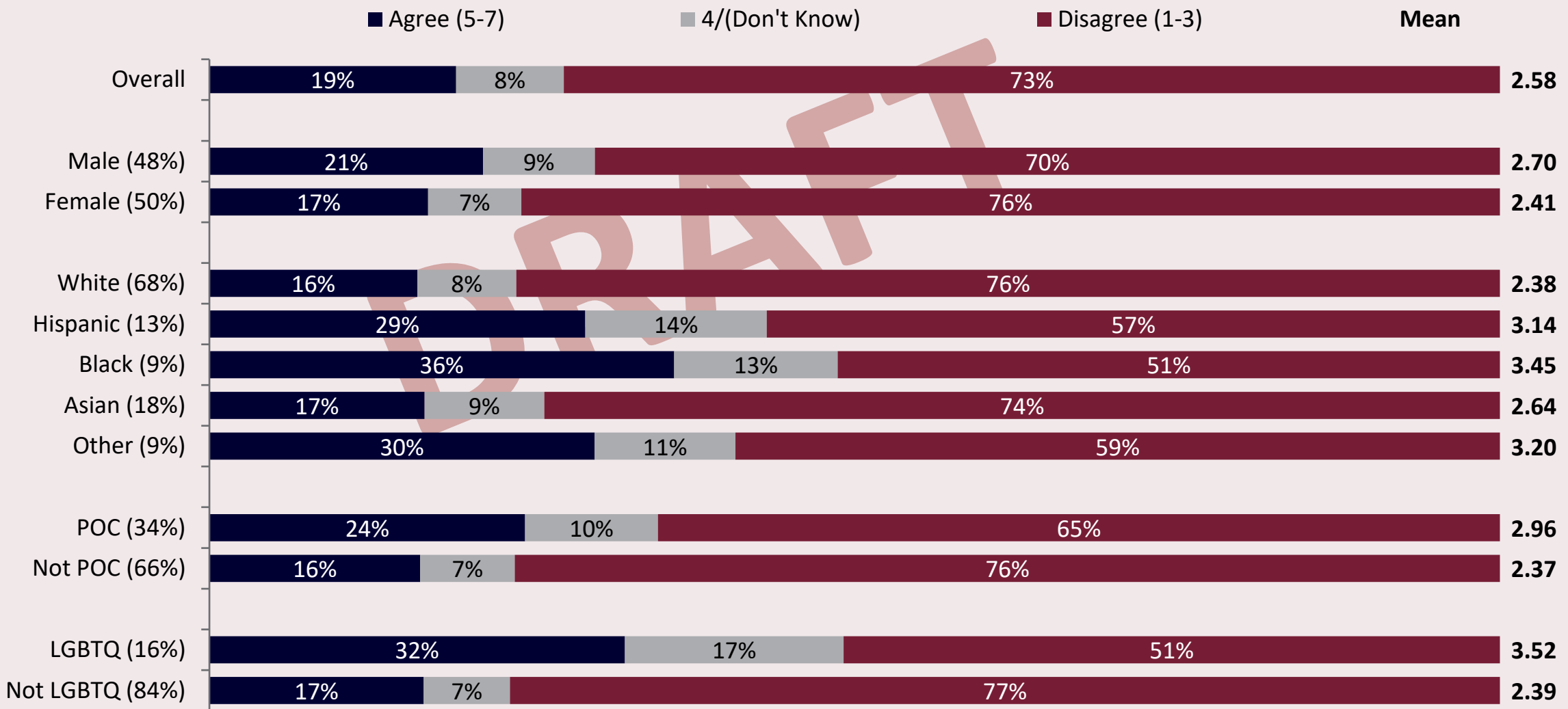


I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley.

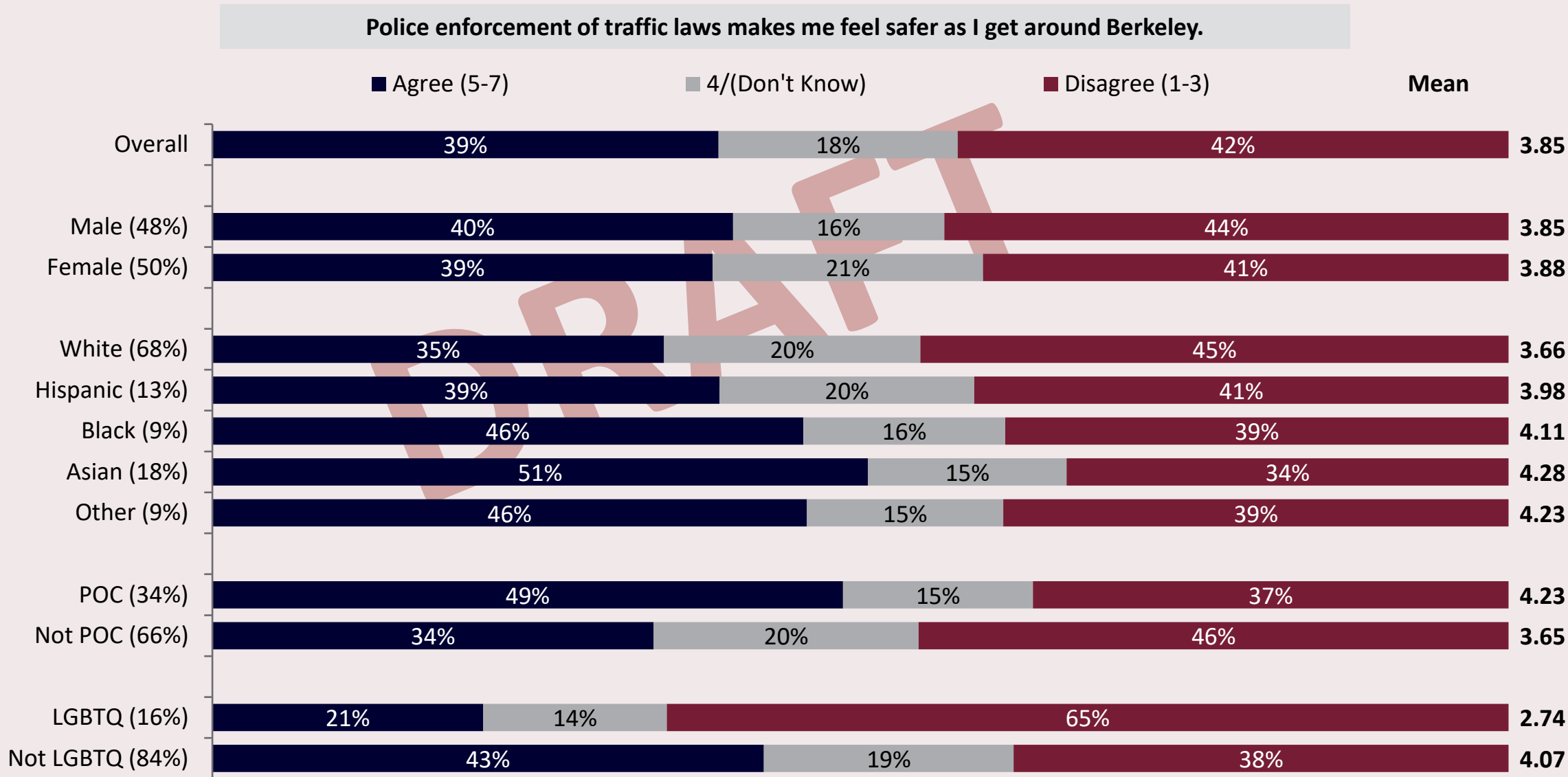


Fear of Physical Harm by Police - Subgroups

I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley.

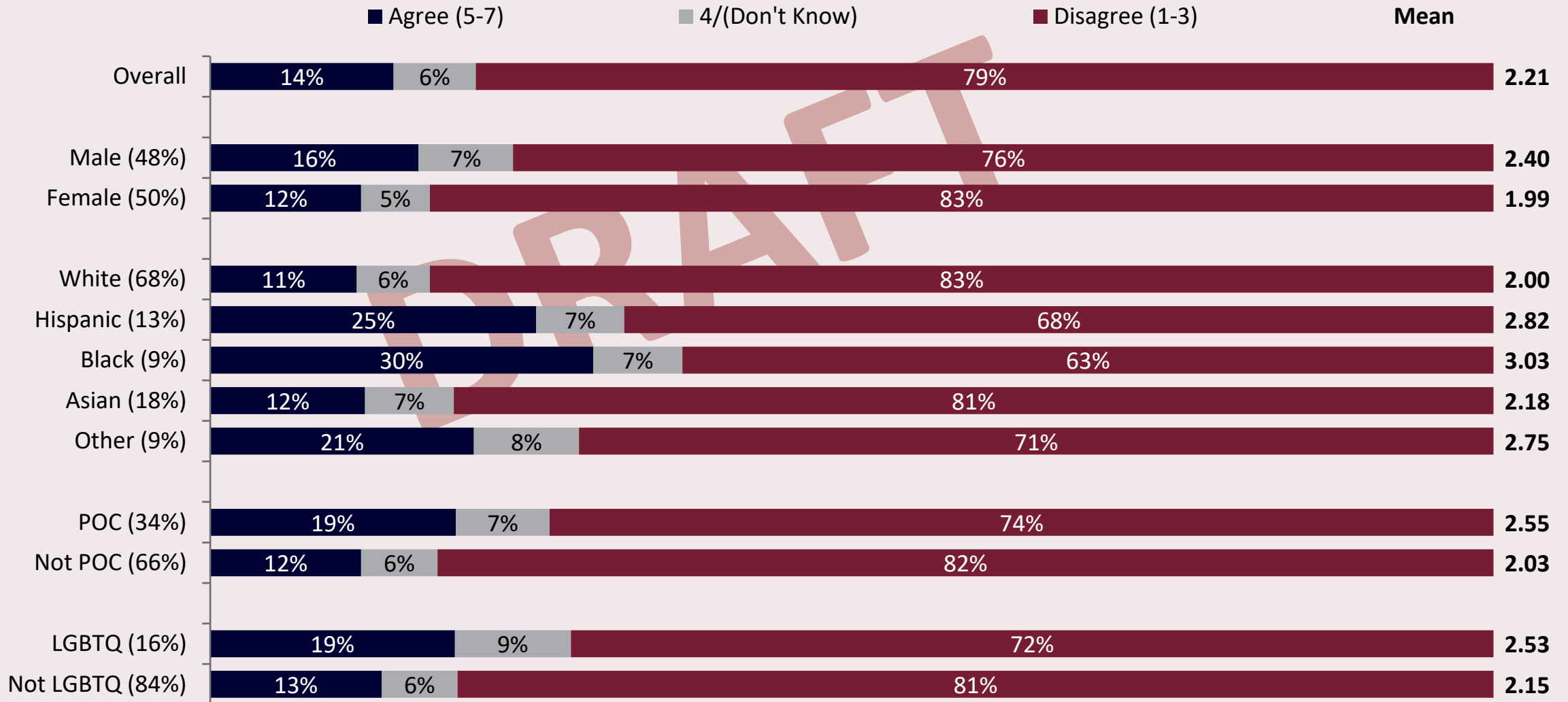


Police Enforcement of Traffic Laws - Subgroups



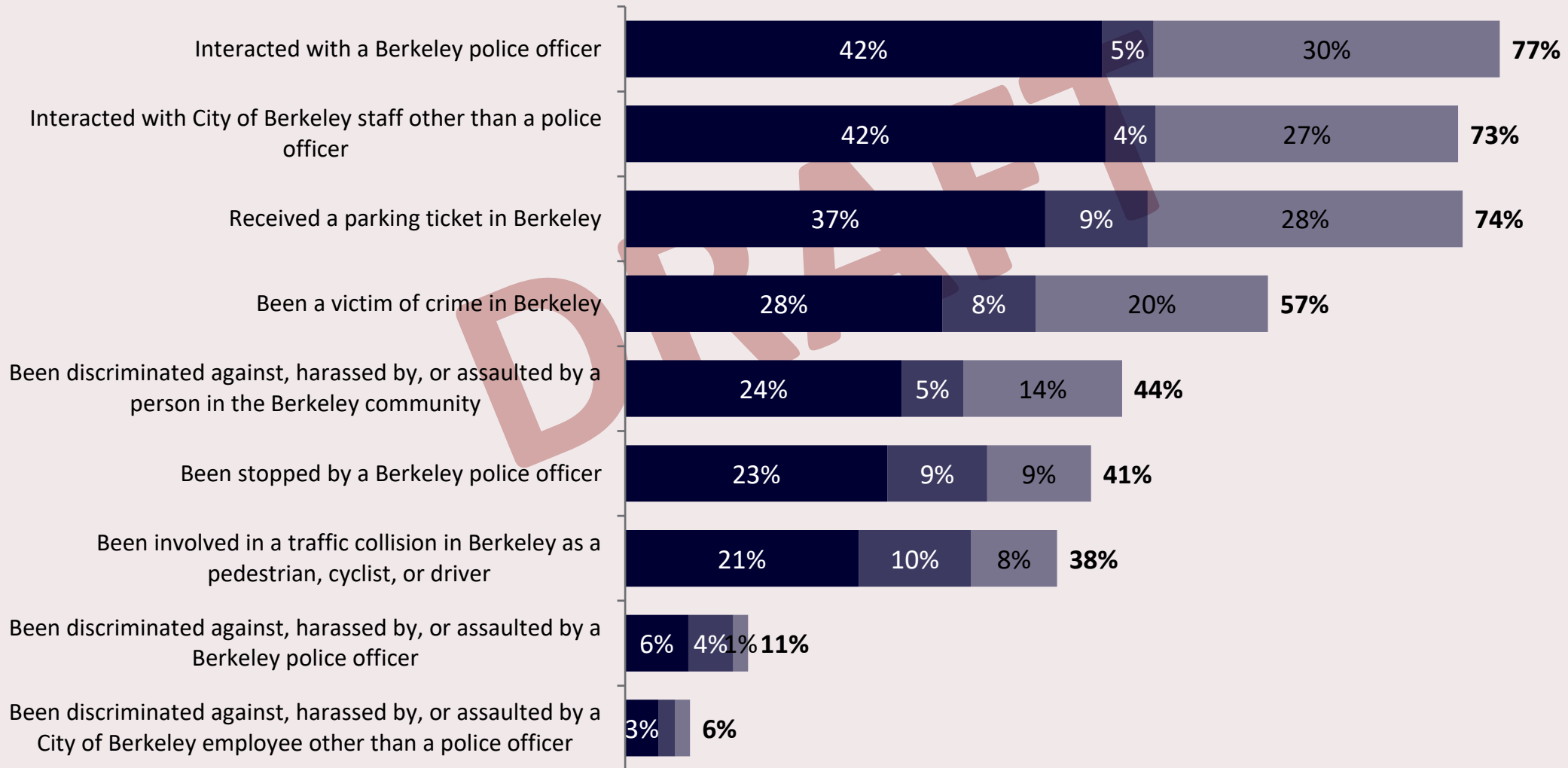
Fear of Police Impacts How I Get Around - Subgroups

Fear of being stopped by the police impacts how I get around Berkeley.



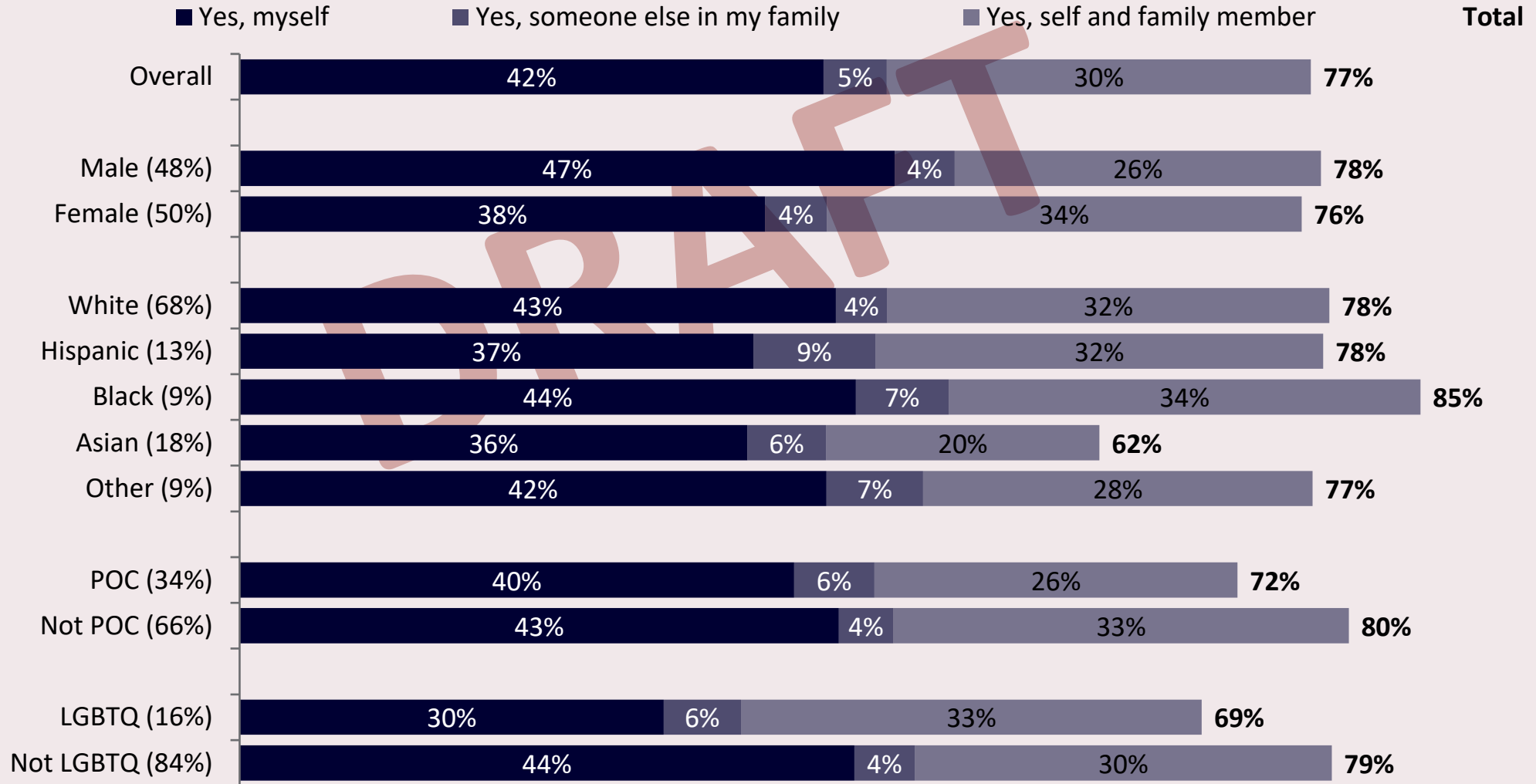
Self-Reported Interactions

Yes, myself
 Yes, someone else in my family
 Yes, self and family member
 Total



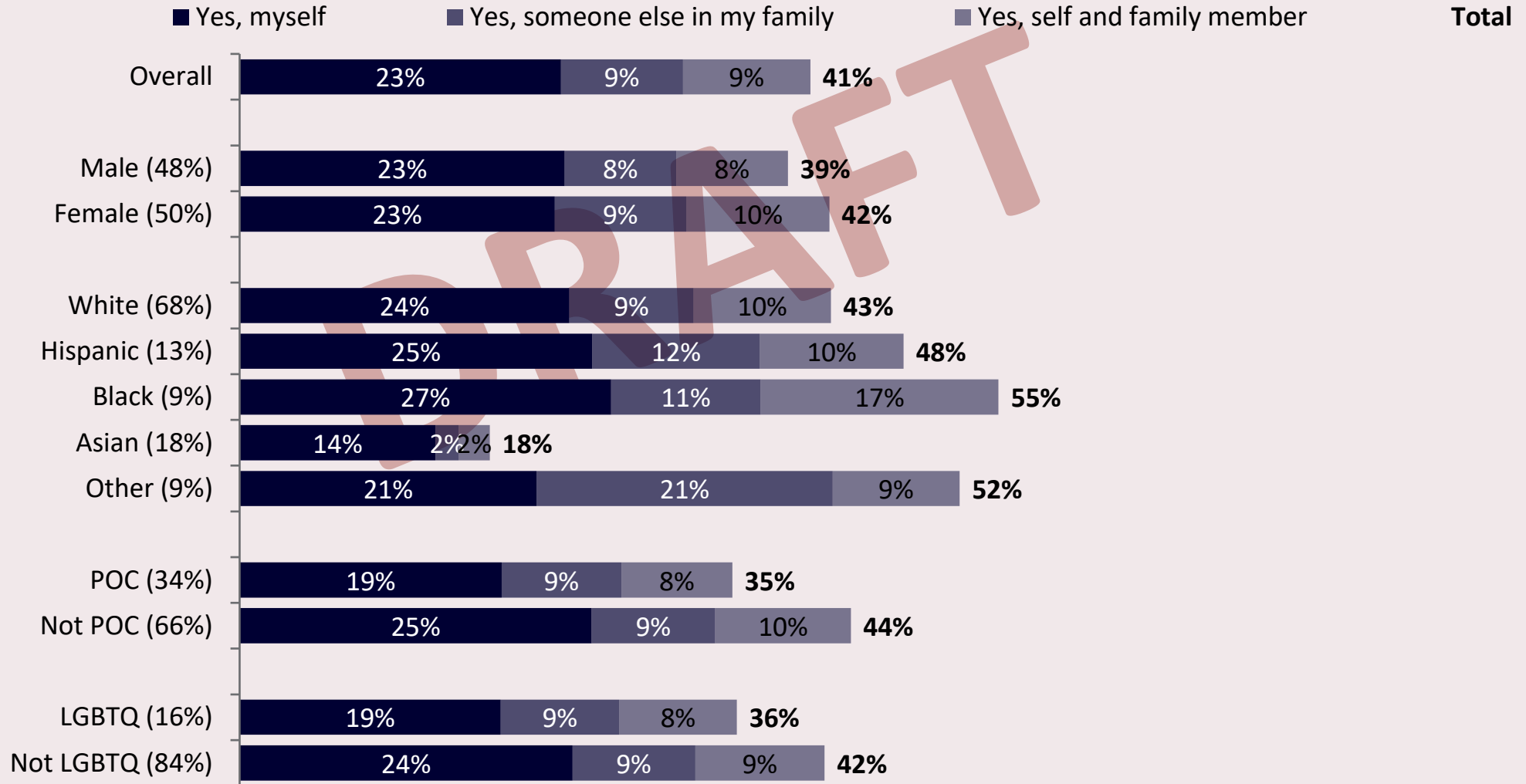
Police Interactions

Interacted with a Berkeley police officer

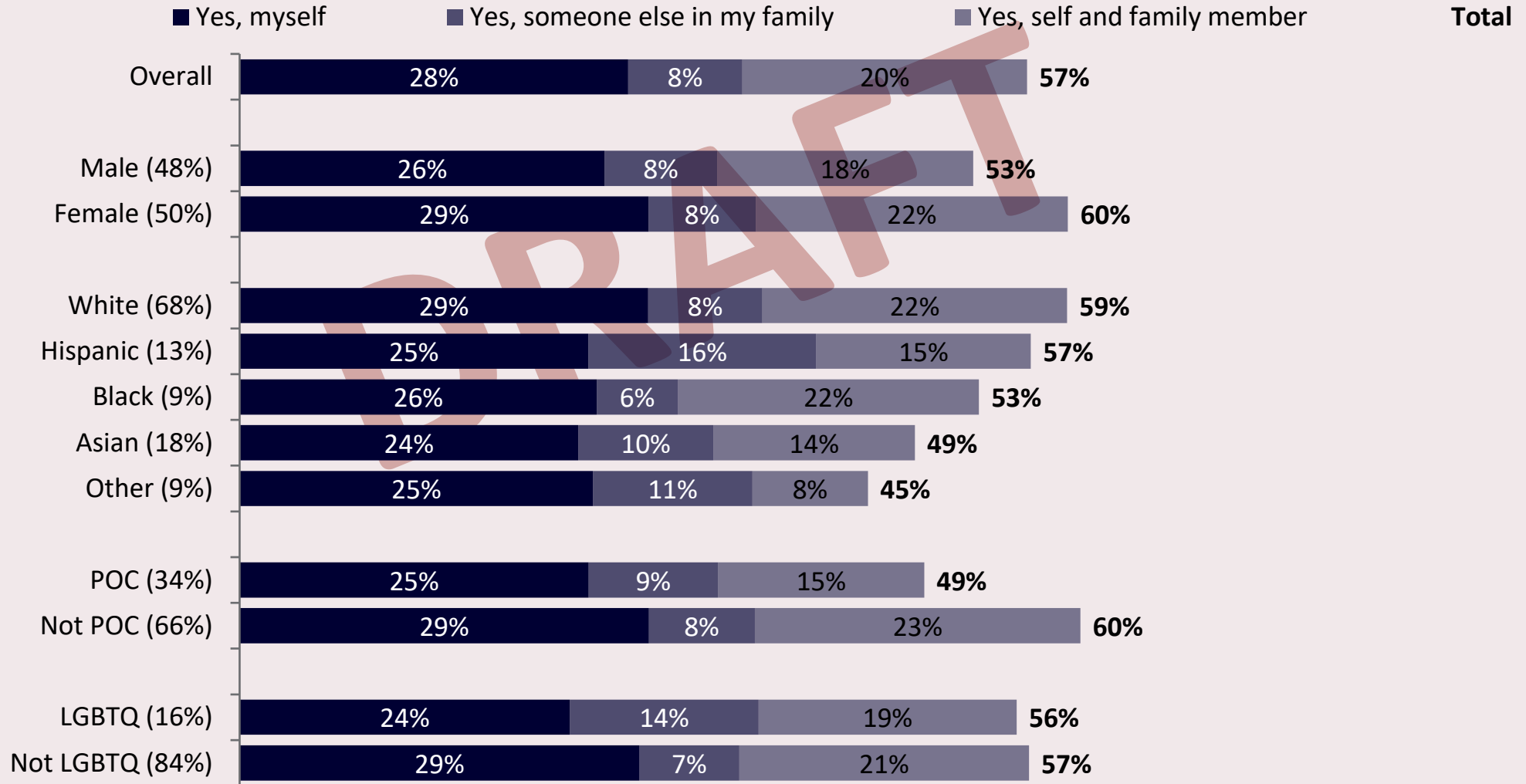


Police Stoppage

Been stopped by a Berkeley police officer



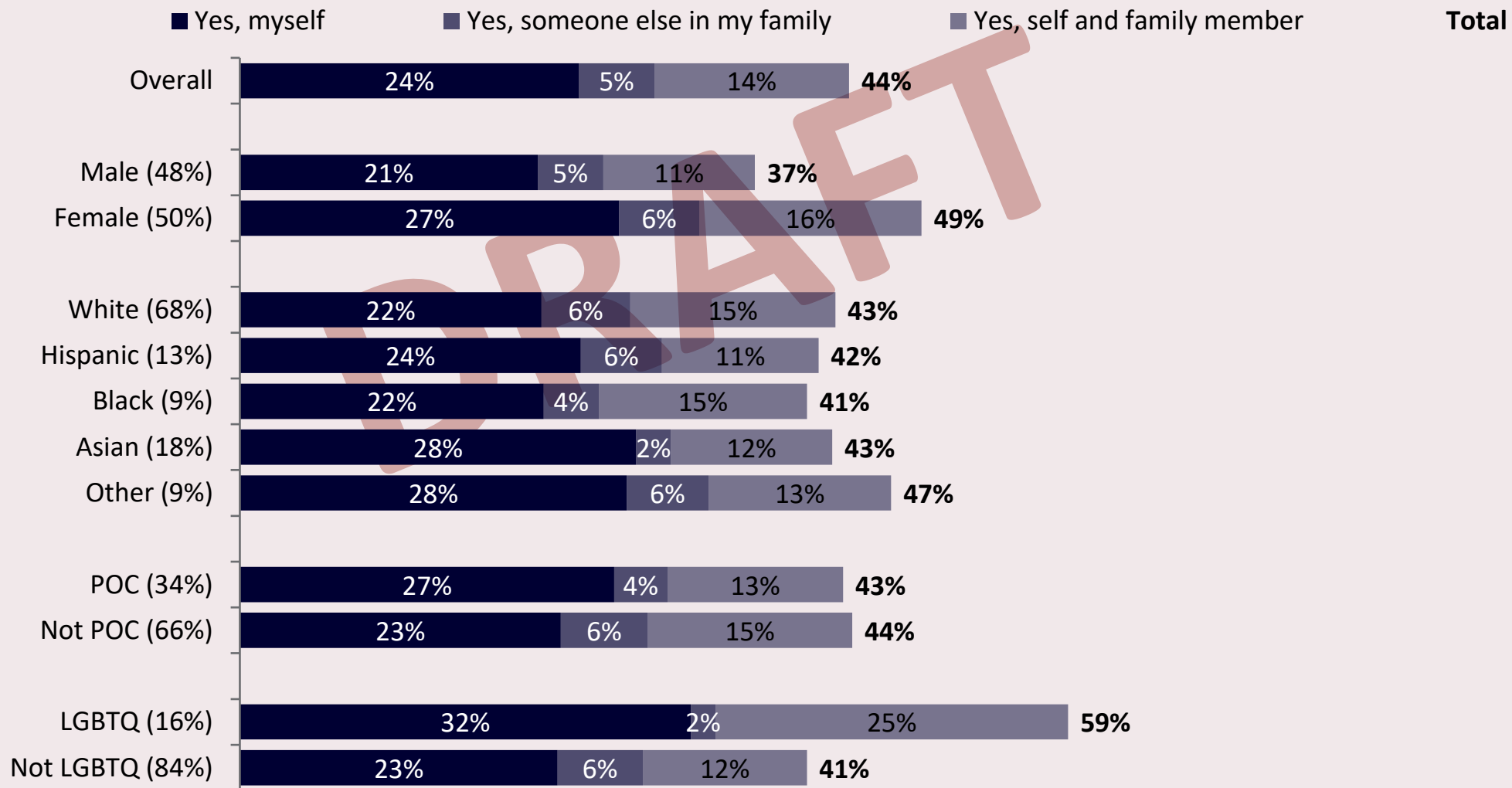
Been a victim of crime in Berkeley



Discrimination/Assault by Community

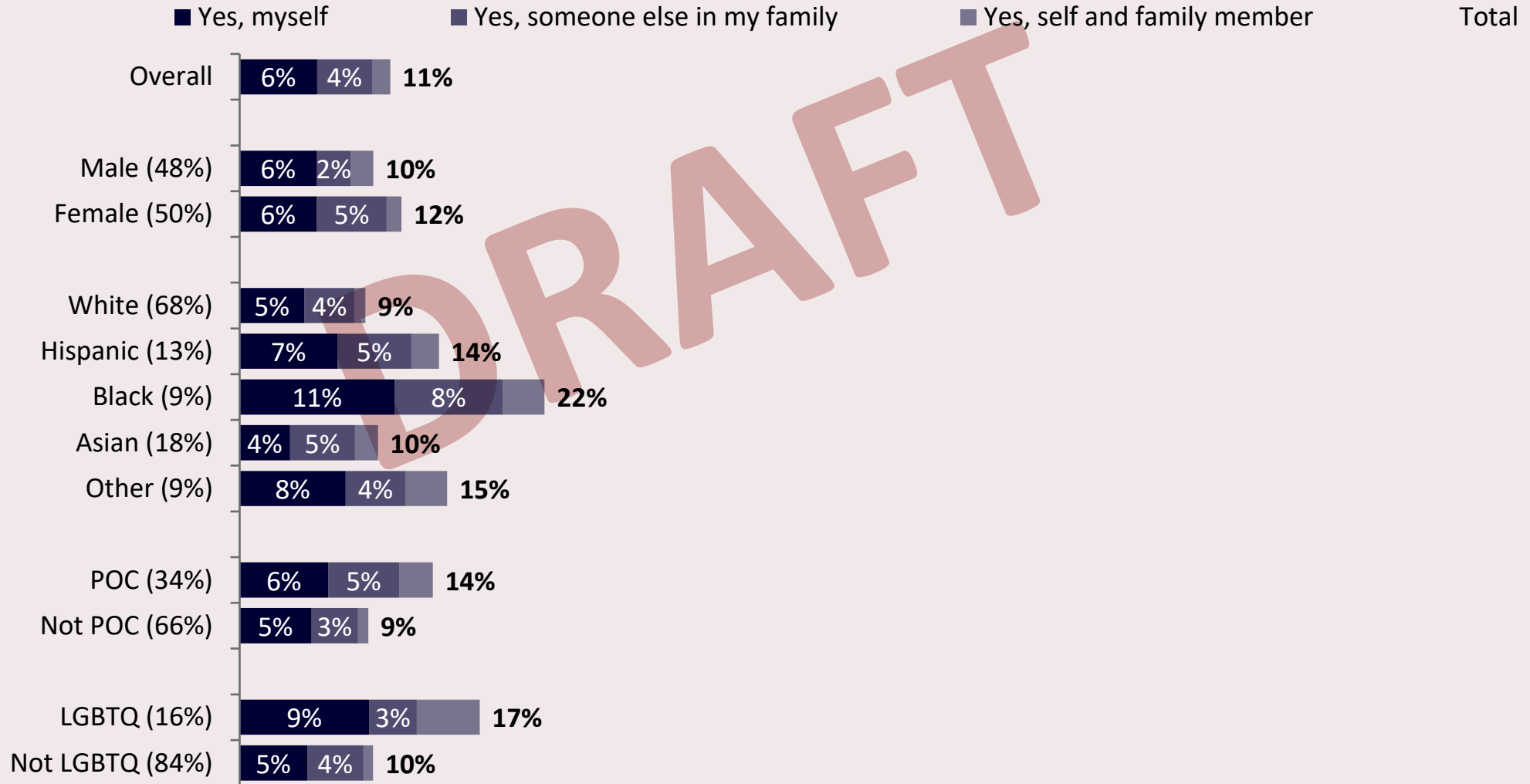


Been discriminated against, harassed by, or assaulted by a person in the Berkeley community



Discrimination/Assault by Police

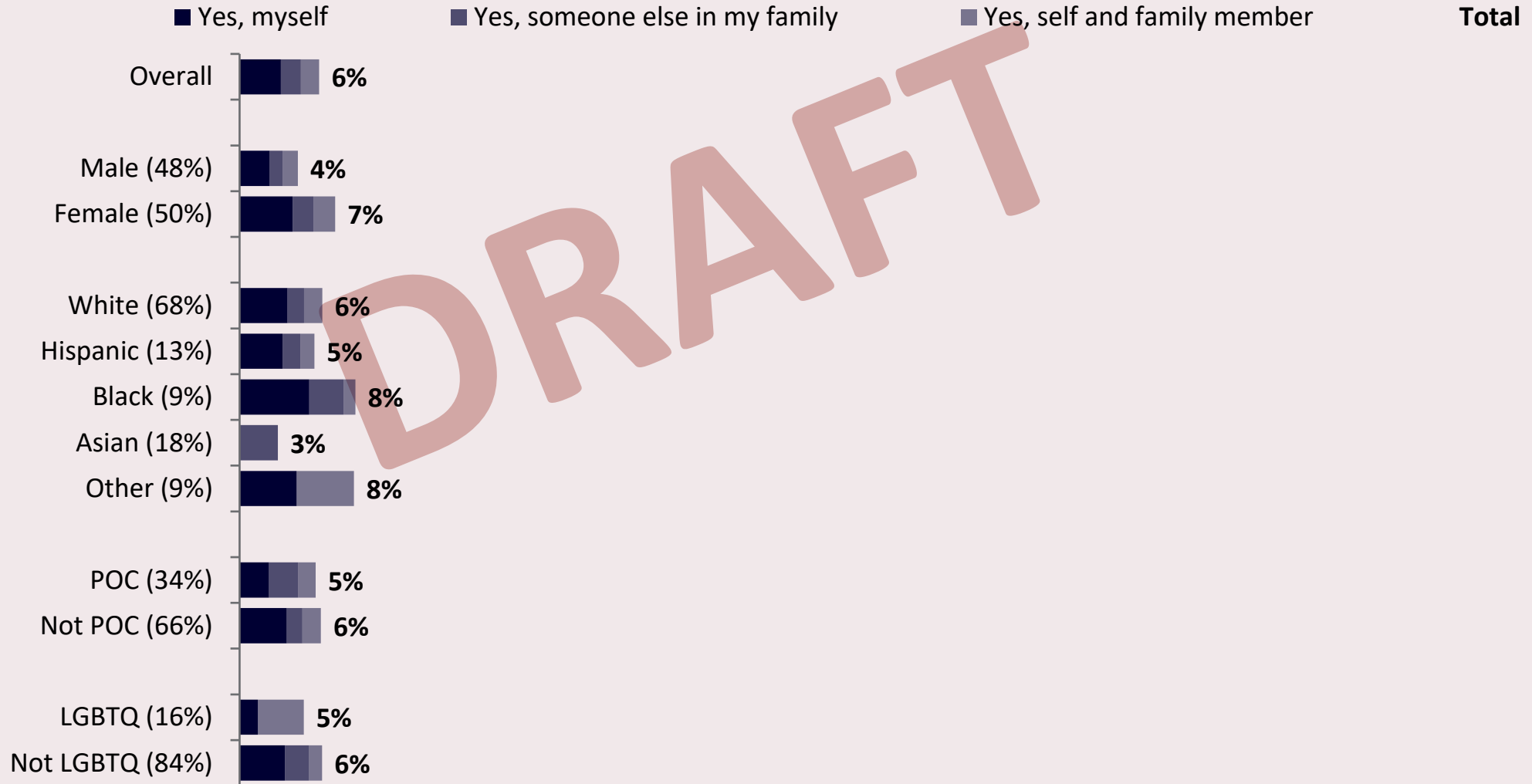
Been discriminated against, harassed by, or assaulted by a Berkeley police officer



Discrimination/Assault by City of Berkeley Employee



Been discriminated against, harassed by, or assaulted by a City of Berkeley employee other than a police officer





Sara LaBatt
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Kevin White
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Elizabeth Kaczorowski
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Audit Report
July 2, 2021

**APPENDIX 10: Data
analysis of the City
of Berkeley's Police
Response**

Data Analysis of the City of Berkeley's Police Response



BERKELEY CITY AUDITOR



Data Analysis of the City of Berkeley's Police Response

Report Highlights

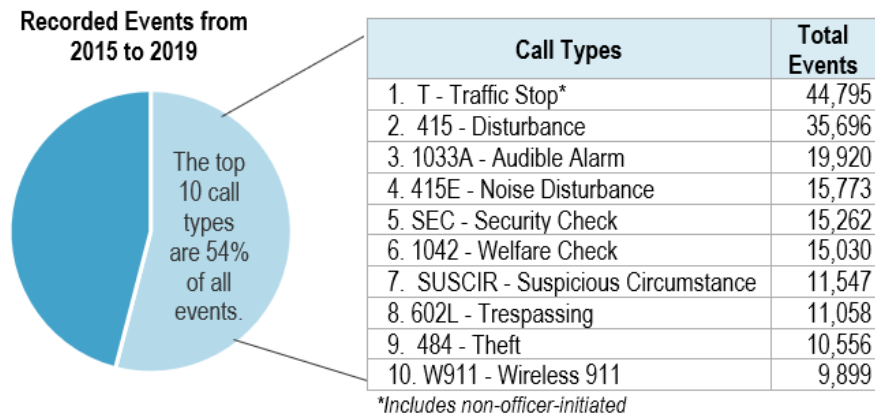
July 2, 2021



Findings

- From 2015-2019, Berkeley police responded to an average of 70,160 events per year.
- Ten call types accounted for 54 percent of all events: traffic stops, disturbance, audible alarm, noise disturbance, security check, welfare check, suspicious circumstance, trespassing, theft, and wireless 911.

Top 10 Most Common Call Types of Events, 2015-2019



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

- Officer-initiated responses were 26 percent of event responses, while 55 percent were the result of calls to the non-emergency line and 19 percent were from 911 calls.
- The majority, 78 percent, of officer-initiated stops were vehicle stops, and most of them occurred between 8:00pm and 1:00am. The majority of vehicle stops did not lead to a search, and most stops led to a warning.
- Events with a priority level of 1 to 2, which require personnel to be dispatched within 20 minutes of the call, made up nearly 40 percent of all events. Forty-three percent were lower priority events and required personnel to be dispatched within an hour to 90 minutes after the initial call.

Objectives

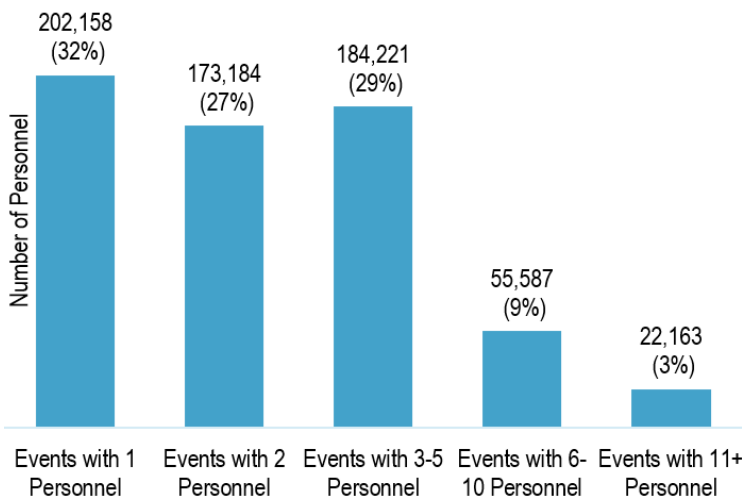
1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

Why This Audit Is Important

In response to the killing of George Floyd by Minneapolis police in May 2020 and subsequent protests across the nation, a national conversation ensued about policing. The Berkeley City Council initiated a robust community process to reimagine policing in Berkeley, and passed a proposal requesting analysis of Berkeley's police data. This report is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley.

- Mirroring prior findings by Center for Policing Equity, which were based on data through 2016, data we reviewed showed that BPD stopped Black people at a significantly higher rate than their representation in the population (34 percent compared to 8 percent), while BPD was most likely to search Black and Hispanic people following a stop.
- On average, Berkeley Police Department dispatched 1.8 personnel per event. In 41 percent of personnel responses, the Communications Center dispatched three or more personnel, including officers and non-Berkeley Police Department personnel.

Number of Personnel Response per Event, 2015-2019



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

- The number of events that involved homelessness or mental health and the amount of time police spent responding to these events are not quantifiable due to insufficient data.
- The City’s Open Data Portal provides the public with limited information about events that Berkeley Police Department responds to. There are opportunities for Berkeley Police Department to improve transparency by increasing the type and scope of data available on the portal.



Recommendations

We recommend that the Berkeley Police Department identify all calls for service that have an apparent mental health and/or homelessness component in a manner that protects the privacy rights of individuals involved. We also recommend that the Berkeley Police Department expand the current calls for service data available on the City’s Open Data Portal to include all call types and data fields for as many years as possible. City Management agreed with our recommendations.

The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate, ongoing community process for reimagining public safety and policing.



BERKELEY CITY AUDITOR

For the full report, visit:
<http://www.cityofberkeley.info/auditor>

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I. Introduction

Following the killing of George Floyd by Minneapolis police in May 2020, a national conversation ensued about policing, race, and the proper level of resources cities should devote to law enforcement in relation to other services and approaches. The Berkeley City Council held several meetings throughout the spring and summer to discuss a variety of proposals related to policing, and hundreds of community members provided input through public comment, phone calls, and emails.

Among the items discussed was a proposal by Councilmember Ben Bartlett to analyze data on police activities in the City of Berkeley and initiate a public process to discuss various potential changes to policing in the City. The City Auditor offered to conduct analysis of police data requested as part of this proposal. Mayor Jesse Arreguín incorporated the call for this analysis into the Safety for All: The George Floyd Community Safety Act, a broader item on policing that City Council passed in July 2020.

In this audit, we present the results of our analysis. It is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley, which is currently underway. It is also intended to provide information to the broader community around events that involve police personnel. This report is the first in a series of audits on policing. Analysis of the police budget is forthcoming.

Objectives, Scope, and Methodology

We answered the following audit objectives, the first three of which were requested in the Safety for All: The George Floyd Community Safety Act:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

We analyzed Berkeley Police Department Computer Aided Dispatch (CAD) data from 2015 to 2019. The full list of CAD data fields are in Appendix A. We explored various models for categorizing and characterizing data on police activities and consulted a range of stakeholders, including the Berkeley Police Department (BPD), the National Institute for Criminal Justice Reform hired by the City to lead the reimagining policing process, other City departments, community stakeholders, and subject matter experts to inform how we characterized the data. The purpose of this process was to ensure that we presented the data in a way that is as accurate, clear, and as easy to understand as possible.

The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate, ongoing community process for reimagining public safety and policing. Given the timing of that process and the scope of this report, we did not do an in-depth analysis of alternative policies or approaches to policing. However, we do make recommendations aimed at making data more transparent and available to the public.

The following describes the scope and limitations of data included in this report:

- **Focus on 2015 to 2019 time period.** Given the anomalies in patrol team staffing and other impacts of the COVID-19 pandemic, we analyzed data from January 01, 2015 to December 31, 2019.
- **Responses that include sworn BPD officers.** We analyzed data for responses that have at least one sworn BPD officer. Some responses also include other units in addition to sworn BPD officers, such as non-sworn BPD personnel, or non-police personnel from other City departments.
- **Emphasis on patrol officers.** The CAD data source primarily documents responses by patrol officers who are usually the first and primary responders to calls for service. As such, our analysis focuses on the patrol functions of the Berkeley Police Department. There are additional activities within BPD that are not captured in the CAD data and therefore were outside the scope of this audit.
- **Partial snapshot of response from other non-patrol units.** We show data about other units involved in calls, but only if they are documented in CAD. As such, we do not include all calls by these other units, such as the Mobile Crisis Team.
- **Call types are not proof of a crime.** In CAD, dispatchers assign calls for service to a call type based on the nature of the call. In many cases, the assigned call type may reference a certain type of crime. However, assigning calls to these call types does not constitute proof of a crime. Further, any type of call may result in a crime report from the primary BPD officer assigned to the event.
- **Geography not included.** We did not conduct a geographic analysis. Patrol officers are assigned to work in a specific geographical area, called a beat, typically with up to 10 or 11 officers and two sergeants on each patrol team. A deep dive geographic analysis would have required significant additional time and was beyond the scope of our audit.
- **Caller may be from any jurisdiction.** The callers and individuals involved in events may or may not be Berkeley residents.
- **Does not include number of calls received for each event.** This report does not include the number of calls that were made to the Communications Center for each individual event. Data about individual callers is excluded from the report because we did not receive this information in the data. However, we describe the type of call source, such as whether a call came from the emergency line or was initiated by the officer.

For more information on our methodology, see [page 62](#).

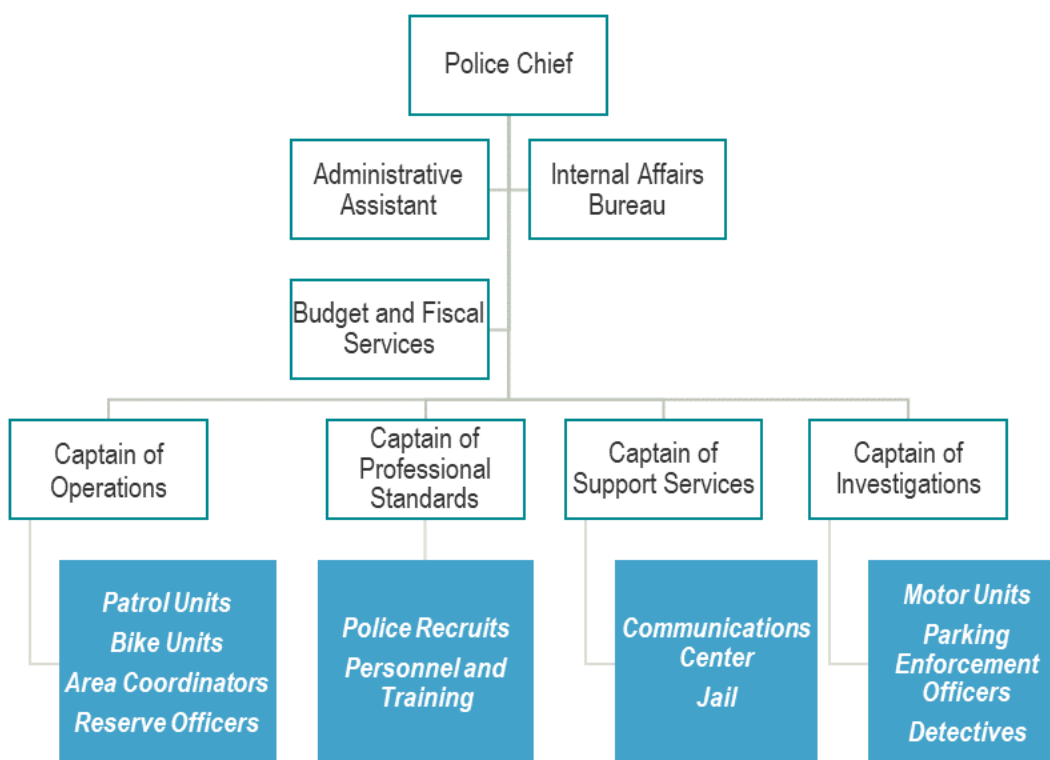
II. Background

Organizational Context

Berkeley's City Charter established the Berkeley Police Department (BPD) and its functions, which operate under the direction of the Chief of Police and the administrative direction of the City Manager. According to its website, BPD's mission is to safeguard Berkeley's diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.¹

BPD's fiscal year 2020 budget includes 285.2 full-time equivalent positions including 181 who are sworn in as law enforcement officers (sworn officers) and another 104.2 professional employees, serving a city of over 120,000 people.

Figure 1. Berkeley Police Department Organization Chart



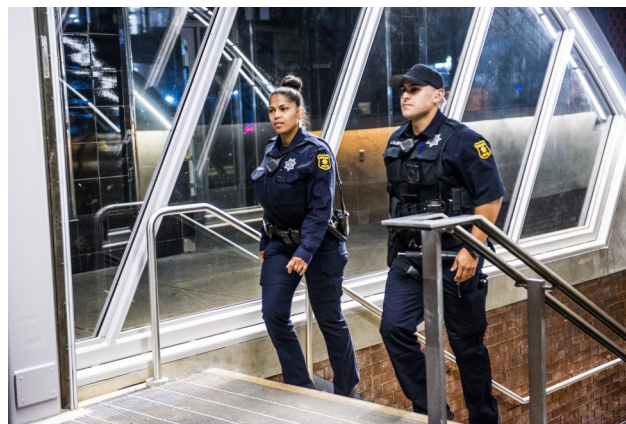
Source: Berkeley Police Department

BPD personnel that respond to calls for service may be sworn officers or professional personnel, and the latter are also referred to as “non-sworn” or “civilian.” According to BPD Policy 102, sworn officers take or affirm an oath of office expressing commitment and intent to respect constitutional rights in discharging the duties of a law enforcement officer as specified in the California Constitution. The California penal code grants sworn officers the authority to wear a badge, carry firearms, and make arrests in performing their police duties as authorized and under the terms specified by their employing agencies.

¹ Berkeley Police Department Mission, Vision, and Values: https://www.cityofberkeley.info/Police/Home/About_Our_Department.aspx

Event Response Personnel

BPD Patrol Teams. BPD patrol teams are the primary responders dispatched to events. They provide services 24 hours a day, seven days a week. BPD policy states that the function of patrol teams are to respond to calls for service and reports of criminal activity, act as deterrent to crime, enforce state and local laws, identify community needs, provide support and assistance to the community, and respond to emergencies. Patrol officers may also self-dispatch based on their geographic proximity or seriousness of the event depending on priority level.



BPD Communications Center. The call takers and dispatchers working in the BPD Communications Center have the important role of answering emergency and non-emergency calls and dispatching police officers to events. Call takers accept and process inbound 911 and administrative calls for police, fire, and medical services as well as other services such as animal control. They also input call information into the Computer Aided Dispatch (CAD) system and transfer the information to fire and police dispatcher staff. Dispatchers coordinate all police-related calls requiring a response from law enforcement and enter all officer-initiated incidents into CAD such as pedestrian and traffic stops. They also maintain radio contact with field staff.

Other Units. Other personnel may be dispatched as needed to support patrol officers responding to an event. Other units can include other BPD personnel such as Area Coordinators, Bike Unit Officers, Parking Enforcement Officers, and Crime Scene Technicians. Other personnel dispatched to support patrol teams may also include non-BPD personnel such as Animal Control, the Mobile Crisis Team, and University of California Officers.² As an example, if the Communications Center receives a call about a situation that involves a person experiencing a mental health crisis, they may dispatch BPD officers and also dispatch the Mobile Crisis Team of non-police mental health professionals from the City's Mental Health Division.

All other units are described in greater detail on [page 45](#).

Process for Responding to Calls

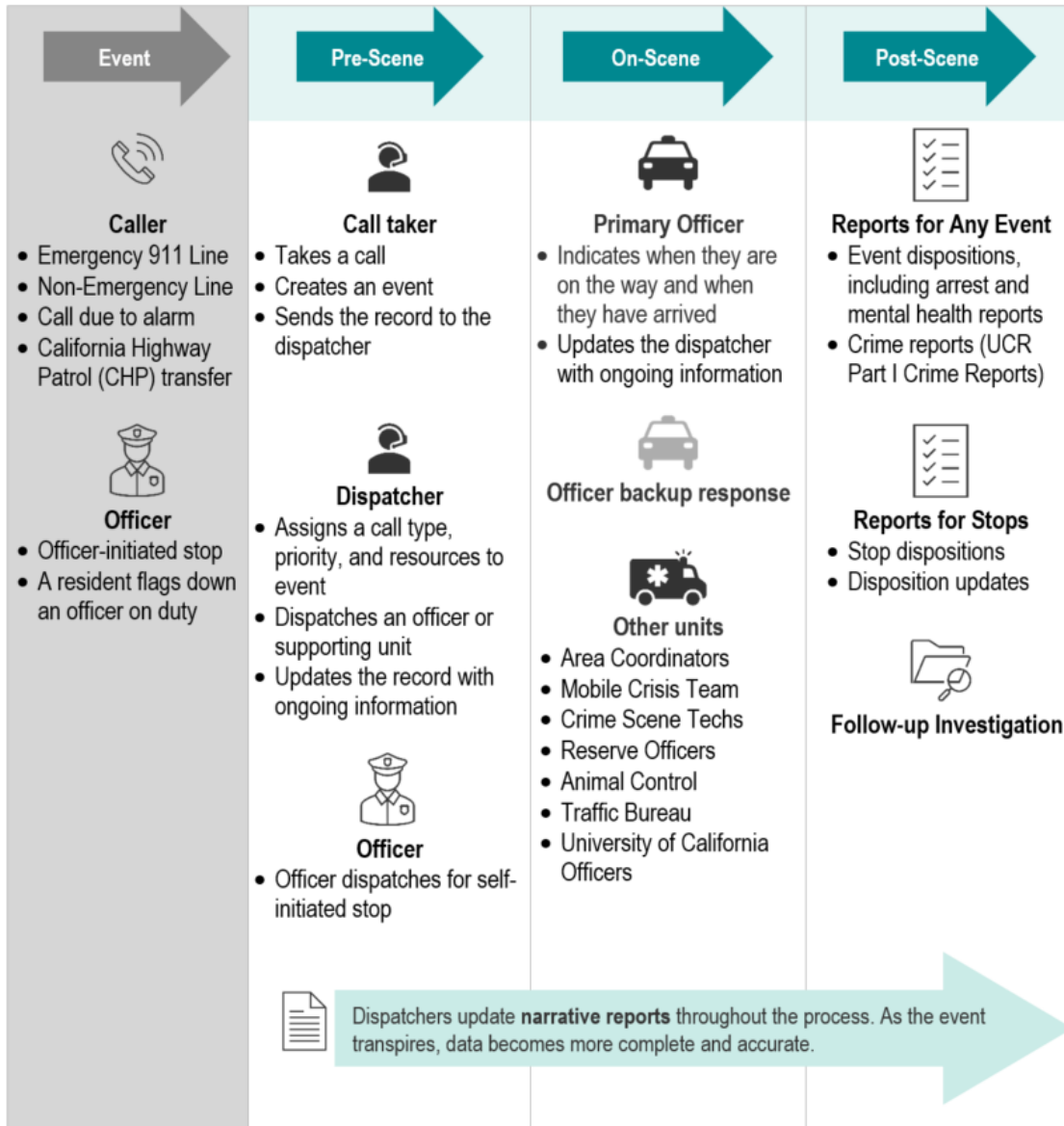
BPD's process for responding to events reflects the interactions between community members, the Communications Center, and the responding BPD officers. The response process heavily influences the integrity of the data that informs this report.³ BPD uses a CAD software system to prioritize and record events, track the status and location of officers in the field, and effectively dispatch personnel.

² While some calls may involve the Berkeley Fire Department, we do not have data on Fire personnel who responded to these BPD events.

³ We conducted this analysis based on data pulled from CAD, but we did not verify the error rate of data in CAD. We did not attempt to match up the thousands of records in the system with other internal and external documents.

It is crucial to remember that the response process involves situations that are evolving and often require fast action before all the information about the situation is known. CAD is not optimized to give responders all the information they need before arriving at the scene. There are several roles responsible for entering data into CAD throughout the response process. We detail the police department’s response process in Figure 2 below.

Figure 2. Berkeley Police Department’s Response Process



Note: We did not analyze responses by Berkeley Fire Department, Emergency Medical Services, or other such units that may provide support for BPD patrol officers that were not included in the dataset provided by BPD.

Source: Berkeley City Auditor

Event. In context of this report, “events” refer to situations that are entered in the CAD system that resulted in a response by at least one sworn officer. There are several ways an event is initiated. Community members initiate events by calling the 911 emergency or non-emergency lines, or by flagging down an on-duty officer. Police officers may initiate events on their own. Events are also initiated when an alarm goes off or when CHP transfers a call. It is possible to have multiple incoming calls for one event.

Pre-scene. When someone calls 911 or the non-emergency line, a dispatcher receives the call and collects specific information, such as the address of the event, the possible issue, if there is a weapon, and the people involved to begin dispatching the appropriate personnel to the scene. The initial call taker enters this information into the CAD database. Dispatchers assign a call type and priority, then dispatch officers accordingly. The dispatcher has the ability to enter narrative data at any time to provide ongoing information to the officer regarding the nature of the event.



Information entered into CAD at this stage may not always match the information entered later in the response process. By the time an officer arrives, a burglary may no longer be in progress, a noisy party may have dispersed, or, if the delay between call and response is long enough, the caller may have left the location.

On-scene. Police officers notify a dispatcher when they are on their way to the scene and when they arrive. Due to the changing nature of events, the police officer assigned as the primary unit also collects additional information on scene. The CAD event will be updated as information becomes available by either the officer or dispatcher, however, the call type is final once the officer arrives and a responding officer cannot change the call type in CAD. The evolving situation of a call may lead to a dispatcher assigning additional police or other units to the scene, or officers nearby may self-dispatch to provide backup.

Post-scene. Once the event is closed, the primary officer on scene completes an incident report if required by the severity of the event, and updates the CAD file with any new information. Those reports are submitted to the patrol shift supervisor and either approved or revised. Typical revisions include clarifying dates, police codes, or providing additional details. According to BPD, disposition codes are most often entered by an officer. However, an officer may also radio into the Communications Center about the event and a dispatcher will enter disposition information.

Quality control. Each day, a records clerk reviews the BPD Communications Center reports for clarity and completeness. This includes verifying call codes, addressing typos, confirming addresses using Global Positioning System (GPS), and identifying where there may be missing information. Once the record has met their quality control requirements, the call is uploaded into the separate Law Enforcement Records Management System (LERMS) where it is stored along with the raw CAD file from the call.

Assigned Call Types

Dispatchers at the BPD Communications Center assign each event a call type that describes important information about the events unless the event is officer-initiated. BPD uses many call types. Some describe a potential crime (e.g., robbery, assault, gambling), while others describe the location (e.g., fall on city property), people involved (e.g., missing juvenile), or a situation that may not be related to crime (e.g., welfare check, vehicle stop). In addition, the Communications Center uses call types in order to assign priorities and resources to the event, as discussed further in the section on priority levels. Call types for events are assigned prior to arrival of BPD staff, and they may differ from the actual event that took place after the event has concluded.

Call Type Classifications

According to the data, BPD used 137 unique call types. We consolidated these call types into nine descriptive categories for reporting purposes. Similar call type classifications have been used to organize call for service data for reporting purposes in similar jurisdictions such as Portland,⁴ Austin,⁵ and Oakland.⁶ Building on these efforts, we organized BPD's call types into categories through input from external subject matter experts, the BPD Communications Center, and BPD officers with relevant experience (Table 1).

The City Auditor call type classifications are descriptive. They do not, by themselves, imply a recommended policy change. Further, assigned call types under the crime classifications may not necessarily mean a crime has taken place. Specific call types within each classification are listed at the end of the report under Appendix G. For more information on the methodology used to classify call types, see [page 65](#).

⁴ City of Portland Police Bureau, "Introduction to Calls for Service," <https://www.portlandoregon.gov/police/article/676725>

⁵ AH Datalytics, "Assessment of Austin Police Department Calls for Service," <https://austinjustice.org/wp-content/uploads/2020/07/Analysis-of-Austin-Police-Department-Calls-for-Service-3.pdf>

⁶ Center for Public Safety Management. "Police Data Analysis Report," <https://cao-94612.s3.amazonaws.com/documents/CPSM-Oakland-CFS-Report-Dec-2020.pdf>

Table 1. Description of City Auditor Call Type Classifications

Classification	Description
Violent Crimes (FBI Part I Crimes)	Events that fall into the definition of Part I crimes by the Federal Bureau of Investigation (FBI) Uniform Crime Reporting (UCR) Program that are crimes against a person. The FBI UCR program defines these crimes as criminal homicide, rape, robbery, and aggravated assault. Only assaults specifically identified as aggravated are included as a Part I offense.
Property Crimes (FBI Part I Crimes)	Events that fall into the definition of Part I crimes by the FBI UCR Report that are property crimes. These include arson, burglary, motor vehicle theft, and larceny theft. This does not include theft by fraud, forgery, or embezzlement.
FBI Part II Crimes	FBI Part II crimes include all other crimes that are not included as Part I crimes. While some of these crimes are very serious, including kidnapping and child molestation, the majority of these crimes are crimes such as disturbing the peace and trespassing, which in some cases may be infractions and not actually criminal.
Community	<p>Calls that assist the community in managing events that pose a potential threat to safety or public order. They are most often not initiated by an officer. These include but are not limited to:</p> <ul style="list-style-type: none"> • Civil matters where police presence is requested to ensure the situation does not escalate (e.g., advice, extra surveillance, civil standby). • Calls related to disturbances or other problems that result in a police response to assess and resolve the situation. • Contacts with the community, such as aid to citizen.
Medical or Mental health	Events primarily related to medical assistance to the community. They may involve a dispatch from Emergency Medical Services (EMS) for added support.
Traffic	Events that typically involve enforcement of traffic and parking laws, and management of traffic flows. In addition, these calls may involve events pertaining to vehicles, such as collisions or road hazards. This classification also includes pedestrian, bike, suspicious vehicle, and vehicle stops.
Informational or Administrative	Calls that are non-investigative assistance or administrative in nature, such as property damage or information.
Investigative or Operational	Calls that require investigative or operational input, such as a wireless 911 call or outside agency assist.
Alarm	Calls initiated by the activation of an audible, silent, duress, and/or monitored alarm of a vehicle, residence, business, or other premise. Example alarms include audible alarm, GPS tracker alarm, silent alarm, Pronet (bank) alarm, or video alarm.

Note: These are the events classified by call types, not the final report or crime.

Source: Berkeley City Auditor

III. Characteristics of Events

Analysis of 350,800 events from 2015-2019

This section offers an overview of the events in the City of Berkeley that resulted in a police response from 2015 to 2019. In context of this report, “events” refer to situations that are entered into the CAD system that resulted in a response by at least one sworn officer. We present information about the characteristics of events in Berkeley, including the frequency of events over time, types of events, how events are initiated, priority level, outcomes, and events that result in crime reports. The figures in this section draw from a sample of 350,800 events within the CAD files we obtained from BPD.

The City has averaged 70,160 events per year, and more occurred during summer months and on Friday and Saturday evenings. This report classifies most of those events, 72 percent, as Traffic, Community, and FBI Part II Crimes and those events have consistently been the majority from 2015 to 2019. Community and FBI Part II Crime events were mostly initiated by calls to the non-emergency line, and the non-emergency line accounted for 55 percent of the initiated calls. These most frequent call types include traffic stop, disturbance, and audible alarms. The most frequent officer-initiated events include traffic stop, security check, and pedestrian stop. While only 6.7 percent of events resulted in a Part I UCR crime report linked to a CAD event, larceny theft was by far the most common Part I UCR crime reported to the FBI. Traffic stops were the call type that resulted in the most arrests.

The characteristics of events shape the priority and extent of BPD's response. For instance, the number of officers that are available to respond to the call varies depending on the location, time of day and day of the week. Events vary in complexity, and can include anything from a request for a security check to a report of a serious crime. Characteristics such as the severity of the situation and number of people involved also influence the priority level and the number of officers dispatched, along with their sense of urgency about the situation. Additionally, the assigned call type for the events in this report may not necessarily be the actual event outcome since call types are assigned prior to personnel arriving on scene.

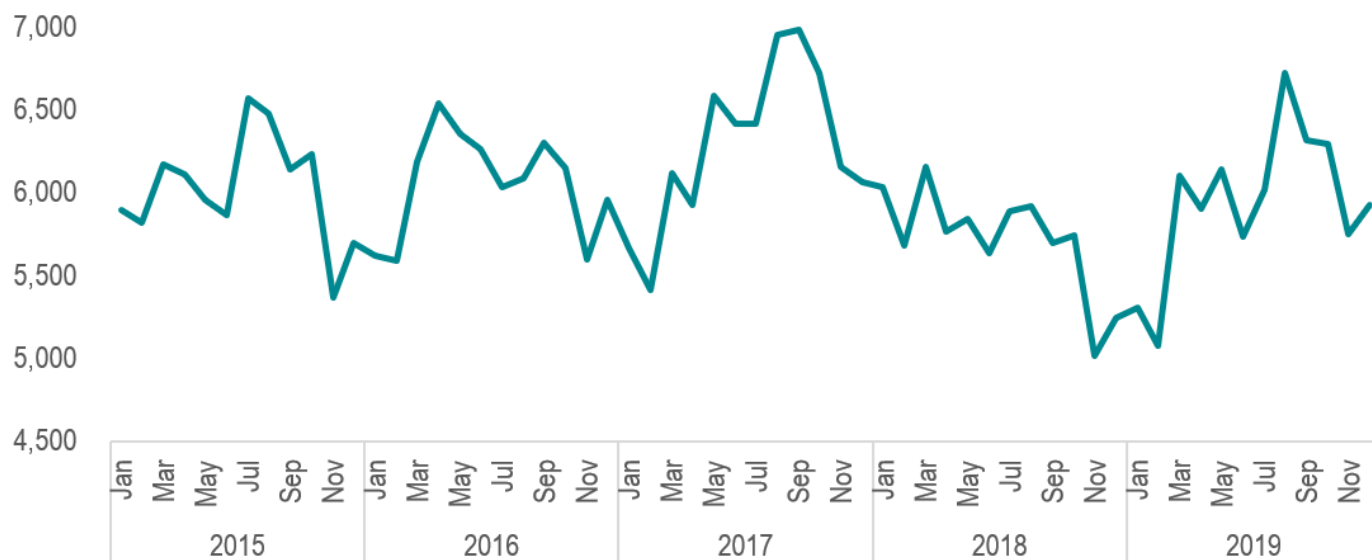
We review the following components related to events:

1. Overall Event Frequency
2. Events by Time and Day of the Week
3. Events by Call Type Classification
4. Event Initiation Source
5. Assigned Call Type
6. Priority Levels
7. Events that Result in an Arrest
8. Events that Result in a UCR Part I Report

Overall Event Frequency

Figure 3 demonstrates the total number of events in the City on a monthly basis, from January 2015 to December of 2019, in order to show seasonal changes in the frequency of events over time.

Figure 3. Events Captured in CAD by Month, 2015-2019 (n = 350,800 events)



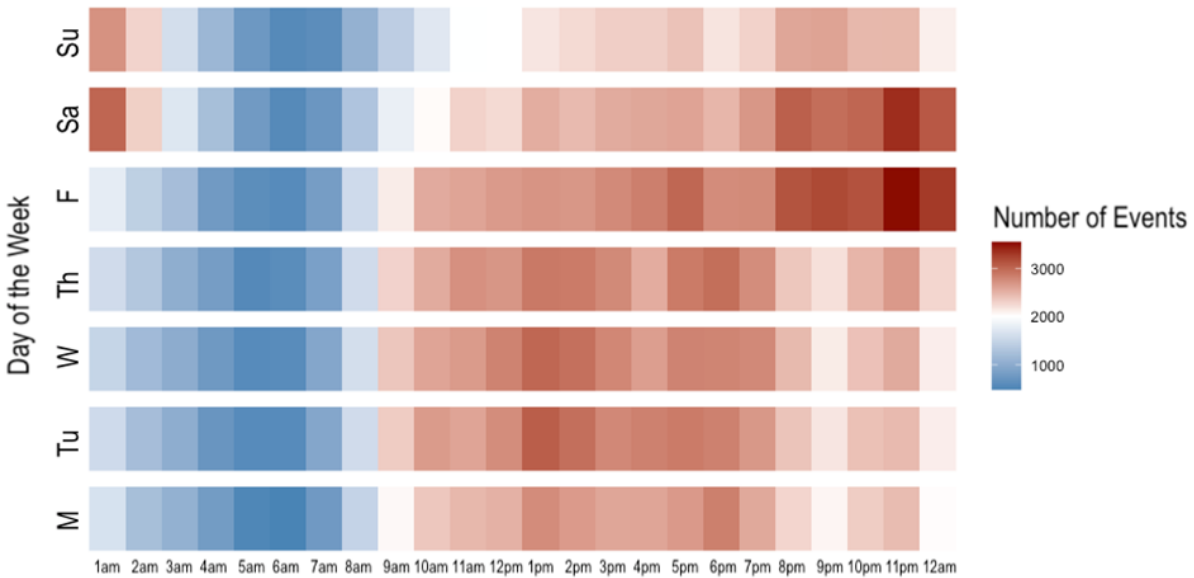
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

The number of events for the City of Berkeley has hovered around an average of 70,160 events per year. The trend line indicates that more events occur in the summer, while events decline during the winter. In addition, the data show a notable decline in events in 2018. This drop in events is reflected in other time series throughout this report. We did not investigate the reason for the drop in the calls as this extended beyond the scope of analysis for this audit.

Events by Time and Day of the Week

Figure 4 shows all of the events from 2015 to 2019 in which the Communications Center created a CAD event to demonstrate the frequency of events by the time of day and day of week. The chart is organized by the time of day on the bottom (x axis) and the day of the week on the left side (y axis). The blue color reflects fewer events, while a deeper red reflects more events. The largest number of events occur on Friday and Saturday evenings with a spike between the hours of 8:00 pm and 1:00 am. The majority of weekday events (Monday-Thursday) with a police response occur between the hours of 9:00 am and 9:00 pm.

Figure 4. Number of Events by Time and Day of Week, 2015-2019 (n = 350,800 events)



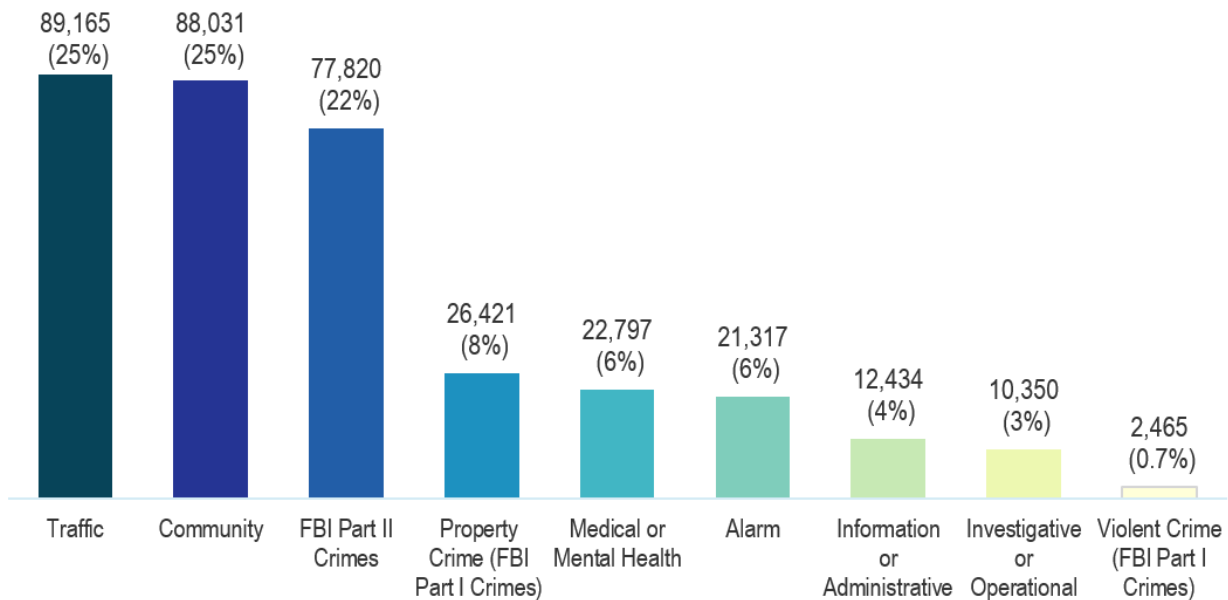
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Events by Call Type Classification

In this section, we present events grouped by classification. We describe call types related to mental health and homelessness in more depth in section VI. Appendix G provides the full list of call types and their corresponding classifications.

Figure 5 shows the frequency of events organized by classification as discussed on [page 12](#). Note that while many crime call types fall within Part II crimes, the majority, or 60 percent, of the events are either disturbance or trespassing.

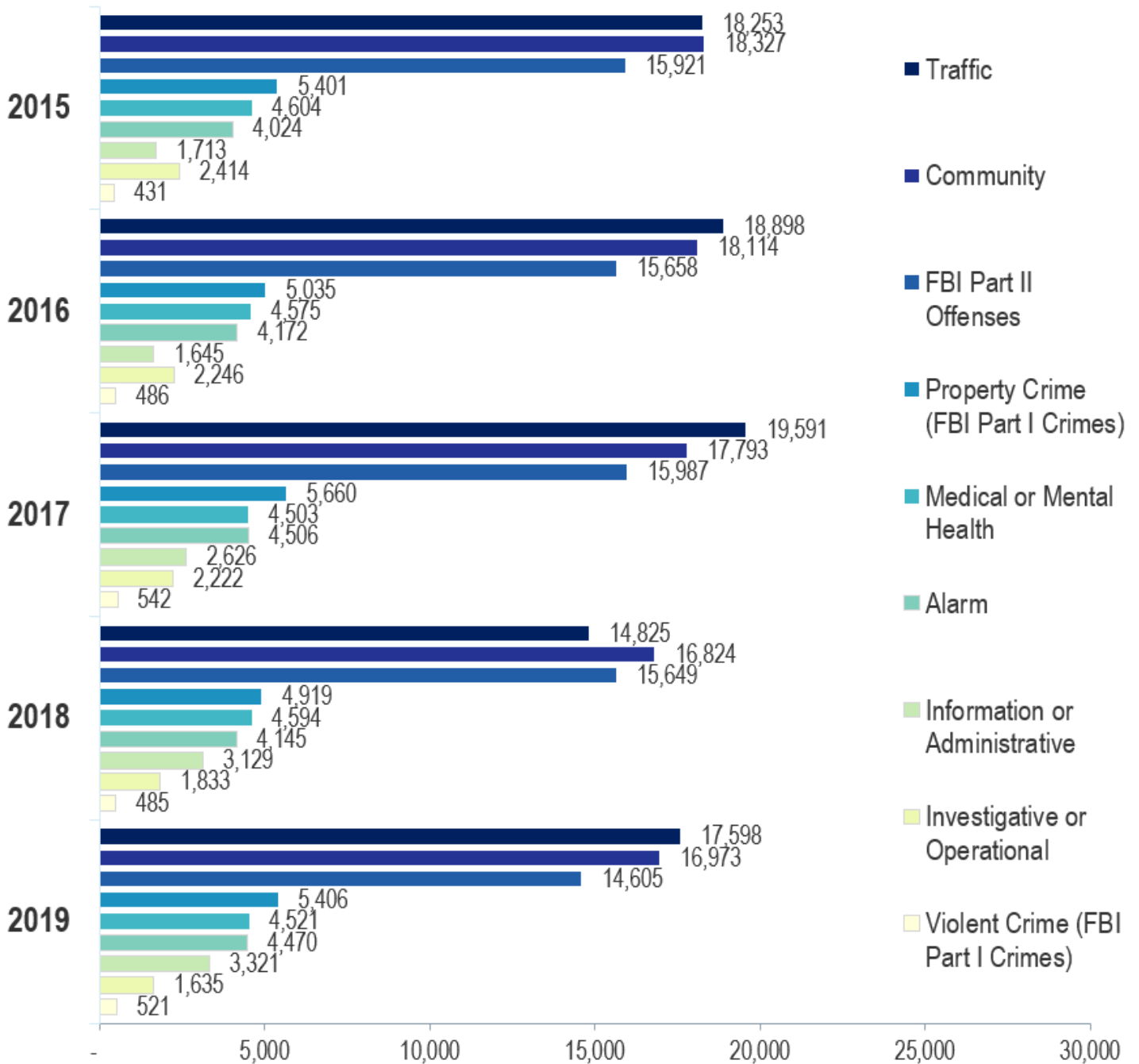
Figure 5. Events by City Auditor Classifications, 2015-2019 (n = 350,800 events)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 6 shows the number of events that fall into each call type classification over the years. The figure demonstrates whether there have been changes in some of the call type classifications over the years. It is important to note that the BPD has the authority to add or eliminate call types. The removal or addition of call types can be a contributing factor in the increase or decrease of call types in the data. We did not assess the impacts of changing call types as this extended beyond the scope of analysis for this audit.

Figure 6. Events by City Auditor Classification and Year, 2015-2019 (n = 350,800 events)

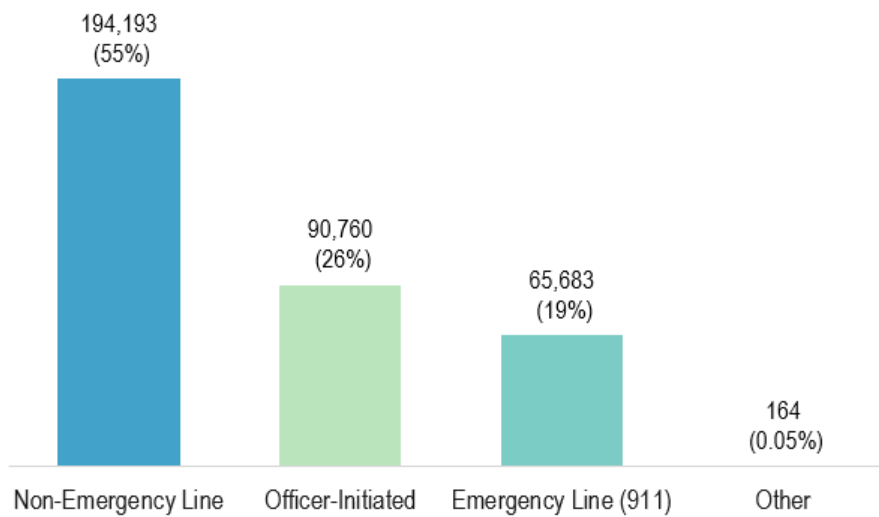


Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Event Initiation Source

As discussed in Section II, multiple callers may call in to the Communications Center to report an event. The data does not indicate the number of calls received by the Communications Center to report an event. However, according to BPD, dispatchers can add additional information from multiple callers to one CAD event record. If more than one CAD record is created for one event, the records will be merged into one record retaining all information. The CAD data we received does include the source of information that led to the event being created. Figure 7 breaks down the share of callers by three main categories: the emergency line, non-emergency line, officer- initiated, and other.

Figure 7. Initiation Source of Events, 2015-2019 (n = 350,800 events)

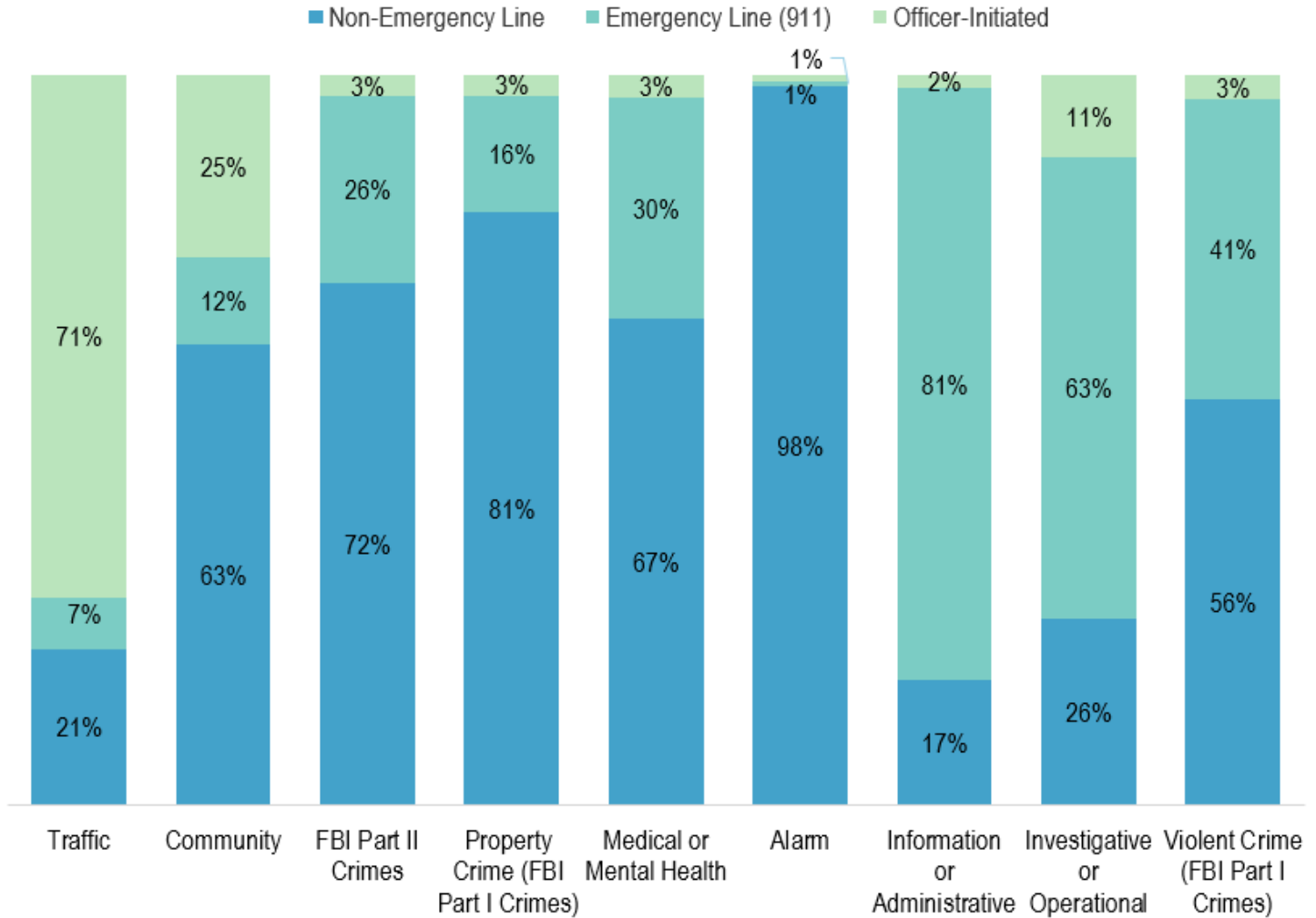


Note: “Other” includes: some alarm calls, some cell phones, California Highway Patrol, Counter, OnLine, and Voice Over Internet Protocol (VoIP). Officer-initiated includes traffic stops.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 8 shows the initiation source for each of the call type classifications. The majority of traffic stops are officer-initiated. The Traffic classification includes call types in addition to stops, such as parking violations and traffic hazards.

Figure 8. Initiation Source of Events by City Auditor Classifications, 2015-2019 (n = 350,800 events)

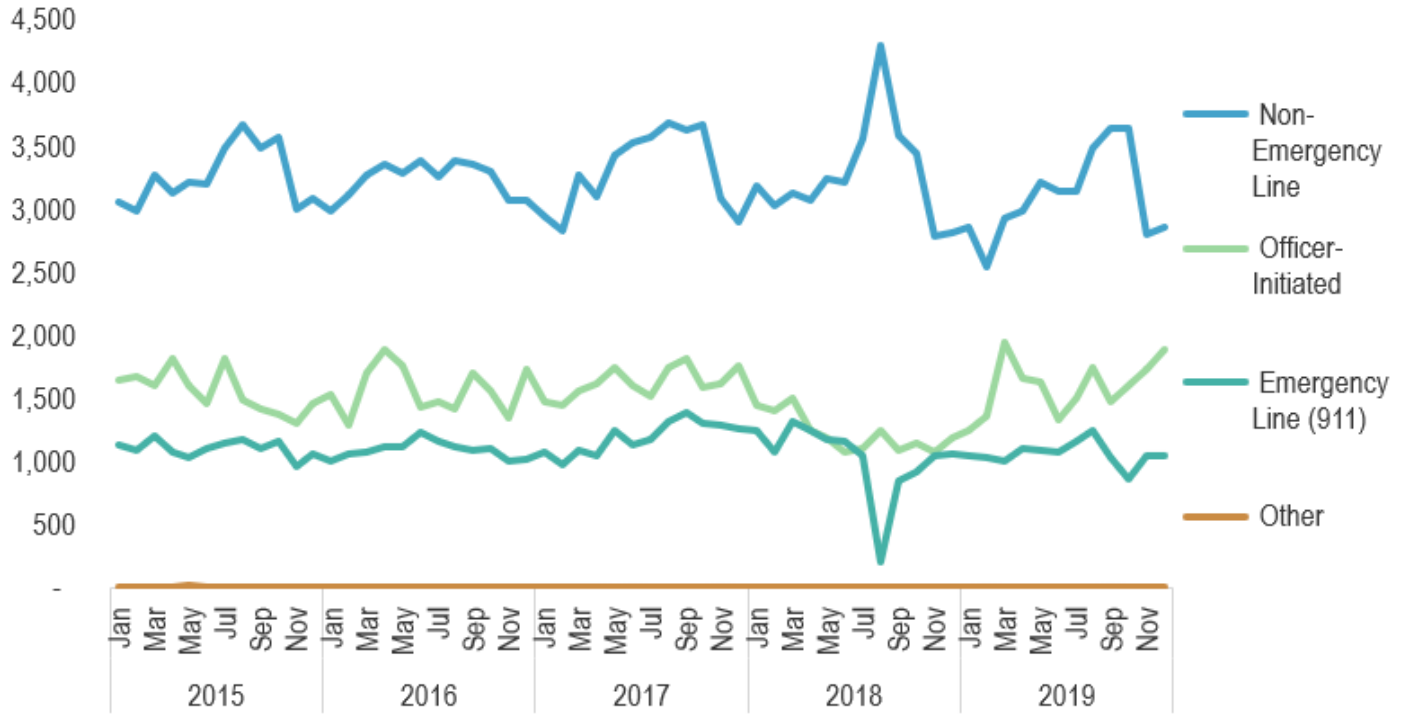


Note: Less than 1 percent of calls also come from an “other” source which includes: some alarm calls, some cell calls, California Highway Patrol, Counter, OnLine, Voice Over Internet Protocol (VoIP), and Other. Officer-initiated includes On View and Traffic stops.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 9 shows the initiation source for calls over a five year period. It reflects the consistent trend that the non-emergency line is by far the top initiation source, followed by officer-initiated, emergency line, and other.

Figure 9. Initiation Source of Events by Month, 2015-2019 (n = 350,800 events)

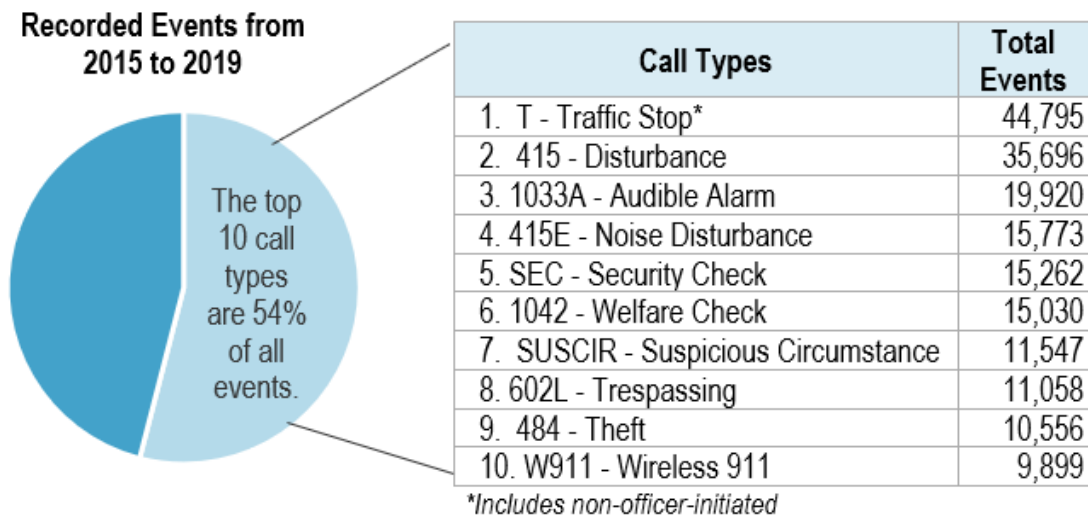


Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Assigned Call Types

Figure 10 shows the ten most common call types, which describe about 54 percent of all events. This table includes data for both events initiated by calls to the Communications Center and officer-initiated events.

Figure 10. Top 10 Most Common Call Types of Events, 2015-2019 (n = 189,536 out of 350,800 events)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 2 breaks out the top calls by initiation source.

Table 2. Top 10 Call Types of Events for Officer-Initiated and Phone Lines, 2015-2019

Total Emergency and Non-Emergency Events		Total Officer-Initiated Events	
1. 415 - Disturbance	35,145	1. T - Traffic Stop	44,765
2. 1033A - Audible Alarm	19,812	2. SEC - Security Check	14,927
3. 415E - Noise Disturbance	15,699	3. 1194 - Pedestrian Stop	9,135
4. 1042 - Welfare Check	14,560	4. FLAG - Officer flagged down	5,181
5. SUSCIR - Suspicious Circumstance	11,380	5. 1196 - Suspicious Vehicle	4,347
6. 602L - Trespassing	10,926	6. 1194B - Bike Stop	2,782
7. 484 - Theft	10,277	7. PRKVIO - Parking Violation	994
8. W911 - Wireless 911	9,898	8. AID - Aid to Citizen	544
9. ADVICE - Advice	8,382	9. FOUND - Found Property	530
10. SUSPER - Suspicious Person	8,177	10. 415 - Disturbance	528

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Priority Levels

Dispatchers are responsible for collecting adequate information in order to determine the appropriate response action based on the nature and priority of the event, and the available resources. Dispatchers assign all events a priority level which aligns with guidelines for how soon the Communications Center should dispatch police personnel to the event based on the urgency or severity of the circumstances. For an event with a priority level 1, dispatchers are expected to dispatch officers within one minute, whereas they have up to 90 minutes from the time of the initial call to dispatch an officer to a priority level 4 event.

According to BPD, priority levels are one of several factors that inform the number of personnel that are dispatched to an event. Other factors include call types, officer's proximity to the event, and officer's discretion. BPD stated that dispatchers have the authority to dispatch officers to events, but they do not play a role in reducing or diverting officers from responding to an event.

Priority levels range in urgency from Priority 1 as the most urgent to Priority 9 as the least. Priority 0 is used when officers initiate a stop and they are already on scene. Priority levels 4 through 9 each have the same time frame of 90 minutes, but the additional levels allow dispatchers to prioritize resources among lower level calls. Table 3 lists all the priority levels and corresponding dispatch times.

Table 3. Priority Level Guidelines for Time Between Initial Call and Dispatching Units⁷

Priority Level	Time
0	0 Minutes
1, 1F	Immediately
2	Within 20 minutes
3	Within 60 minutes
4	Within 90 minutes
5	Within 90 minutes
6	Within 90 minutes
9	Within 90 minutes

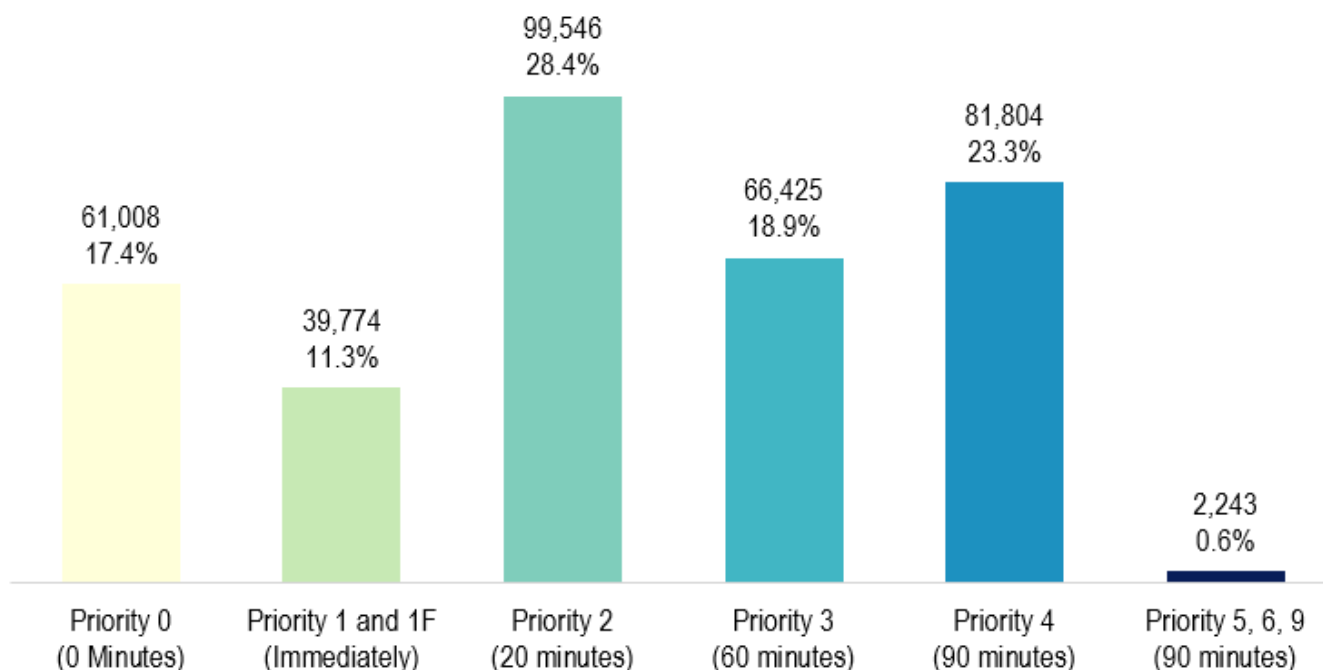
Source: Berkeley Police Department

⁷Priority level 1F indicates an event with a fire and that Berkeley Fire Department personnel were dispatched as well.

Priority level recommendations are coded into the CAD system based on call types, but a dispatcher can change the priority if there is reason to based on the information they have. For example, a dispatcher may assign a family disturbance event as a priority level 1 or 2 depending on the circumstances and their professional judgement. Additionally, dispatchers' assessment of priorities can diverge from the guidelines due to additional information gathered about the event. For instance, in their list of call types and priority codes, BPD lists disturbance with a typical assignment of priority 1 or priority 4. Nevertheless, disturbance is listed in the CAD data with call types ranging from 0, 1F, 1, 2, to 3. Appendix B provides a list of priorities for each call type as they appear in the data.

Figure 11 breaks down events by the assigned priority level.

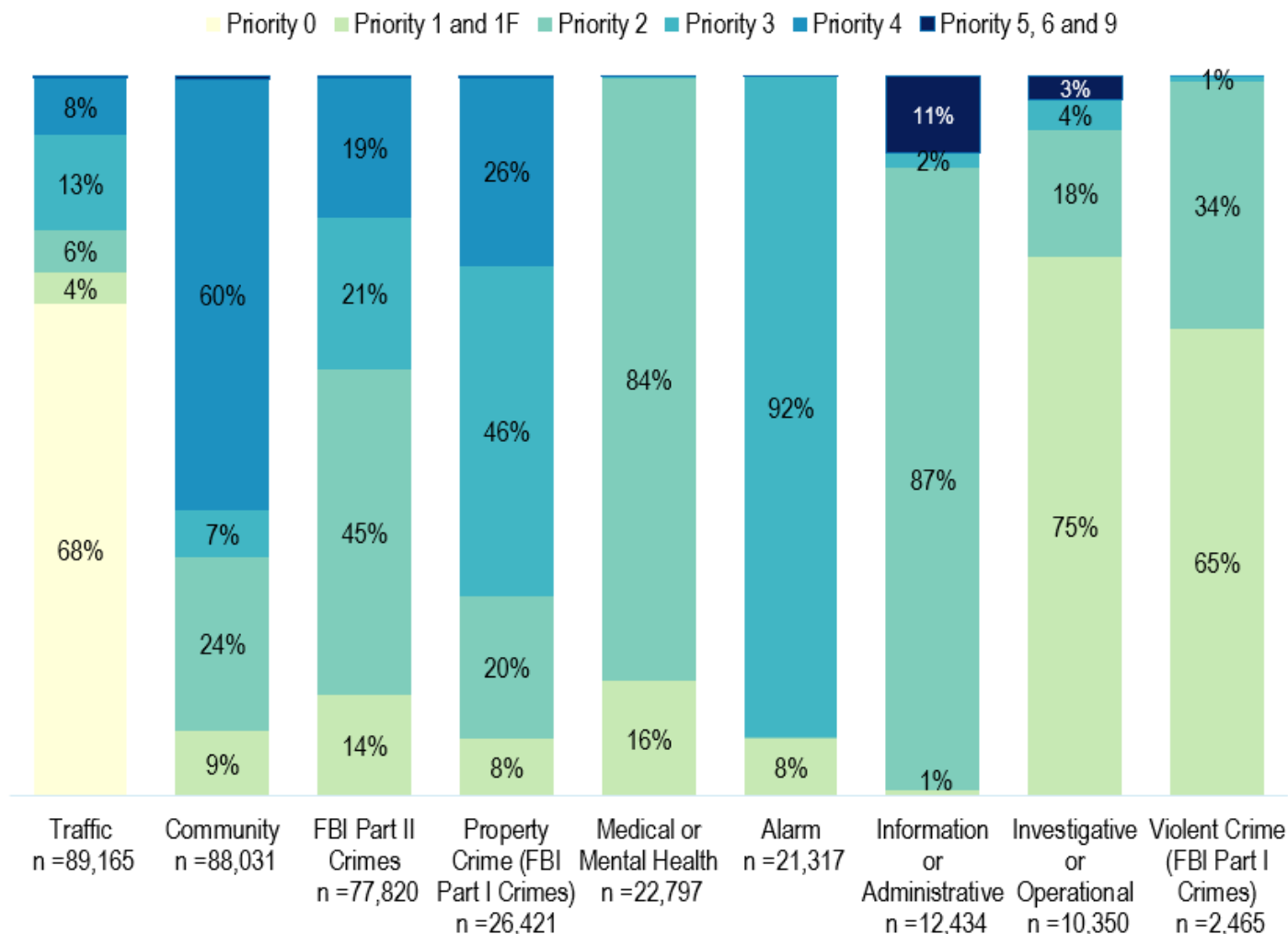
Figure 11. Events by Priority Level, 2015-2019 (n = 350,800 events)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 12 shows a breakdown of events by classification and priority level.

Figure 12. Events by Auditor Classifications and Priority Level, 2015-2019 (n = 350,800 events)



Note: Priorities that rounded to 0% of each category (0.4% or less) were excluded from the chart for readability.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Events that Result in an Arrest

Table 4 shows the top ten call types and how many arrests were made for each of those call types from 2015 to 2019, but does not include all arrests BPD made during this time. CAD data only records arrests made during the event, but arrests can take place after dispatchers close the event. 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, but is not included in the CAD data we received.

Table 4. Top 10 Call Types of Events and Arrest Outcomes, 2015-2019 (n = 189,536 out of 350,800 events)

Call Types	Arrests	Total Events	Arrests (% of Total)
1. T - Traffic Stop	1,258	44,795	2.8%
2. 415 - Disturbance	528	35,696	1.5%
3. 1033A - Audible Alarm	19	19,920	0.1%
4. 415E - Noise Disturbance	12	15,773	0.1%
5. SEC - Security Check	211	15,262	1.4%
6. 1042 - Welfare Check	122	15,030	0.8%
7. SUSCIR - Suspicious Circumstance	152	11,547	1.3%
8. 602L - Trespassing	120	11,058	1.1%
9. 484 - Theft	101	10,556	1.0%
10. W911 - Wireless 911	6	9,899	0.1%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Events that Result in a UCR Part I Report: Violent and Property Crimes

In this section, we present data on events that result in a report of certain violent or property crimes.

BPD officers are required to file a report when events involve certain violent and property crimes. BPD tracks a set of crimes, known as Part I crimes, through the Uniform Crime Reporting (UCR) Program, which is separate from the CAD system. The Federal Bureau of Investigation developed the UCR Program to standardize how law enforcement agencies categorize and count crimes, and report crime statistics. BPD analyzes the relevant crime data and provides statistical reports to the California Department of Justice to be included in state and national crime data.

We received data on some events that resulted in a Part I crime report. UCR orders Part I crimes from most severe to least severe, with criminal homicide being the highest in the hierarchy and arson being the lowest. Part I UCR crimes are listed below:

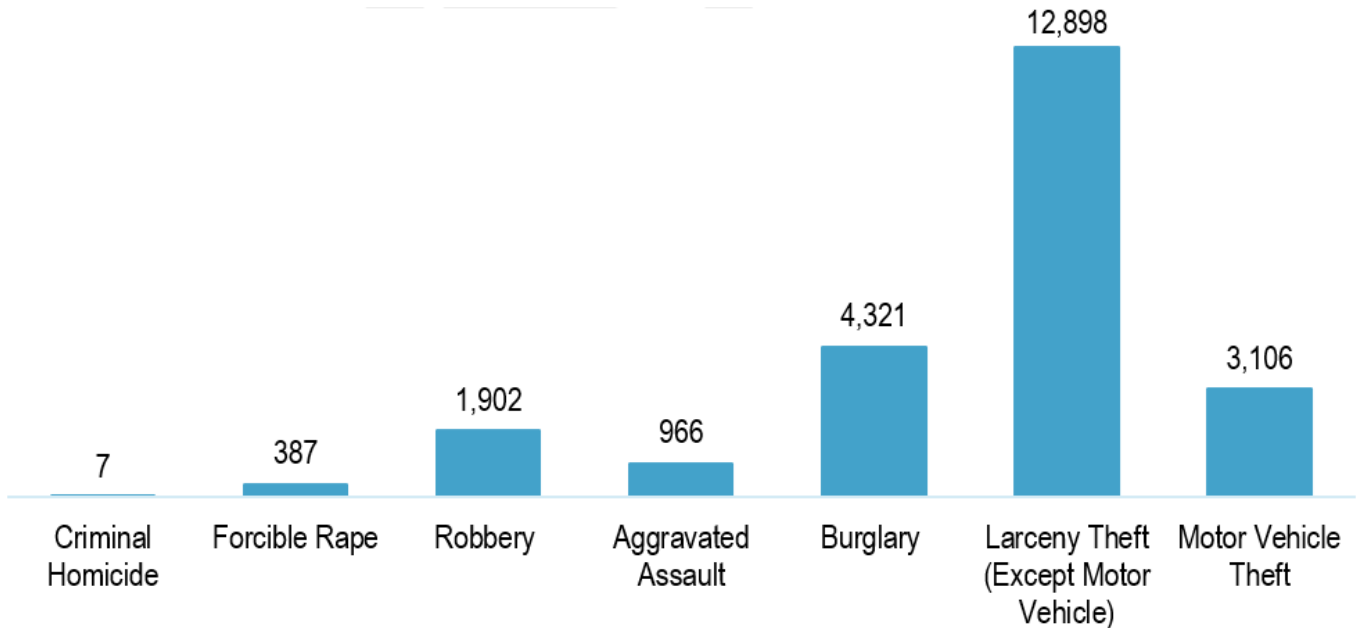
1. Criminal Homicide
2. Forcible Rape
3. Robbery
4. Aggravated Assault
5. Burglary
6. Larceny-theft (except motor vehicle theft)
7. Motor Vehicle Theft
8. Arson

Additionally, there were 38 events that resulted in the reporting of hate crimes between 2015 and 2019. UCR standards require participating law enforcement agencies to report hate crimes as separate from and additional to the crimes listed above. According to the UCR handbook, hate crimes are not distinct crimes, but are traditional crimes motivated, in whole or in part, by the offender’s bias against a race, religion, disability, sexual orientation, or ethnic or national origin group. Consequently, BPD collects hate crime data by capturing additional information about crimes they already report to the UCR program.

The CAD data does not include all the Part I UCR crime reports BPD filed because not all instances of these crimes took place during an event or involved dispatching police personnel. Further, an event classified as a Part I crime in CAD does not necessarily mean that a crime was ultimately charged or committed. Altogether, from 2015 to 2019, a total of 6.7 percent of events in CAD with a police response resulted in a Part I UCR crime report. While there could be more than one UCR crime report per event, we used the hierarchy rule to identify each event by the most severe crime. As of this writing, we do not have detailed information on Part II crime reports as this information was not available to us.

Figure 13 shows the number of events in CAD that resulted in a Part I UCR crime report from 2015 to 2019.

Figure 13. CAD Events with a Part I UCR Crime Report, 2015-2019 (n = 23,587 out of 350,800 events)



Note: There were no UCR reports of Arson in the data.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Table 5 shows how events with Part I UCR crime reports from 2015 to 2019 are classified for the purposes of this report.

Table 5. Auditor Classification of Events that Resulted in a Part I UCR Crime Report, 2015-2019 (n = 350,800 events)

Auditor Classification	Events with UCR Reports Filed	Total Events	% of Total Events with UCR Reports
Property Crime (FBI Part I Crimes)	17,475	26,421	66.14%
Community	2,058	88,031	2.34%
Violent Crime (FBI Part I Crimes)	1,752	2,465	71.08%
FBI Part II Crimes	1,555	77,820	2.00%
Alarm	305	21,317	1.43%
Traffic	230	89,165	0.26%
Investigative or Operational	85	10,350	0.82%
Medical or Mental Health	64	12,434	0.51%
Information/ Administrative	63	22,797	0.28%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 6 shows how many of the top ten call types in CAD resulted in a Part I UCR crime report, from 2015 to 2019.

Table 6. Top 10 Call Types of Events that Resulted in a Part I UCR Crime Report, 2015-2019 (n = 189,536 out of 350,800 events)

Call Type	Events with UCR Reports Filed	Total Events	% of Total Events with UCR Reports
1. T - Traffic Stop	49	44,795	0.11%
2. 415 - Disturbance	261	35,696	0.73%
3. 1033A - Audible Alarm	245	19,920	1.23%
4. 415E - Noise Disturbance	4	15,773	0.03%
5. SEC - Security Check	120	15,262	0.79%
6. 1042 - Welfare Check	40	15,030	0.27%
7. SUSCIR - Suspicious Circumstance	920	11,547	7.97%
8. 602L - Trespassing	32	11,058	0.29%
9. 484 - Theft	5,752	10,556	54.49%
10. W911 - Wireless 911	16	9,899	0.16%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

IV. Characteristics of Officer-Initiated Stops

Analysis of 56,070 officer-initiated stops from 2015 to 2019

In this section, we provide an overview of the data we obtained on officer-initiated stops including the types of stops police make, stop trends over time, and stops that result in enforcement or searches.⁸ We also breakdown some of this information by race and age. In the context of this report, the number of officer-initiated stops refers to the number of individuals detained by BPD. This means that there could be more than one individual stopped per CAD event. For example, if an officer initiates a vehicle stop and detains two individuals, this is counted as one event with two stops.

We review the following components related to stops:

1. Officer-initiated stops by stop type
2. Time of day when stops occur
3. Dispositions, including:
 - a. Stops by race and age
 - b. Enforcement outcomes
 - c. Searches

State law authorizes Berkeley police officers to enforce state and local traffic laws to promote public safety. Officers enforce traffic laws by stopping drivers who may be violating traffic laws. Pedestrians and cyclists may also be stopped. Officers are required to record the results of all stops. In this report, we refer to these events as officer-initiated suspicious vehicle stops, vehicle stops, pedestrian stops, or bicycle stops.⁹ All Berkeley police officers, whether assigned to the Traffic Bureau or not, are directed to participate in traffic enforcement and to be on the lookout for speeding, pedestrian safety concerns, and drivers under the influence.

Our stop analysis is the most recent effort to analyze police stop data in the City of Berkeley, but another organization also examined police stop data.¹⁰ In 2015, BPD contracted with the Center for Policing Equity (CPE) to conduct an analysis of Berkeley's police stop data. Their analysis covered an observation period of 2012 through 2016.

⁸ The data analyzed in this section slightly differs from stop data on the City's Open Data Portal. This analysis only looks at officer initiated stops using a dataset pulled by the department, whereas the Open Data Portal provides disposition data for both officer-initiated and non-officer-initiated stops (e.g., emergency and non-emergency calls for service). The overall difference between the two is not significant.

⁹ According to BPD, vehicle stops are different from suspicious vehicle stops. Vehicle stops can include stops for traffic violation enforcement or investigation of suspected criminal activity, and are initiated by officers. A suspicious vehicle stop is similar, but is typically dispatched by the Communications Center in response to a call for service.

¹⁰ According to its website, the Center for Policing Equity is a nonprofit organization that "produces analyses identifying and reducing the causes of racial disparities in public safety and advocates for large-scale and meaningful change."

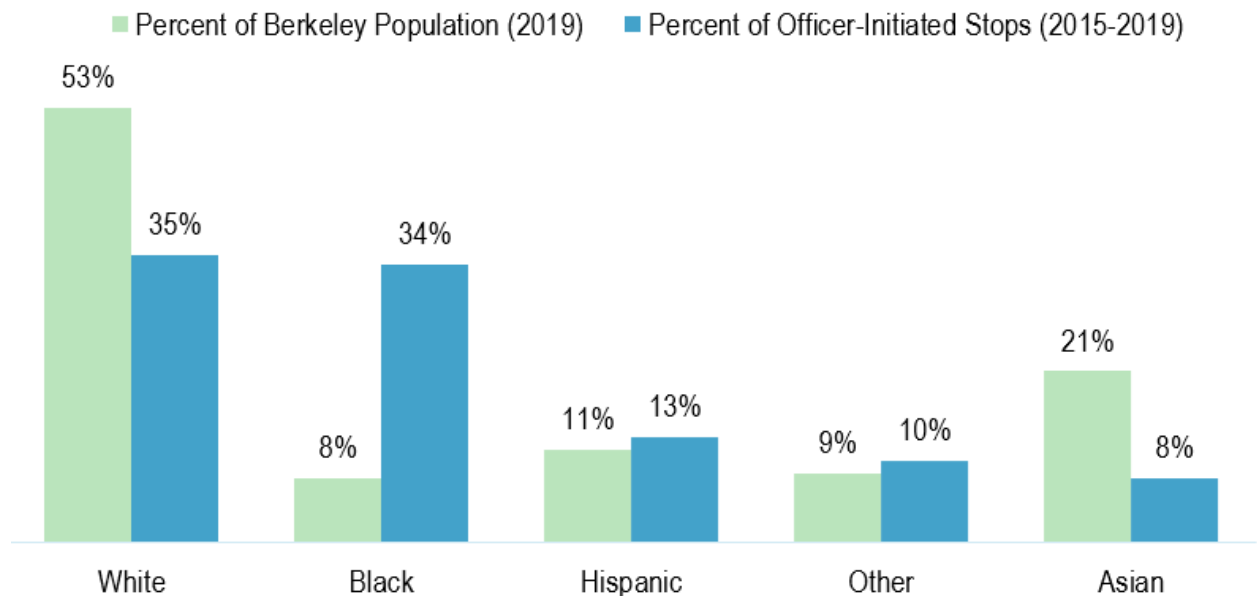
All of the charts in this section reflect officer-initiated stops for a total of 56,070 individuals from 2015 to 2019. A significant portion of information about stops draws from disposition reports submitted by officers and other traffic enforcement units. These disposition reports summarize information including race, sex, and age of the individuals involved in the event, the reason for the stop, the enforcement action, and whether or not BPD conducted a search. As such, this section does not include information for 4,961 stops that did not have accompanying disposition data. We did not determine the methods BPD typically uses to determine individuals’ race, sex, or age as that was outside the scope of our audit.

While the time period we analyzed overlaps and extends beyond the time period examined by CPE, our analysis uncovered a number of the same general patterns in stops, searches, and dispositions.

We found that the majority, 78 percent, of officer-initiated stops were vehicle stops, and most of them occurred between 8:00pm and 1:00am. The majority of vehicle stops did not lead to a search, and most stops led to a warning.

With regard to race, our data mirrored data by CPE in that BPD stopped Black and Hispanic individuals at higher rates than their representation in the population, Black individuals significantly so. BPD stopped White and Asian individuals at lower rates. We did not conduct an analysis regarding how this data should be interpreted, but simply note that these patterns are consistent with what CPE found in the data they examined.

Figure 14. Race and Officer-Initiated Stops



Note: For the purposes of this figure for Berkeley populations, the U.S. Census categories of American Indian and Alaska Native alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races are summed for Other; White is White alone, not Hispanic or Latino.

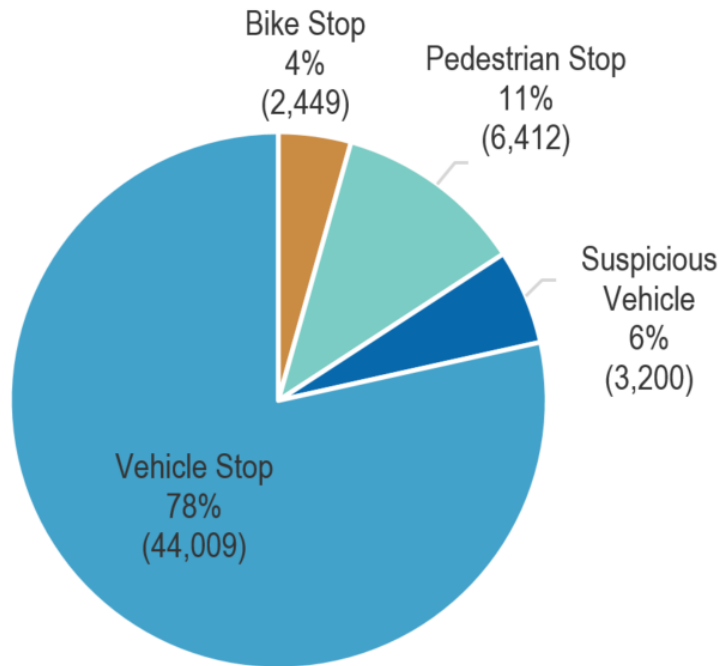
Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data and 2019 US Census data

Further, like CPE, we found that Black and Hispanic individuals are more likely to be searched after being stopped, yet searches of these groups are less likely to result in an arrest than searches of White and Asian individuals. However, we did not do a full comparative analysis between the data set that is the subject of this report and the data reviewed by CPE because it was outside the scope of this overview report. More data on stops and searches are included in the following sections and in Appendix C and D.

Overall Stops

Figure 15 shows the percentage of different types of officer-initiated stops from 2015 to 2019.¹¹

Figure 15. Officer-Initiated Stops by Type of Stop, 2015-2019 (n = 56,070 individuals stopped)



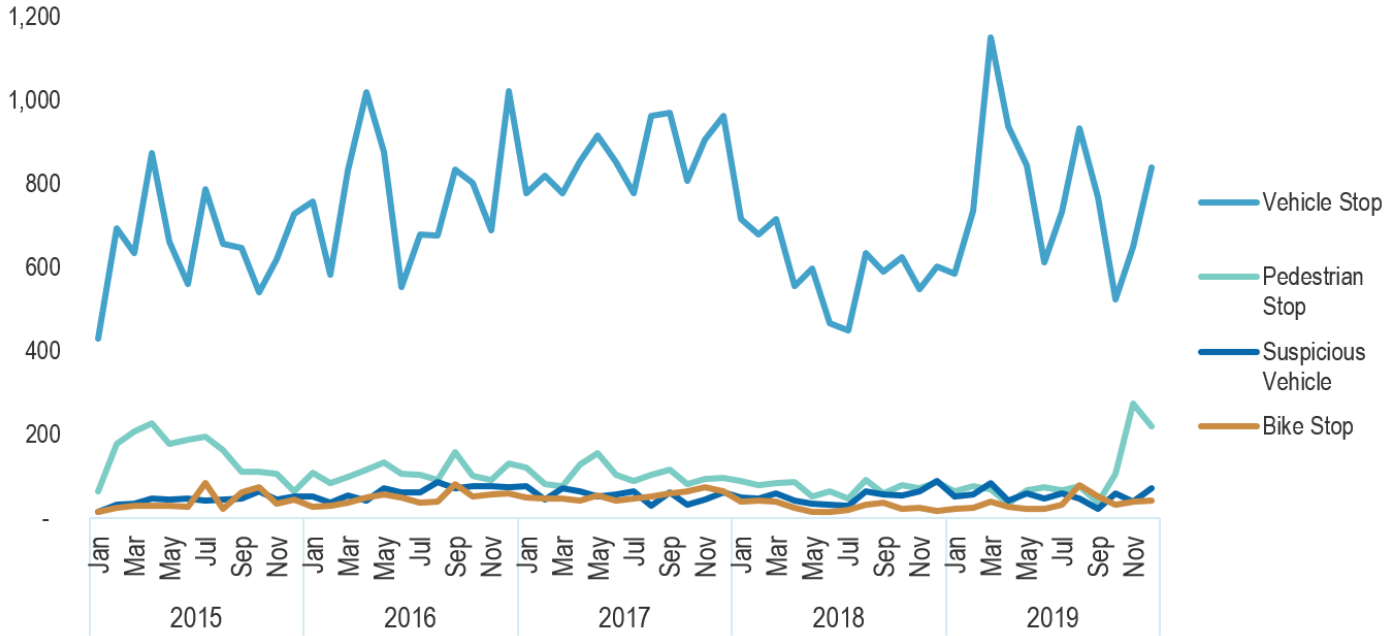
Note: Figures 15 to 29 do not include information for 4,961 stops that did not have accompanying disposition data.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

¹¹ According to BPD, vehicle stops are different from suspicious vehicle stops. Vehicle stops can include stops for traffic violation enforcement or investigation of suspected criminal activity, and are initiated by officers. A suspicious vehicle stop is similar, but is typically dispatched by the Communications Center in response to a call for service.

Figure 16 shows the number of any type of officer-initiated stop from 2015 to 2019. Because officers initiate stops, the number of stops they make depends largely on their availability. If an officer is busy responding to a high number of community-initiated calls, they are less likely to proactively initiate stops.

Figure 16. Officer-Initiated Stops by Month, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Stops by Time of Day

Figure 17 is a heat map that adds up all of the events from 2015 to 2019, based on the time in which an officer initiated a stop. The chart is organized by the time of day on the bottom (x axis) and the type of stop conducted on the left (y axis). The colors in each row represent the number of stops as a percentage of all stops for each category. The blue color reflects fewer events, while a deeper red reflects more events.

Figure 17. Officer-Initiated Stops by Time of Day as a Percentage of Each Stop Type, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Stop Dispositions

BPD tracks information about stop dispositions. This information includes the officer reported race, sex, and age of the individuals involved in the event, the reason for the stop, the enforcement action, and whether or not BPD conducted a search. BPD’s General Order B-4 required officers to provide stop disposition data after making any stop during the audit period of 2015 to 2019.

In 2015, the California legislature passed the Racial and Identity Profiling Act (RIPA) which supersedes General Order B-4. The goal of RIPA is to have more robust and reliable data to understand the demographics of those stopped by the police in California. RIPA requires law enforcement agencies to collect additional information about stop dispositions including contraband or evidence recovered during the stop, basis of a search if conducted, actions taken during the stop, and officer years of experience and assignment. While BPD stated that these requirements were mandated to start in 2022, BPD started collecting the data required by RIPA in October 2020. According to BPD and the City's Department of Information Technology, officers do not collect personally identifying information as part of meeting RIPA requirements.

All the stop disposition data presented in this report was reported under the guidelines of General Order B-4 and before BPD implemented RIPA.

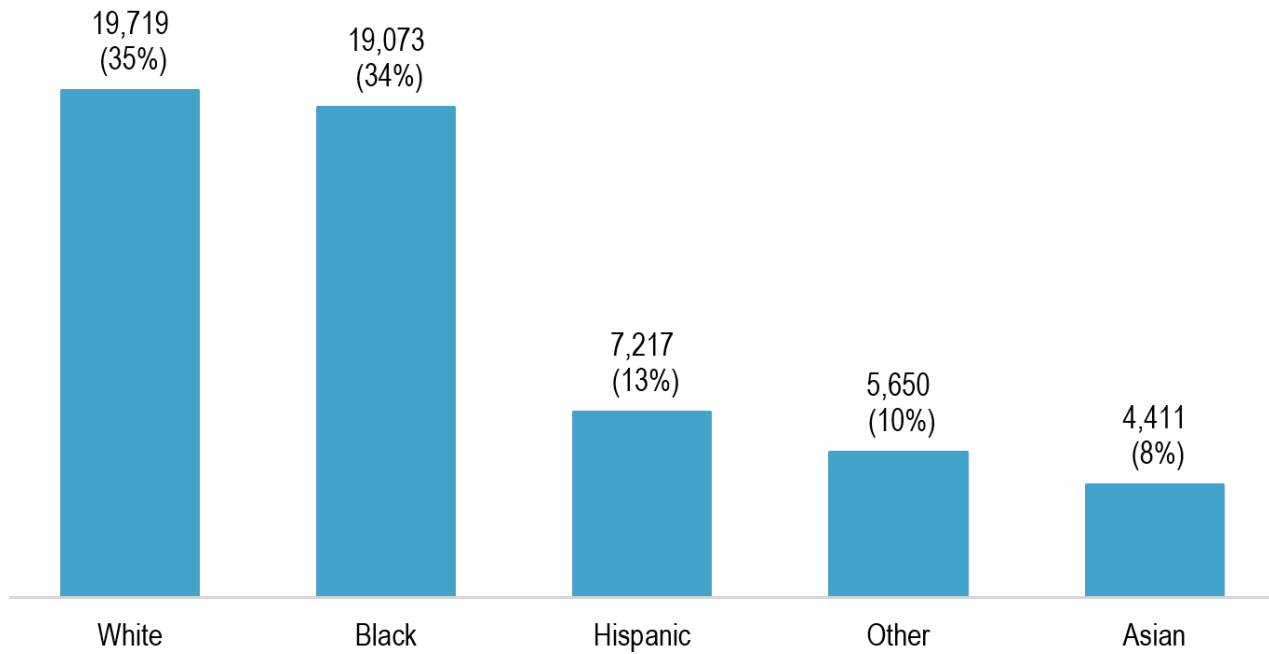
Stops by Race and Age

In this section, we present an overview of officer-initiated stops by race and age. BPD records demographic information for people stopped by the police, including their race, sex, and age. Until October 2020, officers used a six-digit disposition code to record information on the race, sex, and age of the person or people involved in stops, as well as the type of stop, the enforcement outcome, and if the officer performed a search. In October 2020, the BPD transitioned to collecting stop data in accordance with the RIPA using an app installed on each officer's City-issued smart phone.¹² Officers are now required to collect the same information as the disposition code used previously and additional information on the stop.

¹² Memo to City Council, October 13, 2020, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/RIPA%20data%20101320.pdf

Figure 18 shows the percentage and number of stops by race from 2015 to 2019. BPD uses five groups to document the race of people involved in stops: Asian, Black, Hispanic, White, and Other.

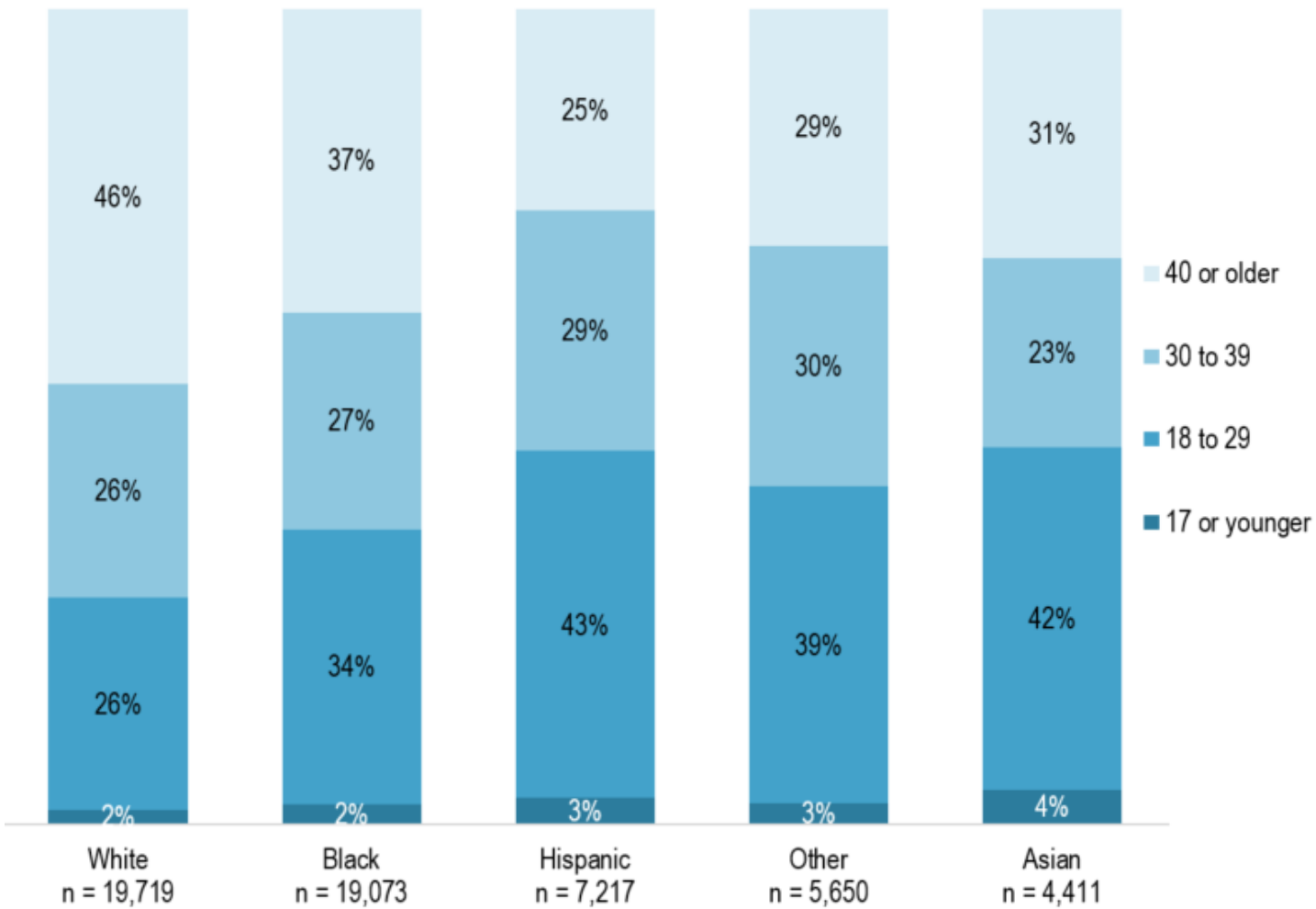
Figure 18. Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 19 shows stops by age and race from 2015 to 2019.

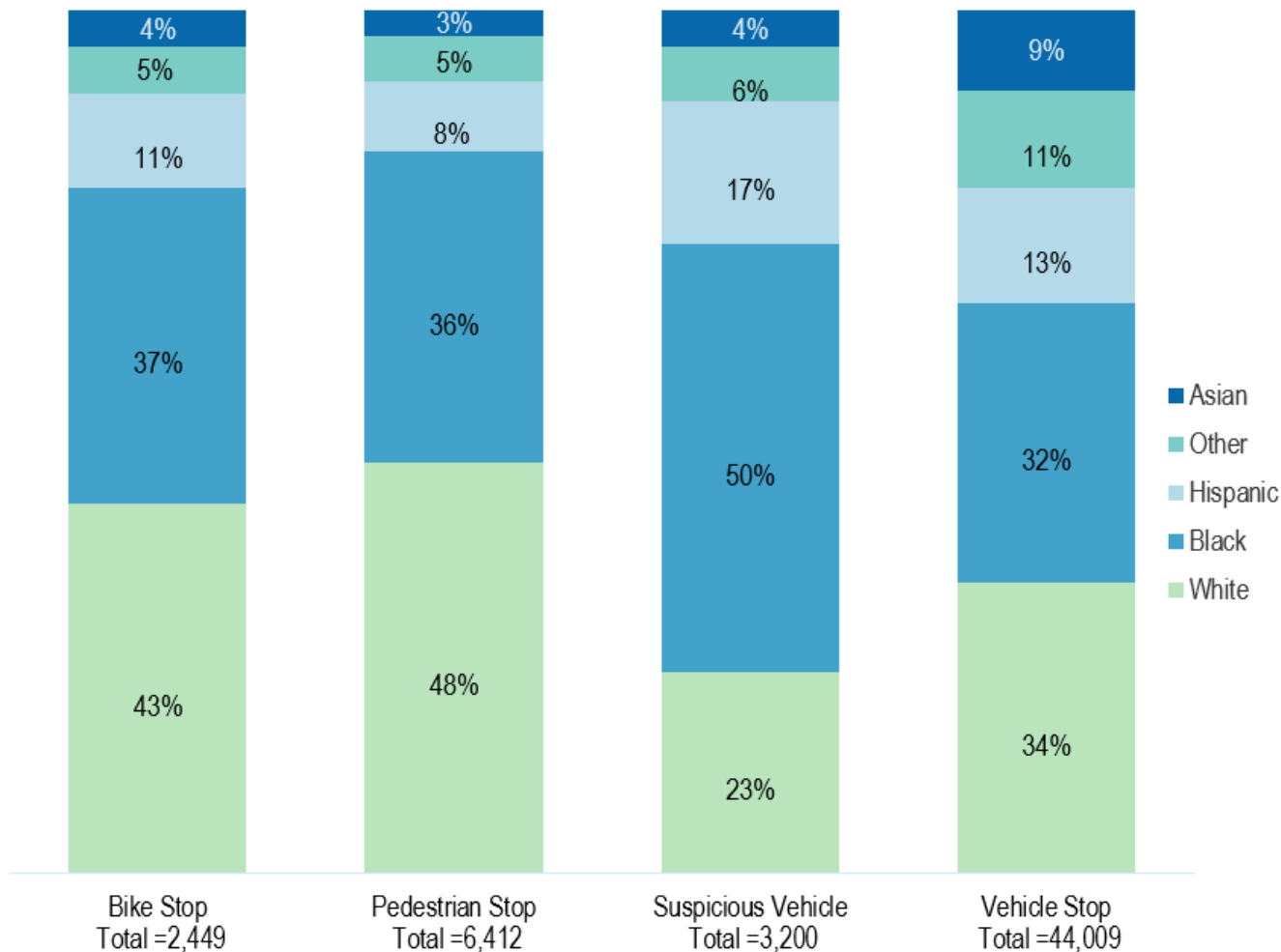
Figure 19. Officer-Initiated Stops by Race and Age, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 20 shows the distribution by race within each type of stop from 2015 to 2019.

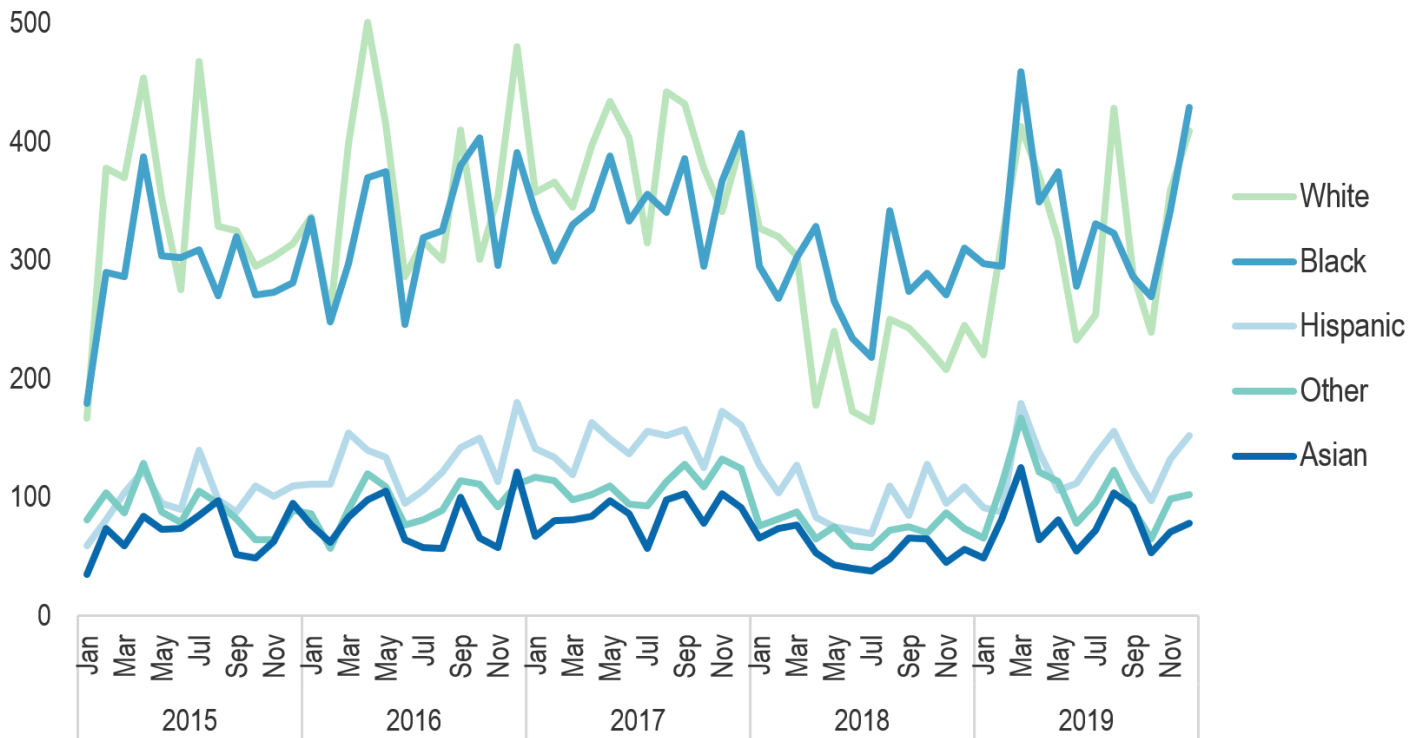
Figure 20. Type of Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 21 shows the monthly distribution for all types of stops by race from 2015 to 2019.

Figure 21. Officer-Initiated Stops by Race and Month, 2015-2019 (n = 56,070 individuals stopped)



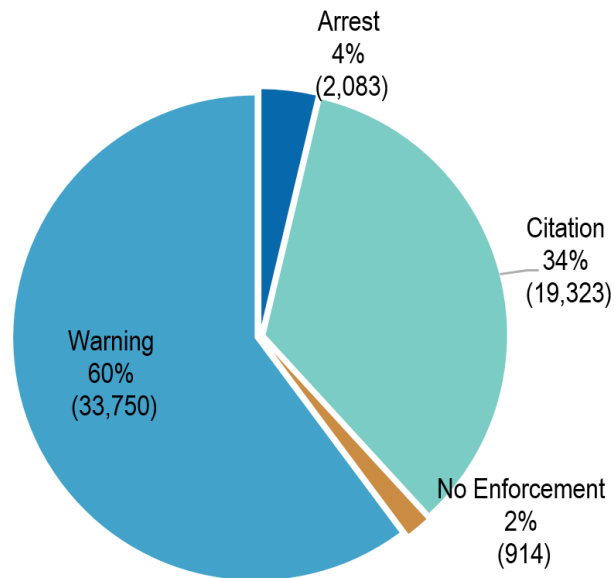
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Enforcement

Officer-initiated stops sometimes result in enforcement outcomes. The four possible enforcement actions are arrest, citation, warning, and no enforcement. BPD's General Order T-03 guides how officers are expected to use enforcement, including when to provide a verbal warning or a citation, in accordance with the California Vehicle Code. The general order directs officers to use their professional judgement in deciding whether to issue a warning instead of a citation. It also directs officers to issue a correctable citation for certain violations such as equipment or registration. Additionally, the general order directs officers to interact with the individuals and observe if there are signs of intoxication, visible guns, open alcohol containers or drugs, or other indicators of a crime.

Figure 22 shows the breakdown of types of enforcement actions of stops, including arrest, citation, warning, and no enforcement.

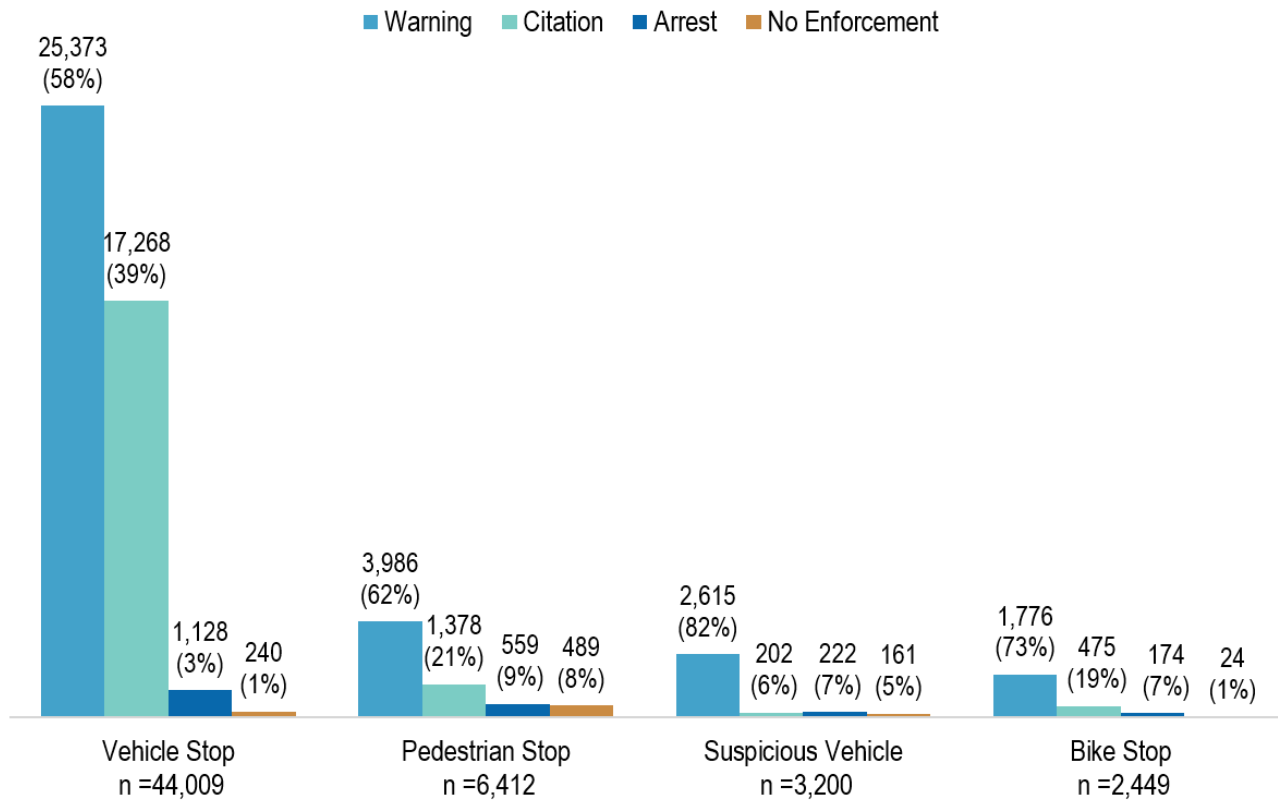
Figure 22. Enforcement Actions of Officer-Initiated Stops, 2015- 2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 23 shows the number of enforcement actions, broken down by type of enforcement and stop, from 2015 to 2019.

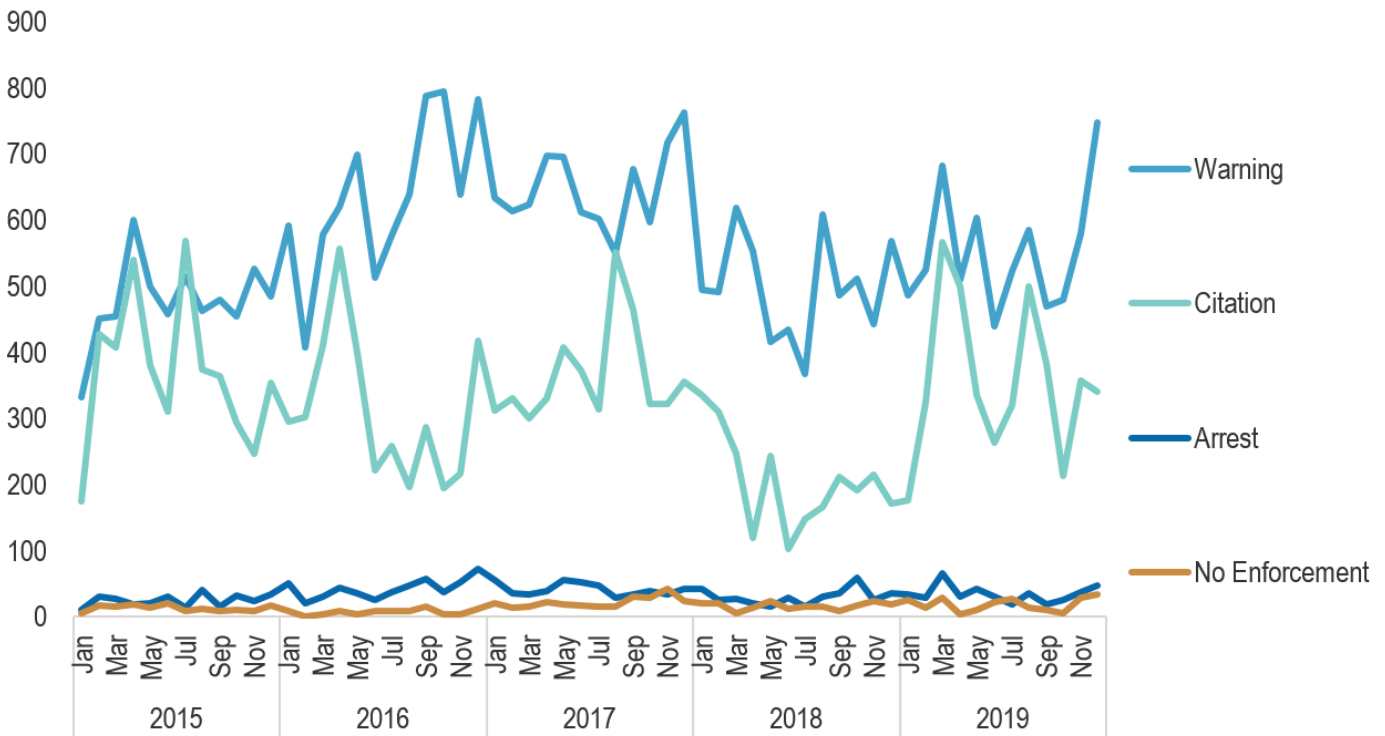
Figure 23. Enforcement Actions of Officer-Initiated Stops by Stop Type, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 24 shows the number of stops by enforcement action and month from 2015 to 2019.

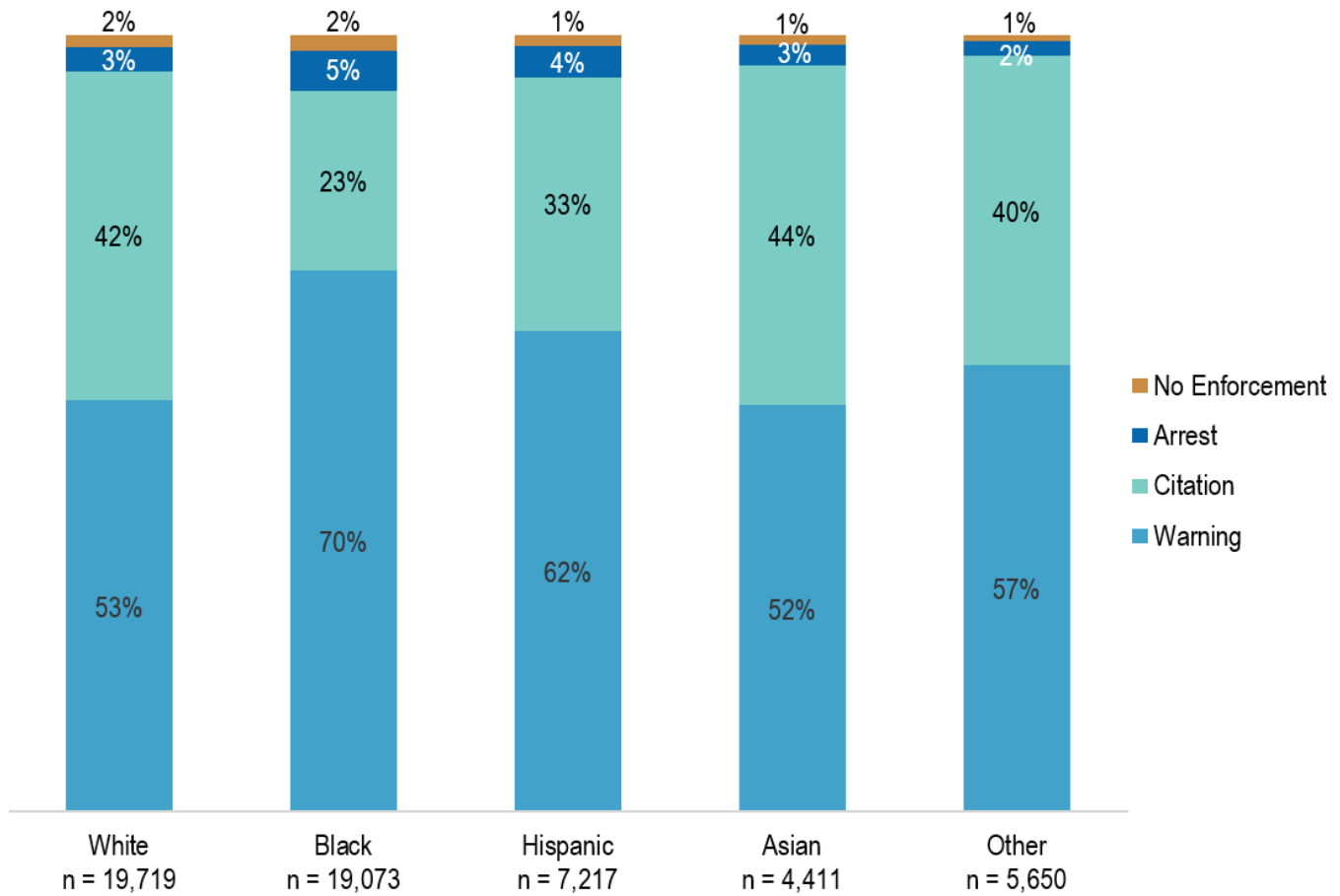
Figure 24. Enforcement Actions of Officer-Initiated Stops by Month, 2015-2019 (n= 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 25 shows the stop enforcement actions by race from 2015 to 2019.

Figure 25. Enforcement Actions of Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

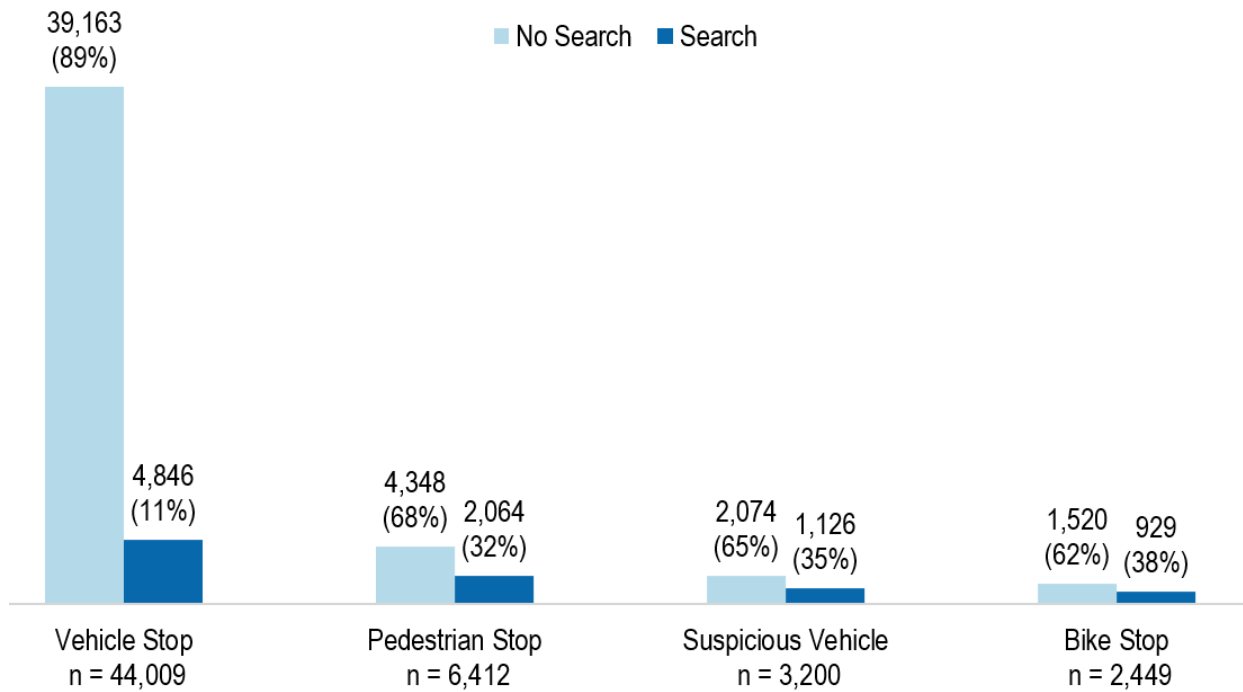
Searches

The following section provides information on whether BPD conducted a search during vehicle, bike, suspicious vehicle, or pedestrian stops. We break down all types of searches and resulting enforcement actions by race.

The stop disposition data during the 2015 to 2019 audit period did not include information on whether the officer asked for consent to search the person, and if so, whether the individual gave consent. The data also does not indicate the basis for the search, nor the type of contraband or evidence that was recovered, if any.

Figure 26 shows individuals stopped by type and search outcome from 2015 to 2019. Out of 56,070 stops, 8,965 (16 percent) result in a search.

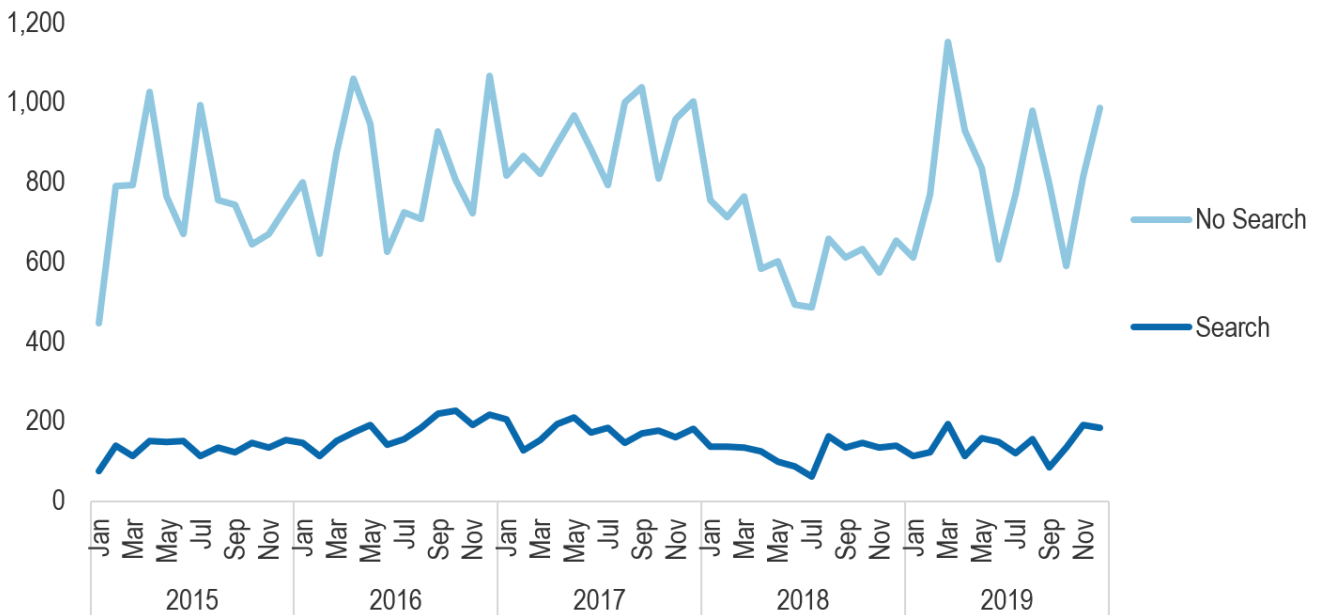
Figure 26. Searches Resulting from Officer-Initiated Stops by Stop Type, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 27 shows stops by search outcome by month from 2015-2019.

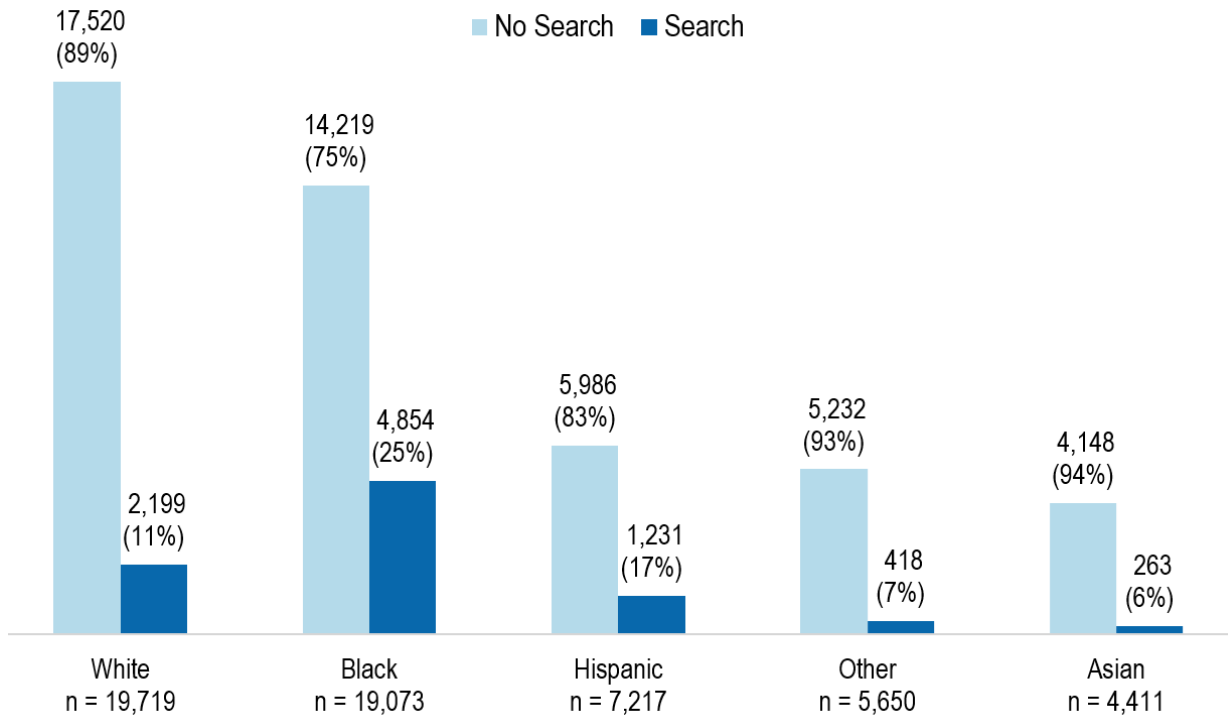
Figure 27. Searches Resulting from Officer-Initiated Stops by Month, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 28 shows stops by search outcome and race from 2015 to 2019.

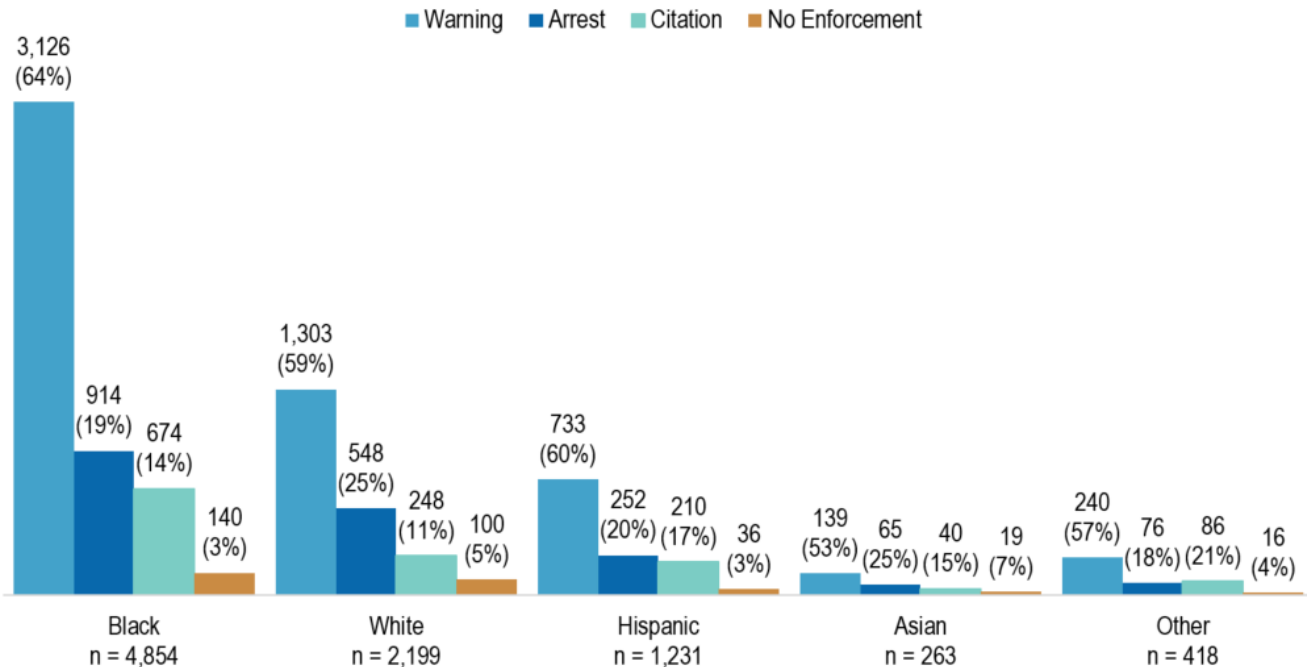
Figure 28. Searches Resulting from Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 29 shows searches and resulting enforcement outcomes by race from 2015 to 2019.

Figure 29. Enforcement Outcomes of Searches Resulting from Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

V. Characteristics of Police Response

Analysis of 637,313 responses from BPD sworn officers and other units

This section presents an overview of data about personnel that responded to events. Personnel dispatched to respond to events can include non-police personnel in addition to BPD personnel. All events in this CAD analysis include a response by at least one BPD sworn officer, though the Communications Center can also dispatch additional non-police personnel to certain events as needed. BPD Communications Center staff also play an important role in how BPD responds to events.

We review the following components related to police response:

1. Response by personnel unit type
2. Number of personnel responding to events
3. Personnel time spent responding to events

Sworn officers represented 96 percent, or most of the personnel that responded to events, and personnel from other units accounted for 4 percent of total personnel that responded to events. Parking enforcement officers and bike units accounted for over half of the personnel responses from other units. On average, BPD dispatched 1.8 personnel per event. The majority of personnel time, 69 percent, is spent responding to events classified as Community, FBI Part II Crimes, and Traffic. The data, which includes the classification or call type assigned to the event prior to BPD arriving at the event, may not reflect the actual event that takes place.

Primary BPD Response Personnel

Our analysis primarily reflects work conducted by the Communications Center and patrol teams to respond to events in the Berkeley community, with some information about additional supportive units. We provide a summary of each of these units below.

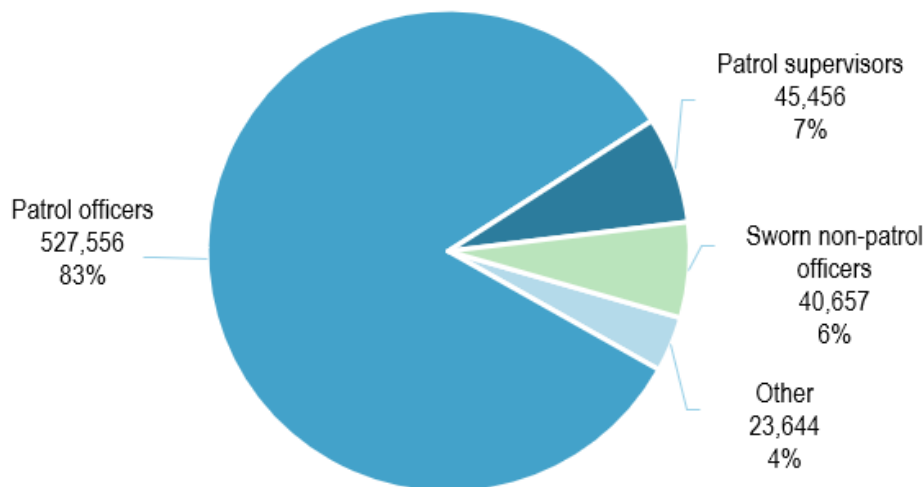
Patrol Teams. The Berkeley Police Department provides patrol services 24 hours a day, seven days a week. These teams of sworn officers are usually the first and primary responders to calls for service. According to BPD's Policy 400, the function of a patrol team is to respond to calls for assistance and reports of criminal activity, act as deterrent to crime, enforce state and local laws, identify community needs, provide support and assistance to the community, and respond to emergencies. Their duties may also include directing traffic, providing mutual aid, and responding to calls for help. The police responses tracked in the CAD data are largely from patrol teams and their supervisors.¹³

¹³ Patrol teams may include reserve officers who serve in a part-time capacity, and supplement and assist regular sworn police officers in their duties. Reserve officers can be dispatched to similar assignments as full-time patrol officers with the exception of some felonies and more serious offenses and are required to get patrol sergeant approval when making arrests.

Communications Center. The Communications Center is part of the Support Services Division of the Berkeley Police Department, overseen by a sworn police captain. The Communications Center serves as Berkeley's 911 public safety answering point, receiving all emergency and non-emergency police, fire, and medical calls in the City, and dispatching public safety personnel to respond as appropriate. The Communications Center is staffed 24 hours a day, 365 days of the year by a team of dispatchers. Dispatchers are highly trained professionals, who gather essential information from callers and dispatch the appropriate response team to the scene. They take control of situations that may be chaotic, stressful, confusing, and traumatic. Dispatchers are often described as "first responders" as they make primary contact with the person reporting the emergency. As described in Section II, the Communications Center is integral in directing and characterizing these responses. For more information about the Communications Center, see [911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale](#), which the City Auditor's office released in 2019.

Other personnel units. A small portion of the data involves BPD personnel in units other than patrol teams that responded to events, as well as personnel from other city departments outside of BPD. Our data set did not include personnel dispatched from the Berkeley Fire Department, which may respond to an event that includes a BPD personnel. Other units may include the personnel described in the following sections.

Figure 30. Percentage of Personnel Responses by Type of Unit, 2015-2019 (n = 637,313 responses)



Note: The category with 527,556 patrol officer responses includes 3,105 reserve officer responses. Patrol supervisors include sergeants, lieutenants, and captains.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Other BPD Response Personnel – Sworn Officers

In addition to patrol officers, BPD employs a core group of individuals who are sworn in as law enforcement officers. State law grants sworn officers the authority to enforce the law, including traffic law. According to BPD, no other personnel are granted the same authority at this time. The following sworn positions responded to events:

Area Coordinators. Area Coordinators are within the Community Services Bureau. These are officers on a special assignment in this unit. The Area Coordinators act as liaisons to the patrol officers in their assigned area and collaborate with other city departments or community organizations to solve long-term problems.

Bike Unit. Bike Unit personnel are officers on special assignment who travel by bike. They work in a focused geographical area and initiate stops related to their work, but they often self-dispatch to support patrol officers.

Special Enforcement. Special Enforcement officers are officers focused on detecting, apprehending, and prosecuting persons engaged in narcotics, vice, and organized crime. This Special Enforcement Unit was established in 2000 and most recently operated under investigations. BPD disbanded the drug taskforce within the Special Enforcement Unit in 2016.

Motor Unit. Motor unit officers operate within the Traffic Enforcement function of the Traffic Bureau. BPD staffs four motor officers who manage, investigate, and report on traffic-related events such as towed vehicles or collisions. The motor unit additionally supports the car seat education and installation program for the Berkeley Traffic Bureau.

Sworn, non-patrol officers. Some officers dispatched to events are sworn officers who are not assigned to patrol teams, such as when they are assigned to investigations or special assignments when they respond to a call.

Other BPD Response Personnel – Professional Personnel

In addition to patrol officers and other sworn personnel, BPD employs individuals who are non-sworn. The following non-sworn positions responded to events:

Community Service Officers. Community Service Officers (CSO) are specialized professionals performing a wide variety of technical support duties in the department. CSOs work most often in Berkeley City Jail, evidence, and investigations. According to BPD, while CSOs rarely appear in the CAD data, they may appear in cases when they need assistance from BPD officers in the jail.

Crime Scene Technician. Crime Scene Technicians are part of the Crime Scene Unit/Investigation, and are CSOs. The Crime Scene Supervisor oversees four Crime Scene Investigators who collect and document evidence at crime scenes. Crime Scene Technicians support patrol officers of all ranks and all detectives with searches for evidence but are ultimately responsible for managing evidence in major or complex crimes.

Parking Enforcement Officers. Parking Enforcement Officers operate within the Parking Enforcement Unit of the Traffic Bureau. Parking Enforcement Officers enforce local and state parking laws and regulations. Their functions include responding to parking issues as reported by the community, working traffic control posts during police incidents, and helping to manage traffic and parking at special events, such as the 4th of July, the Solano Stroll, and UC Football games. Berkeley Municipal Code authorizes non-sworn parking enforcement officers to issue citations for violations of state and local parking laws, but not traffic violations.

Non-BPD Response Personnel

University of California Officers. BPD dispatches these officers when they are partnered with a BPD officer as part of a special program in which BPD has the lead.

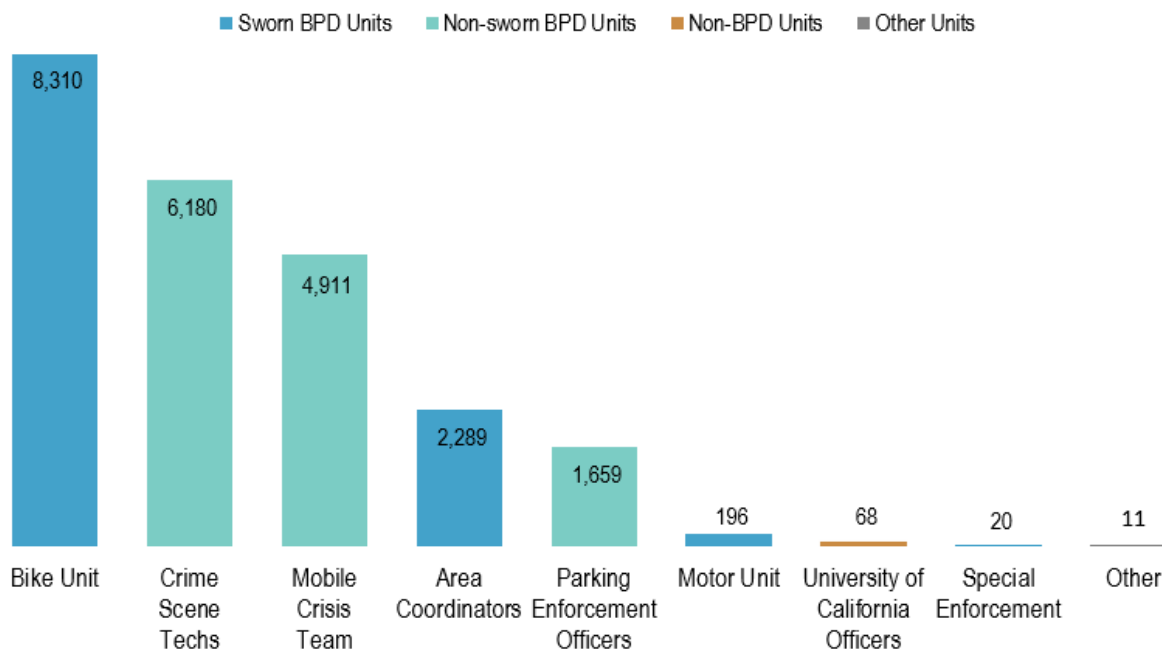
Animal Control. Animal Control are members of the City of Berkeley Animal Care Services. They are responsible for enforcement of city ordinances related to animals, removal of killed or injured animals, impoundment of stray pets, and investigation of animal-related neglect, cruelty, nuisance, and bite cases.

Mobile Crisis Team. The Mobile Crisis Team (Mobile Crisis) are staff in the City's Mental Health Division who may accompany BPD officers to calls related to individuals experiencing a mental health crisis. This team aims to reduce the impact of mental health emergencies through immediate response to crisis situations at the street-level and through coordination and consultation with local public safety organizations, hospitals, and other community groups.

Response to Events

BPD dispatched patrol officers to respond to events 527,556 times with multiple officers being dispatched to some events. Patrol officers include seven patrol teams and reserve officers. Supervisors include police sergeants, lieutenants, and captains. Other units include Animal Control, Area Coordinators, Bike Unit, Crime Scene Techs, Community Service Officers, Dispatchers, Mobile Crisis Team, Parking Enforcement Officers, Police Aides, Special Enforcement, Traffic Bureau, and University of California officers. Figure 31 shows the number of other personnel units that responded to events from 2015 to 2019.

Figure 31. Responses to Events by Other Units, 2015-2019 (n = 23,644 out of 637,313 personnel)



Note: Other includes: CSOs (non-sworn BPD unit), Police Aides (non-sworn BPD unit), and Animal Control (Non-BPD unit).

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

The number of personnel who respond to an event varies depending on the call type. Table 7 shows the average number of personnel who responded to an event by the most frequent call types. Appendix G provides the average personnel responses for all call types.

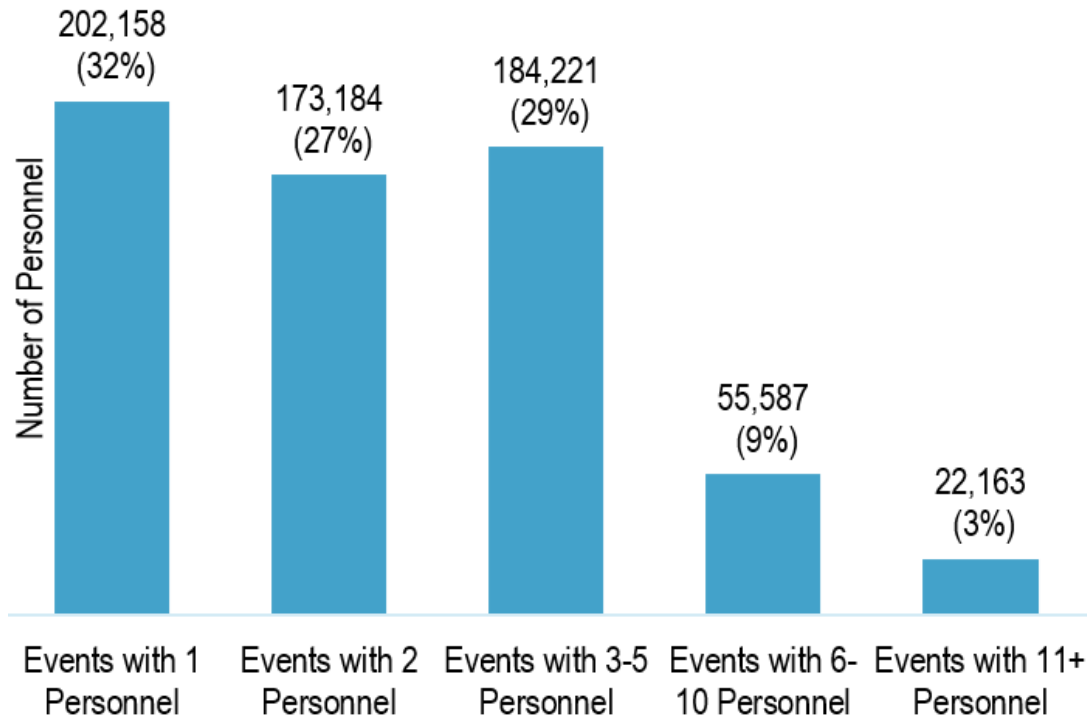
Table 7. Top Call Types by Personnel Response, 2015-2019 (n = 333,493 responses)

Call Type	Average Personnel Responses per Event	Total Number of Personnel Dispatched
415 - Disturbance	2.0	70,456
T - Traffic Stop	1.5	67,083
1033A - Audible Alarm	1.7	34,175
SUSCIR - Suspicious Circumstance	2.6	29,897
1042 - Welfare Check	1.9	29,266
SEC - Security Check	1.8	26,845
242 - Battery	3.1	21,672
SUSPER - Suspicious Person	2.3	18,654
415E - Noise Disturbance	1.1	18,009
484 - Theft	1.7	17,436

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 32 shows a breakdown of events by the number of responding personnel from 2015 to 2019.

Figure 32. Number of Personnel Responses per Event, 2015-2019 (n = 637,313 responses)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

BPD Patrol Teams

BPD has seven patrol teams, as shown in Figure 33. Each team is made up of 5 to 11 officers and two supervising sergeants. Four lieutenants oversee two patrol teams each. According to BPD, patrol teams often fall short of the number of assigned officers when officers are out due to sick leave, training, or injury, and officers do overtime to make the minimum staffing of 8-9 officers per team. The number of officers dispatched to an event will vary depending on the call type. On average, BPD dispatches 1.8 personnel per event. Appendix G includes the average personnel responses for each call type.

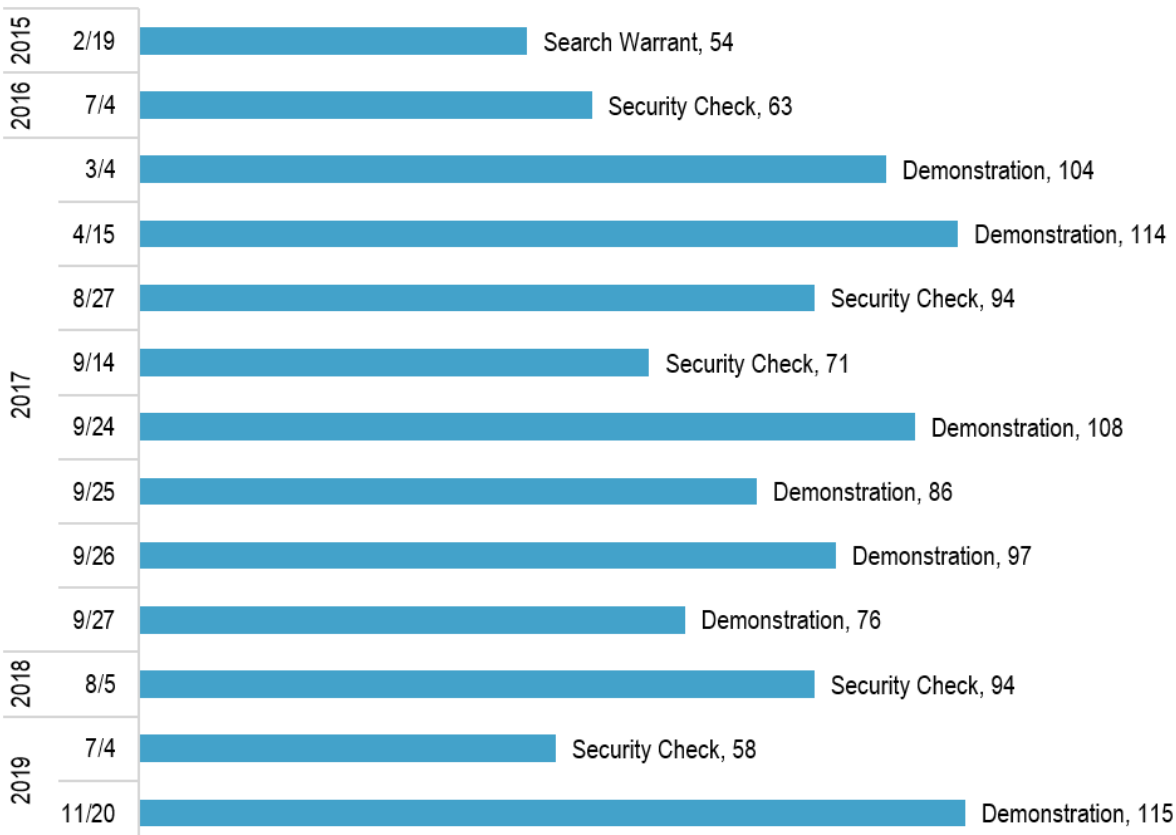
Figure 33. Example of Police Patrol Team Staffing

	Monday-Thursday				Friday-Saturday			
	Team 1	Team 2	Team 3	Team 4	Team 5	Team 6A	Team 6B	Team 7
Lieutenants	[Lieutenant Icon]		[Lieutenant Icon]		[Lieutenant Icon]		[Lieutenant Icon]	
Sergeants	[Sergeant Icon]		[Sergeant Icon]		[Sergeant Icon]		[Sergeant Icon]	
Officers	10-11	10-11	10-11	10-11	10-11	5	5	10-11
Shift Time	6:00a - 4:00p	11:00a - 9:00p	3:30p - 1:30a	8:30p - 6:30a	6:00a - 6:30p	11:30a - 12:00a	2:00p - 2:30a	6:00p - 6:30a

Source: Berkeley Police Department

Figure 34 shows the dates when more than 50 personnel were dispatched to one event during the five-year period, including the call type that was assigned to each respective event.

Figure 34. Events with Responses from More than 50 Personnel, 2015-2019 (n = 1,074 out of 637,313 responses)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Time Spent Responding to Calls

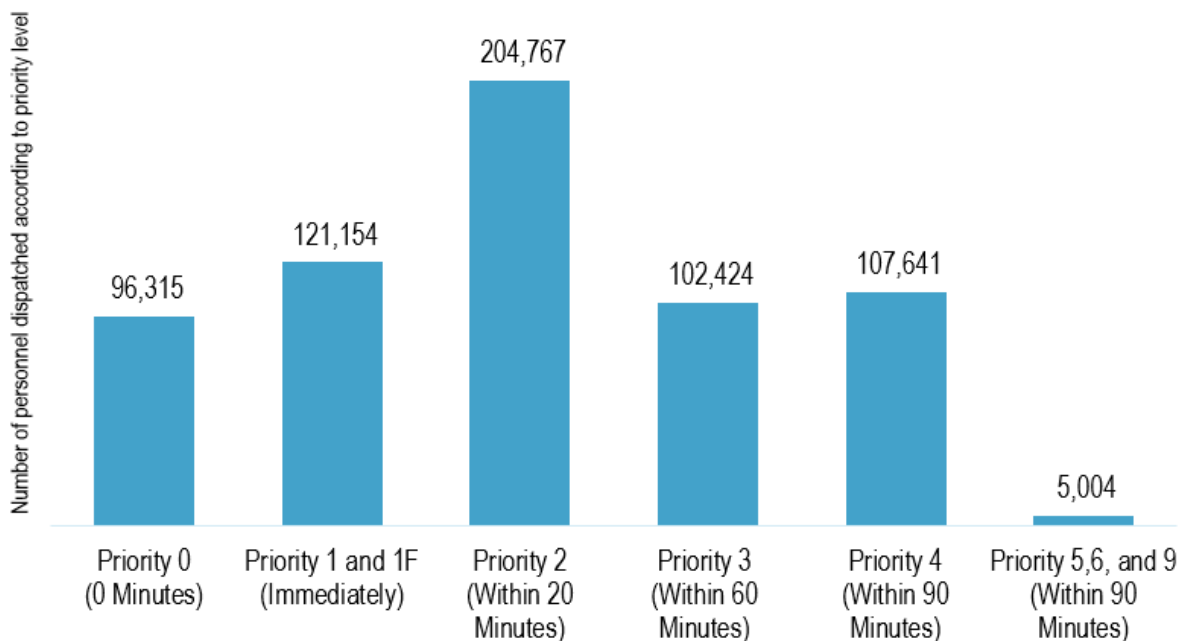
In this section we present information about the time BPD spends recording, dispatching, and responding to calls. The CAD data includes time stamps that correspond with the steps that occur throughout the call and response process. These time stamps enable an understanding of the amount of time that is dedicated to different portions of responses to events. We use the time between when a call is dispatched and cleared to indicate the amount of time that an officer or other personnel spends responding to an event. We use the time between a call being created and an officer being dispatched to denote the time in which the Communications Center assesses resources and dispatches officers.

The CAD system only records the time of a police event, which is an approximation of the time that officers and other personnel spend responding to events. Therefore, the data does not include information about how they spend their time outside of responding to events. Typical police activities that are not recorded in the CAD system include training, proactive policing activities, and report writing.

The time that BPD officers and other personnel take to respond to events can be longer than expected for several reasons. It could be because dispatchers forget to close out a call. Officers may have moved to another call, or are working on a report. Officers may also close out a call and continue to work on a report, so that they can be dispatched if needed.

Figure 35 shows the total number of BPD officers and other personnel dispatched to events by event priority level from 2015 to 2019.

Figure 35. Number of Personnel Responses by Priority Level, 2015-2019 (n = 637,305 out of 637,313 responses)



Note: Fire dispatch times are not included in this graphic.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Table 8 shows the median time personnel spent responding to the ten most frequent call types from 2015 to 2019. Time spent responding is defined as the time between when the Communications Center dispatches personnel and closes the event in CAD, indicating that personnel are no longer on scene.

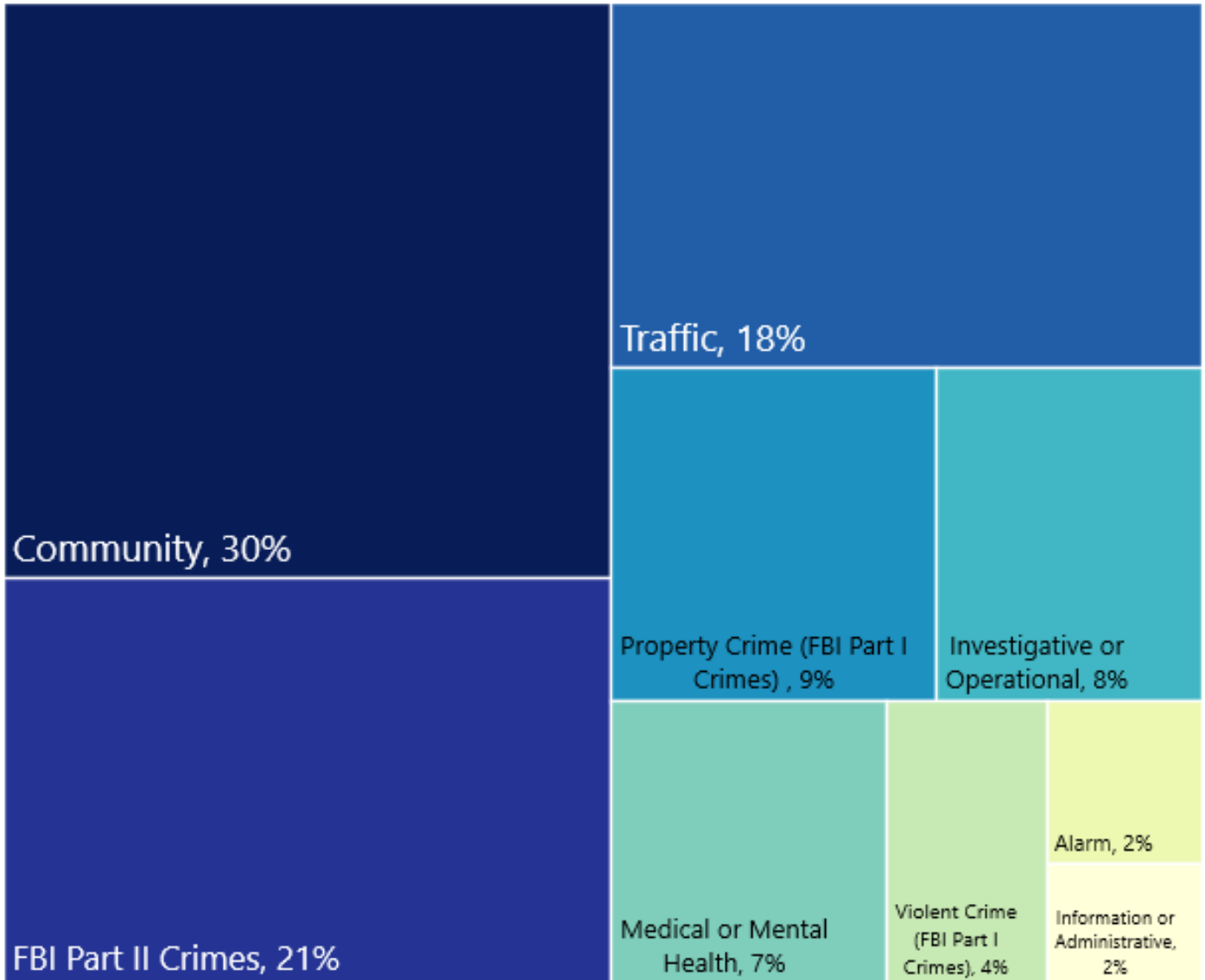
Table 8. Median Time Spent on Event after Dispatch for Top 10 Call Types, 2015-2019 (n = 321,224 out of 637,313 responses)

Call Type	Median Time Spent on Event after Dispatch (Minutes and Seconds)	Total Number of Personnel Dispatched
1. T - Traffic Stop	7:00	67,083
2. 415 - Disturbance	14:00	70,456
3. 1033A - Audible Alarm	9:00	34,175
4. 415E - Noise Disturbance	9:00	18,009
5. SEC - Security Check	29:00	26,845
6. 1042 - Welfare Check	19:00	29,266
7. SUSCIR - Suspicious Circumstance	17:00	29,897
8. 602L - Trespassing	12:00	16,911
9. 484 - Theft	28:00	17,436
10. W911 – Wireless 911	7:00	11,146

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 36 shows an overview of the time BPD officers and other personnel spent responding to events for each call type classification. This is represented as percentages of the total time that all officers and other personnel spent responding to events.

Figure 36. Percent Personnel Time Spent Responding to Events Out of Total Time Responding to All Events by Auditor Classification, 2015-2019



Note: The figure excludes 5,247 responses that were missing start or end time stamps in the data.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

VI. Finding 1: Berkeley Police Department can better track mental health and homelessness calls.

There has been much discussion by City Council and the community around BPD resources in response to events related to mental health and homelessness. City officials have estimated that BPD dedicates significant resources to responding to calls about people experiencing mental health issues or homelessness,¹⁴ and the City Council requested data to gain a better understanding of BPD's response to these events.¹⁵ As such, we assessed the available data about the number of events and officer-initiated activities that relate to mental health and homelessness.

Currently, it is difficult to determine the full extent of BPD officers' encounters with people who are experiencing a mental health issue or homelessness from the data set. We identified as many of these events in the data as possible, but they are undercounted, likely significantly, because BPD does not identify all calls related to mental health or homelessness. Better tracking of all events where mental health or homelessness are apparent would provide more complete understanding about BPD's response and inform decisions about the appropriate resources to dedicate to these events.

Events Related to Mental Health and Homelessness are Undercounted

BPD receives many calls that involve individuals who are experiencing a mental health issue or homelessness, but there are some challenges that make it difficult to identify these events in the CAD data.

First, call types in CAD reflect the primary reason for a call which may not capture events where the individuals involved are experiencing a mental health issue or homelessness. CAD 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. 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. According to BPD, if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type. For example, if the Communications Center receives a call about a disturbance in progress, dispatchers will assign a call type related to a disturbance. Officers may arrive on scene and find the individual involved is experiencing a 5150 mental health crisis, but the call type would not reflect this. Similarly, there is one call type specifically for events related to homelessness, but dispatchers may assign these events to other more general call types such as welfare check or person down depending on the information they receive about the primary reason for the call.

¹⁴ Berkeleyside article, "Mental health calls #1 drain on Berkeley police resources." <https://www.berkeleyside.com/2015/04/16/mental-health-calls-are-1-drain-on-berkeley-police-resources>

¹⁵ Mayor's Omnibus Motion on Public Safety Items: https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2020-07-14%20Mayor%20Supp%203%20Police%20Items.pdf

Second, disposition codes used to describe basic information about the event do not always capture when there is a mental health or homelessness component. For instance, out of 28,959 events with a mental health term in the narrative, only 23 percent were assigned the mental health disposition code. According to BPD, officers most often are the ones to enter disposition codes unless they call into the Communications Center and provide information for dispatchers to enter the code. BPD stated that officers do not consistently use this code for events with an apparent mental health component. Additionally, CAD does not have a disposition code that indicates whether an individual in an event is experiencing homelessness. Even if CAD did have such a disposition code, BPD stated that officers tend to only ask individuals for information that is directly relevant to the event and may not gather information about housing status if it is not relevant. BPD should only include this information if it is apparent during the event.

Third, the narrative description for an event in CAD may not identify events with a mental health or homelessness component. In addition to logging call types and dispositions, dispatchers enter narrative information about the event in a description field. In our analysis, we found that the information in the description field does not always match the call type. For instance, dispatchers assigned over 20,950 events to a mental health call type. Of those events, mental health key words were only present in about 48 percent of the narrative descriptions. Using only the narrative description to identify 5150 calls would have excluded many of those calls. For events related to mental health or homelessness that do not have a designated call type, the description field may contain the only information that may identify those events as mental health or homelessness.

Lastly, the data shows when the Mobile Crisis Team responds to events related to mental health, but this alone is not a reliable way to identify these events. The Communications Center may not dispatch the Mobile Crisis Team if the responding officer does not request assistance. There are also some events that the Mobile Crisis Team would normally respond to but cannot because they are unavailable. There is no equivalent response personnel indicator for events related to homelessness.

We developed a method to identify as many events with a mental health or homelessness component as possible, which we describe below, but it is evident that our analysis significantly undercounts these events because of the data limitations we identified.

Transparency and accessibility of information about BPD's response to calls related to mental health or homelessness is an important part of the City's public safety reimagining process. In 2020, City Council passed the Omnibus Motion on Public Safety which called for the reimagining process to consider the police response to mental health and homelessness-related calls. To increase the availability of data on BPD's response to events that relate to mental health or homelessness to the extent that it is known, it is important that these events are identified in the CAD data. While there are challenges to identifying all these events, there are opportunities for BPD to capture more complete information by identifying events where it is apparent that individuals involved are experiencing a mental health crisis or homelessness, regardless of call type. This will result in more complete information about BPD's response and the outcomes of the events. This information can also inform decisions about the most appropriate way to respond to these events.

Identifying Events Related to Mental Health

Mental health events we identified in the data do not represent the total number of events that may have had a mental health component because of the data limitations described above. We used the following components of the CAD data to identify 42,427, unduplicated events with a mental health component, or 12 percent of all events.

- **Call types.** Call types related to mental health include suicide (1056), mental illness (5150), and welfare check (1042). While dispatchers can select call types related to mental health, they can assess a situation and opt to select a different call type that reflects the nature of the event.¹⁶ Events with a call type that indicated the presence of a mental health issue accounted for 20,950 of the mental health calls identified.
- **Mental health disposition code.** According to BPD officials, the data includes a disposition code that is used to reflect events involving a mental health issue. This is a field that can be checked by BPD officers in addition to an assigned call type.
- **Narrative description.** The data includes narrative fields that dispatchers use to document details about the call that extend beyond the other CAD data entry options. These descriptions can vary depending on the dispatcher and not follow standardized language to describe mental health-related situations. In order to identify mental health-related terms within the narrative data, we consulted with officials from Berkeley Mental Health and the Mental Health Commission to create the list of search terms specific to mental health (Appendix F). We then used these terms to query and identify all the narrative reports to identify events with description fields that contained terms associated with mental health.¹⁷
- **Mobile Crisis Team response.** The data specifies the personnel who responded to each event. We queried the data for all instances in which the Mobile Crisis Team responded to an event. The data includes only Mobile Crisis Team responses that also involve a sworn BPD officer. The data does not document occasions in which the Mobile Crisis Team is unavailable to respond to a request for support. Therefore, the absence of a Mobile Crisis Team response does not necessarily mean that there was no request for their services.

¹⁶ This includes other call types that do not explicitly refer to mental health but correlate with mental health outcomes, such as welfare check, family disturbance, pedestrian stops, and suspicious person.

¹⁷ We used the terms that are more specific to mental health and excluded terms more specific to substance abuse or addiction.

Table 9 below shows the unduplicated events we were able to identify as related to mental health based on the call type, disposition, narrative description, or response by the Mobile Crisis Team. Approximately 12 percent of all events were related to mental health from 2015 to 2019.

Table 9. Results of Scan for Events Related to Mental Health, 2015-2019

		Narrative Report	Disposition Report	Call Types	Mobile Crisis	Unduplicated Count
		Mental Health-related events identified in Narrative Reports	Events with an "MH" Disposition Report	Events with Mental Health-related Call Types	Events with response by Mobile Crisis	Narrative report, disposition, call types, and/or Mobile Crisis response
Identified events	#	28,959	9,553	20,950	4,298	42,427
	%	8%	3%	6%	1%	12%
Total Events		350,800	350,800	350,800	350,800	350,800

Note: Call Types includes: 1056 – Suicide, 5150 - Mental Illness and 1042 - Welfare Check

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 10 shows how many events of the ten most frequent call types also had a mental health component from 2015 to 2019.

Table 10. Top 10 Call Types and Mental Health Terms in Narrative, 2015-2019

Call Types	Events with Mental Health Term in Narrative Field	Percent of Events	Total Events
1. T - Traffic Stop	70	0.2%	44,795
2. 415 - Disturbance	6792	19.0%	35,696
3. 1033A - Audible Alarm	100	0.5%	19,920
4. 415E - Noise Disturbance	221	1.4%	15,773
5. SEC - Security Check	199	1.3%	15,262
6. 1042 - Welfare Check	6032	40.1%	15,030
7. SUSCIR - Suspicious Circumstance	1244	10.8%	11,547
8. 602L - Trespassing	514	4.6%	11,058
9. 484 - Theft	395	3.7%	10,556
10. W911 - Wireless 911	123	1.2%	9,899

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Identifying Events Related to Homelessness

Similar to mental health-related events, we were not able to identify all events related to homelessness because the information tracked in CAD is limited. While mental health-related events have several call types, lodging in public is the only call type for events related to homelessness. Unlike mental health, events related to homelessness in CAD do not have a disposition identifier. We used the following components of the CAD data to identify 21,683 events involving homelessness which represent 6.2 percent of all events, but this is an undercount:

- **Call type.** The only call type that is specifically related to events that involve one or more people experiencing homelessness is lodging in public. Events with this call type accounted for 0.6 percent of police-related CAD events we could identify as related to homelessness.
- **Narrative Description.** We queried all the events to identify those with description fields that contained terms associated with homelessness. We consulted with officials from Berkeley’s Health, Housing, and Community Services Department, the Mental Health Division within that department, the Homeless Commission, and Mental Health Commission to create the list of search terms specific to homelessness (see Appendix F).

Events related to homelessness may also have a mental health component. The 21,683 homelessness-related events identified may overlap with some of the events related to mental health.

Table 11 below shows the unduplicated events we were able to identify as related to homelessness based on the call type or narrative description.

Table 11. Results of Scan for Events Related to Individuals Experiencing Homelessness, 2015-2019

		Homeless-Related Events Identified in Narrative Reports	Events with Call Type Lodging in Public	Unduplicated Count (Call type and/or Narrative Terms)
Identified events	#	20,768	2,221	21,683
	%	5.9%	0.6%	6.2%
Total Events		350,800	350,800	350,800

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Table 12 shows the ten most frequent call types and events with a homelessness component from 2015 to 2019.

Table 12. Top 10 Call Types and Homelessness Terms in Narrative, 2015-2019

Call Types	Events with Homelessness Term in the Narrative Field	Percent of Events	Total Events
1. T - Traffic Stop	59	0.1%	44,795
2. 415 - Disturbance	3442	9.6%	35,696
3. 1033A - Audible Alarm	118	0.6%	19,920
4. 415E - Noise Disturbance	285	1.8%	15,773
5. SEC - Security Check	441	2.9%	15,262
6. 1042 - Welfare Check	1526	10.2%	15,030
7. SUSCIR - Suspicious Circumstance	711	6.2%	11,547
8. 602L - Trespassing	4818	43.6%	11,058
9. 484 - Theft	518	4.9%	10,556
10. W911 - Wireless 911	59	0.6%	9,899

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Recommendation

To improve access to data, we recommend the Berkeley Police Department:

- 1.1 Identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.

VII. Finding 2: The City can improve the transparency of Police Department activity data on the Open Data Portal.

The City's Open Data Portal provides the public with limited information about events that BPD responds to. There are opportunities for BPD to improve transparency by increasing the type and scope of data available on the portal.

The City of Berkeley launched the Open Data Portal (portal) pilot on December 15, 2014 with the goal of providing non-confidential, public data for unrestricted use. BPD captures events in their calls for service data set on the portal, which was created in March 2015. BPD policy states that reports must be released to any member of the public unless the release of the report would endanger a person, interfere with an investigation, constitute an unwarranted invasion of privacy, or is otherwise prohibited by law.

However, the data BPD shares on the portal does not include all available data fields. The data fields missing would prevent people using the data from being able to identify the call source, the number of police personnel dispatched, or officer time spent on scene. Without this information, the public may not have a complete understanding of BPD's response to these events.

The calls for service data available on the portal is also limited in scope. It does not include events with certain call types, such as welfare check and noise disturbance, and is limited to data within the last 180 days. The limited date ranges make it difficult to assess trends over time.

Ensuring that all event data has more complete information about the police response, personnel dispatched, time, and call source would help give the public with a more complete understanding of calls for service that the Communications Center receives. Public access to calls for service data enables the community to engage more thoroughly with BPD, elected officials, and city staff to develop a shared understanding of crime and policing in Berkeley. In addition, increased transparency through the portal may decrease requests for BPD data through the Public Records Act.

Recommendation:

To improve access to data, we recommend the Berkeley Police Department:

- 2.1 Make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

VIII. Recommendations and Management Response

City Management agreed to our findings, conclusions, and recommendations. Below is the Police Department's initial corrective action plan and proposed implementation date. We find their plans to address our audit recommendations reasonable, however, we would like to clarify the intent of our recommendations.

With regards to the first recommendation, the goal is to collect and provide additional data on calls for service that have an apparent mental health and/or homelessness component. We do not recommend that the Police Department inquires about individuals' housing or mental health statuses, but instead collects this information in a similar way to how the department collects data on individuals' race for traffic stops. With regards to the second recommendation, the goal is to provide additional data on calls for service to the public. We understand that it may take time to coordinate with the vendor to include new datasets. We suggest that in the meantime, the Police Departments publishes the Calls For Service dataset that was provided to our office for this analysis and covers the past five years.

As part of the follow-up process, the Berkeley City Auditor will be actively engaged with the Police Department every six months to assess the progress they are making towards complete implementation.

- 1.1 To improve access to data, we recommend the Berkeley Police Department identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.

Management Response: Agree with stated limitations which follow.

Proposed Implementation Plan: The Berkeley Police Department can implement steps to capture these issues on calls when appropriate and/or obvious. Disposition codes, which are part of every Call For Service (CFS) offer a tool for data collection. While currently disposition codes for homeless and mental health issues exist, we need to implement training that better defines when these codes should be included in CFS dispositions. We anticipate some challenges with this as we do not routinely inquire about peoples' housing or mental health statuses, especially when it is not directly related to the call for service. It will be important to identify what situations it might be appropriate to inquire about these issues to ensure that personal dignity is respected and privacy rights acknowledged. To ensure these goals are met, further discussion and clarification may be needed as to what data we are attempting to capture by indicating if mental health issues or homelessness was a component of a CFS, and setting more clearly defined definitions as to when each code should be used. Currently standard evaluation tools do not exist to extract this data in situations beyond the most obvious. Developing tools that accurately capture this information where it is more nuanced, and then implementing training that ensures these tools can be applied correctly could be affected by competing resource demands.

Proposed Implementation Date: Between 4-6 months from date of audit completion.

VIII. Recommendations and Management Response

2.1

To improve access to data, we recommend the Berkeley Police Department make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

Management Response: BPD agrees that the current dataset posted online needs to be updated or replaced.

Proposed Implementation Plan: The new dataset should be able to incorporate additional information that is not currently published. Our staff will need to explore if our current vendor can suffice to provide the requested data, or if we need to seek a new vendor for this work. Implementation timeline is also dependent on the whether this project will require a new contract and budget to accomplish the recommendation. Implementation may require assistance and resources from IT as well, which could further delay implementation.

Proposed Implementation Date: Between 4-6 months if work remains with current vendor, 9-12 months if new vendor selection required.

IX. Methodology and Statement of Compliance

The scope of our audit focused on data for calendar years 2015 to 2019. We performed a risk assessment of the department's data collection and management practices and procedures to identify internal control weaknesses, including fraud risks, within the context of our audit objectives. This included a review of selected policies and procedures, as well as interviews with subject matter experts and BPD staff.

To gain an understanding of BPD operations and internal controls and to achieve our audit objectives, we:

- Reviewed BPD policies and procedures for dispatching units to respond to an event, performing traffic stops, maintaining quality control for data systems, and how patrol officers spend their time to understand the requirements for officers in the City of Berkeley.
- Reviewed local and state laws on police operations and data collection to understand what governs police operations.
- Reviewed national media on reimagining policing, and the collection and analysis of police data to understand the information available to the public.
- Validated and analyzed CAD data from 2015 through 2019.
- Interviewed BPD patrol officers, command staff, dispatchers, police information technology staff, the crime analyst, and the police records manager to understand departmental operations.
- Interviewed mental health and housing officials from the Department of Health, Housing, and Community Services (HHCS), the Homeless Commission, and the Mental Health Commission.
- Interviewed external subject matter experts:
 - AH Datalytics
 - Portland City Auditor
 - San Jose City Auditor
 - Center for Policing Equity
 - Yale Justice Collaboratory
 - NYU School of Law Policing Project
 - Jerry Ratcliffe, Temple University
 - Austin Justice Coalition
 - Jack Glaser, UC Berkeley Goldman School of Public Policy
 - Oakland Reimagining Public Safety Task Force (Data Advisory Board)
 - National Institute for Criminal Justice Reform
 - Berkeley's Police Review Commission
 - Mayor's Fair and Impartial Policing Working Group
- Reviewed the available BPD data sets on the City's Open Data Portal.

Preparing the Data Sets

In this section, we detail the process we undertook to gather, validate, and prepare the data, in addition to the decision points that went into preparing each data set.

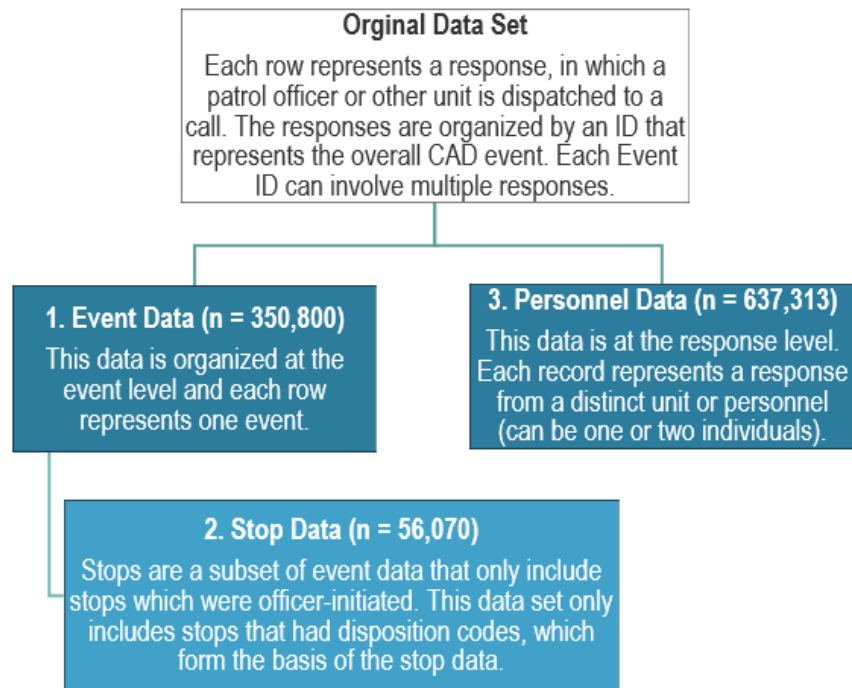
Gathered the data. We collaborated closely with BPD on an information request to ensure the data set reflected the breadth of inputs to the CAD system. The validation process resulted in multiple data pulls to resolve substantial discrepancies that we identified in the data. In February 2021, BPD delivered the final source data that forms the basis of this report.

Conducted Data Reliability Assessment. We assessed the reliability of CAD data by reviewing them for reasonableness and completeness, interviewing knowledgeable data owners, gaining an understanding of data access controls, and reviewing data system documentation from BPD and the Communications Center. We also reviewed the Department's policies and procedures, interviewed staff at all levels, interviewed an extensive and varied list of subject matter experts, and reviewed relevant California and Berkeley laws. We determined that the data was sufficiently reliable for the purposes of this report.

Processed the Data to Improve Accuracy. We took the following steps to clean the original data set to improve accuracy:

- We eliminated records for which call types included "NULL" data, as call types are a required entry for dispatchers.
- We eliminated records that represented test calls, such as unit "Mobile08" which represented a test by dispatchers.
- We eliminated events for which there is no response from a sworn officer, due to our primary focus on responses from sworn BPD officers.
- We narrowed the data to events that occurred from January 2015 to December of 2019.
- We organized the data by three separate data sets: event data, stop data, and personnel response data. These data sets reflect different components of the CAD system, and their sample sizes vary due to how they are organized in the data set.

Figure 37. Summary of Data Sets Used in the Report



Source: Berkeley City Auditor

1. Characteristics of Events (sample size 350,800 events). For the purposes of this report, events are incidents that the community calls in or police officers observe that result in a police response. Events range in complexity and the Communications Center categorizes them using call types such as suspicious circumstance, disturbance, petty theft, security check, and anything in between. Appendix G provides the full list of call types that are used to describe events in the City of Berkeley. We highlighted the trends and characteristics for all unique events in the data, including community-initiated calls and officer-initiated stops.

2. Characteristics of Officer-Initiated Stops (sample size 56,070 stops). We examined an additional subset of stops officers initiated that were unrelated to calls for service. Stops may include vehicle, pedestrian, bicycle, or suspicious vehicle stops. All of the stops that we review in this section are initiated by officers.

3. Characteristics of Police Response (sample size 637,313 individuals who responded). The Berkeley Police Department Communications Center can assign multiple officers in response to one event. As a result, there are more police responses in the data than there are events. We provide data for responses from officers and other units, including but not limited to the Mobile Crisis Team, Area Coordinators, or the Traffic Bureau.

Categorization of Data

The data contains categorized fields. These include:

Call Type Classifications. We chose to categorize the data into ten categories as illustrated in our report. We selected these categories based on research of current best practices by university researchers, interviews with subject matter experts, and a preliminary assessment of the data sets. We used the definitions for serious and property crime used by the FBI's Uniform Crime Report statistics.

When developing the categories, we took the following into consideration:

- Call types can fall into several classifications. The definitions below guide our decision to keep one call type under a specific category. For instance, vehicle stops are used to manage traffic flows, but in some instances, they may also be related to an investigation. We chose to keep vehicle stops in the traffic category because they may not necessarily result in a crime report.
- Call types under the same classification may serve different purposes. For instance, call types related to alarms may serve a variety of purposes. Some alarms involve investigation for an alarm going off (1033a), while others are more criminal in nature such as a bank alarm indicating a robbery (1033g).
- Our call type classifications present one model among various approaches for classifying call types. There are other approaches for organizing call types, such as by police functions or penal codes.
- It is possible for call types under any of the categories to result in a crime report. We grouped some events into call type classifications that refer to crimes that may be involved. However, other call types may also involve a crime report.

Mental Health and Homelessness. To capture the extent of these calls, we used components of the CAD data to identify unduplicated events related to mental health and unduplicated events related to homelessness. Components related to mental health include call types (1056 – Suicide, 5150 - Mental Illness, and 1042 - Welfare Check), the disposition code “MH,” response by Mobile Crisis Team personnel, and terms in the narrative data related to mental health. Components related to individuals experiencing homelessness include events identified in narrative reports, and the call type “lodging in public.”

Personnel. We vetted codes that indicate the type of personnel in the data with the Police IT Manager and Communications Center Manager. Through interviews with the Police Records Manager and other BPD command staff, we organized police personnel by categories according to whether they are sworn or non-sworn staff. We additionally categorized staff as patrol units, patrol supervisors, other units, and sworn, non-patrol officers.

Statement of Compliance

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A. Fields Included in the CAD Data

Table 13. Data Fields Included in Computer Aided Dispatch Dataset Provided by the Berkeley Police Department

Data Fields	Description
Incident Number*	Unique ID for the event.
Call Source	The origin of the call, recoded to include Emergency Line (911), Non-Emergency Line, or Officer-Initiated, or Other.
Call Type*	Call code created by dispatch to describe important information about the event.
Priority	Priority level assigned to the event to determine the urgency of the response.
Occurred Incident Type	Category selected by the officer to organize crime-related calls.
UCR Return A Code	Code selected by the officer and reported to the FBI as a DOJ requirement for all Part 1 crimes.
Unit Disposition	Patrol-reported outcomes of the call. Includes stop dispositions and incident reports.
Call Disposition	Dispatcher-reported outcomes of the call. Includes stop dispositions and incident reports.
Address*	Where the event was reported to have occurred.
Address Location Type	The type of address that is provided by dispatch; includes address, intersection, or longitude/latitude.
Latitude/Longitude	
Police Area	Beat where the event is taking place.
Create Date Time*	The time and date the call was created by either the dispatcher or the officer.
Dispatch Time	The time and date when the officer was dispatched to the incident.
Enroute Time	Time and date in which the officer changes their status to "enroute" after being dispatched.
Onscene Time	Time and date in which the officer arrived to the scene.
Clear Time	Time and date in which the incident was cleared (closed) by a dispatcher.
Primary Unit Flag	The primary officer designated to handle the call. All others are "assisting" officers or units.
Unit Number	The number that corresponds to the police officer and/or other units assigned to the event.
Narrative Data	Further documentation about details of the event used to inform dispatched officers or units.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Note: Fields with an asterisk are required entries in Computer Aided Dispatch (CAD).

Appendix B. Priority Codes and Call Types According to BPD Policy

Table 14. Berkeley Police Department Priority Codes by Call Types

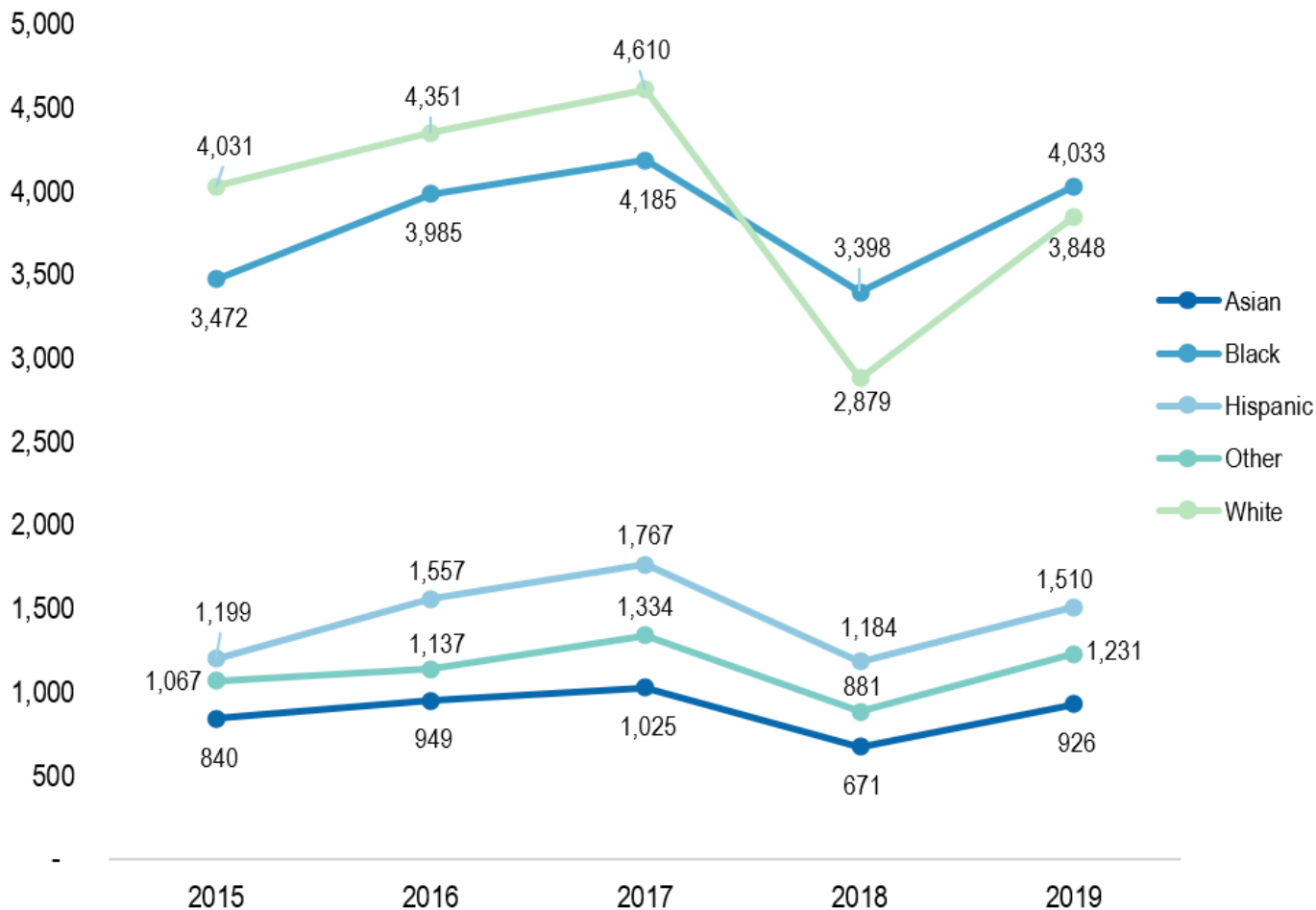
Priority Code	Call Type
1F & P1*	Boat Fire, Encampment Fire, Encampment Medical, Hazardous Material, Multiple Causality Incident, Water Rescue, Retrieval of a Patient, Structure Fire, Vegetation Fire, Medical Emergency with Gun Shot, Vehicle Accident, Vehicle vs Ped or Bike
P0	Pedestrian Stop, Suspicious Vehicle, Bike Stop, Vehicle Stop
P1	Person Down, Person Calling For Help, Explosion, Unknown Injury Accident, Priority Code Assist, Officer Needs Help, Hit & Run w/ Injuries, GPS Tracker Alarm, Silent Alarm, Pronet Alarm, Video Alarm, Threat of Suicide, Missing Person at Risk, Missing Juvenile, Injury Accident Complaint of Pain, Ascertain 911, Aid to BFD, Bomb Tech, Officer Flagged Down, Foot Chase, Person w/ a Gun, Vehicle Pursuit, Knock & Talk, Battery w/ grievous bodily harm (GBH), Assault w/ Caustic Substance, Assault w/ Deadly Weapon, Suicide w/ Ambulance, Major Injury Accident, Suicide Attempt, Dead Body Found, Shooting w/ Ambulance, Injury Accident, Injury Accident Inv Ped or Bicyclist
Priority 1/Priority 2	Kidnap, Robbery, Carjacking, Attempted Rape, Shot At Dwelling, Rape, Spousal Abuse w/o Injury, Home Invasion, Attempt Assault w/Deadly Weapon, Child Abuse, Family Disturbance, Shoplifter In-Custody
Priority 1/Priority 3	Battery, Brandishing, Arson, Burglary, Prowler, Bomb Threat, Auto Burglary, Court Order Violation, Loud Report
Priority 1/Priority 4	Temporary Restraining Order Violation
Priority 2	Welfare Check, Reckless Driver, DUI Driver, Shooting Cold Report, Dog Bite, Vicious Dog, Hit & Run w/ Injuries Report, Battery w/ grievous bodily harm (GBH) report, Assault w/ Caustic Substance Report, Assault w/ Deadly Weapon Report, Oral Copulation, Found Juvenile, Found Person, Create New Call, Outside Agency Assist, Unknown Problem, Wireless 911
Priority 2/Priority 3	Child Molest, Forgery, Grand Theft, Animal Cruelty, Mental Illness, Stolen Vehicle, Vandalism to Vehicle, Hit & Run Non-Injury, Speeding Vehicle, Throwing Object(s) at Vehicle, Peeper, Fall On City Property, Hate Crimes, LoJack Stolen Car, Suspicious Circumstance, Suspicious Person, Suspicious Vehicle
Priority 2/Priority 4	Indecent Exposure, Disturbance, Petty Theft, Defraud Hotel/Restaurant, Malicious Damage, Forged RX
Priority 3	Runaway, Missing Person, Transportation, Non-Injury Accident, Audible Alarm, Civil Standby, Injury Accident Report, Child Neglect, Under the Influence, Firearm Destruction, Stolen Vehicle Recovery, Search Warrant, Ticket Sign Off, Traffic Hazard
Priority 3/Priority 4	Possession of Stolen Property, Incurable, Trespassing, Drug Activity, Misc Penal Code Violation
Priority 3/Priority 9	Misc Vehicle Code Violation
Priority 4	Abandoned Vehicle, Stolen Rental Vehicle, Posted No Parking, Barking Dog, Vehicle Blocking Driveway, Vehicle Blocking Sidewalk, Vehicle Double Parking, 5 or More Unpaid Parking Tickets, No Vehicle Identification, Expired Vehicle Registration, Inoperable Vehicle, Noise Disturbance, Identity Fraud, Annoying Phone Calls, Red Zone Cite, Obstructing Traffic, Construction Zone, Advice, Aid to Citizen, Animal Matter, Berkeley Municipal Code (BMC) Violation, Car Alarm, Court Order Report, Found Property, Parking Violation, Security Check, VIN Verification
Priority 4/Priority 5	Gambling
Priority 4/Priority 6	Prostitution, Lodging in Public
Priority 4/Priority 9	Illegal Dumping
Priority 6	Business & Professions Violation, Warrant Arrest

Priority Code	Call Type
Priority 9	Bait Bike, City Manager Report, Property Damage, Demonstration, Extra Surveillance, Information, Lost Property, Mental Health, Repossession, Storm Log, Subpoena Service, Surveillance, Test Call, Temporary Restraining Order Log, Vehicle Release

Source: Berkeley Police Department

Appendix C. Stops by Race, 2015-2019

Figure 38. Officer-Initiated Stops by Race, 2015-2019

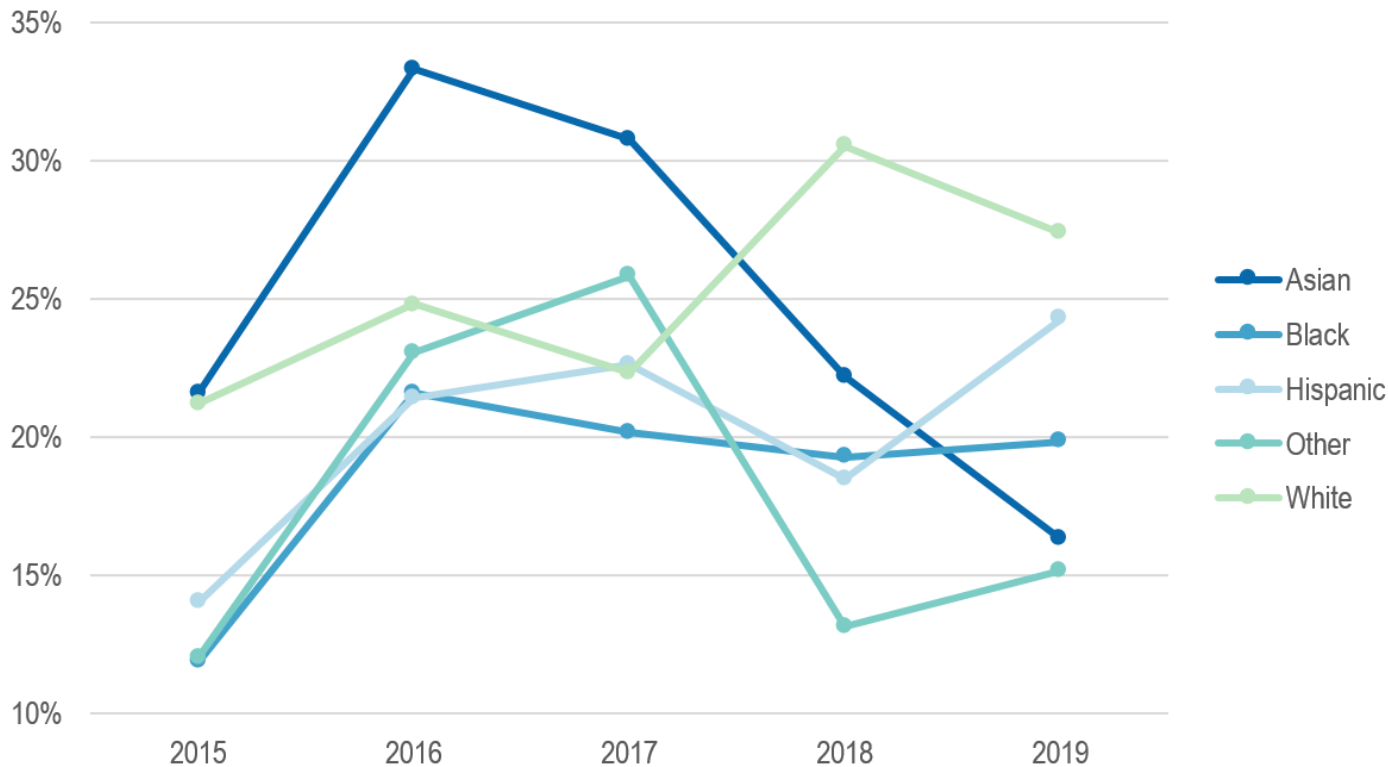


Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix D. Enforcement Outcomes of Searches by Race, 2015-2019

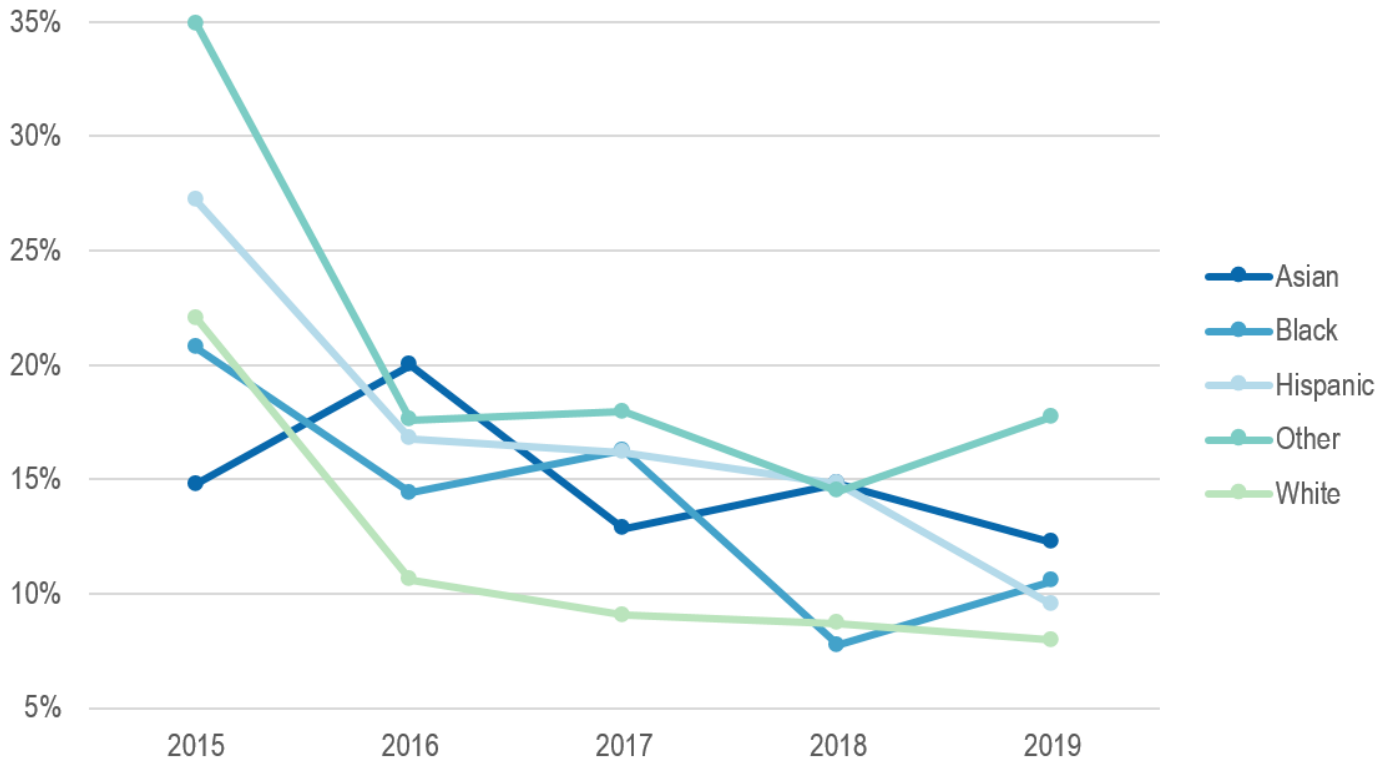
The graphs below show trends in enforcement outcomes of searches by race during the 2015 to 2019 audit period. Each data point on the trend lines represents the percentage of searches *for that race group* that resulted in the specified enforcement outcome (not the percentage of total searches for *all race groups*). Note that the graphs are intended to allow comparison between race groups, and the percentages on the left (y-axis) vary depending on the range of data in the graph.

Figure 39. Percentage of Searches that Resulted in Arrest by Race, 2015-2019



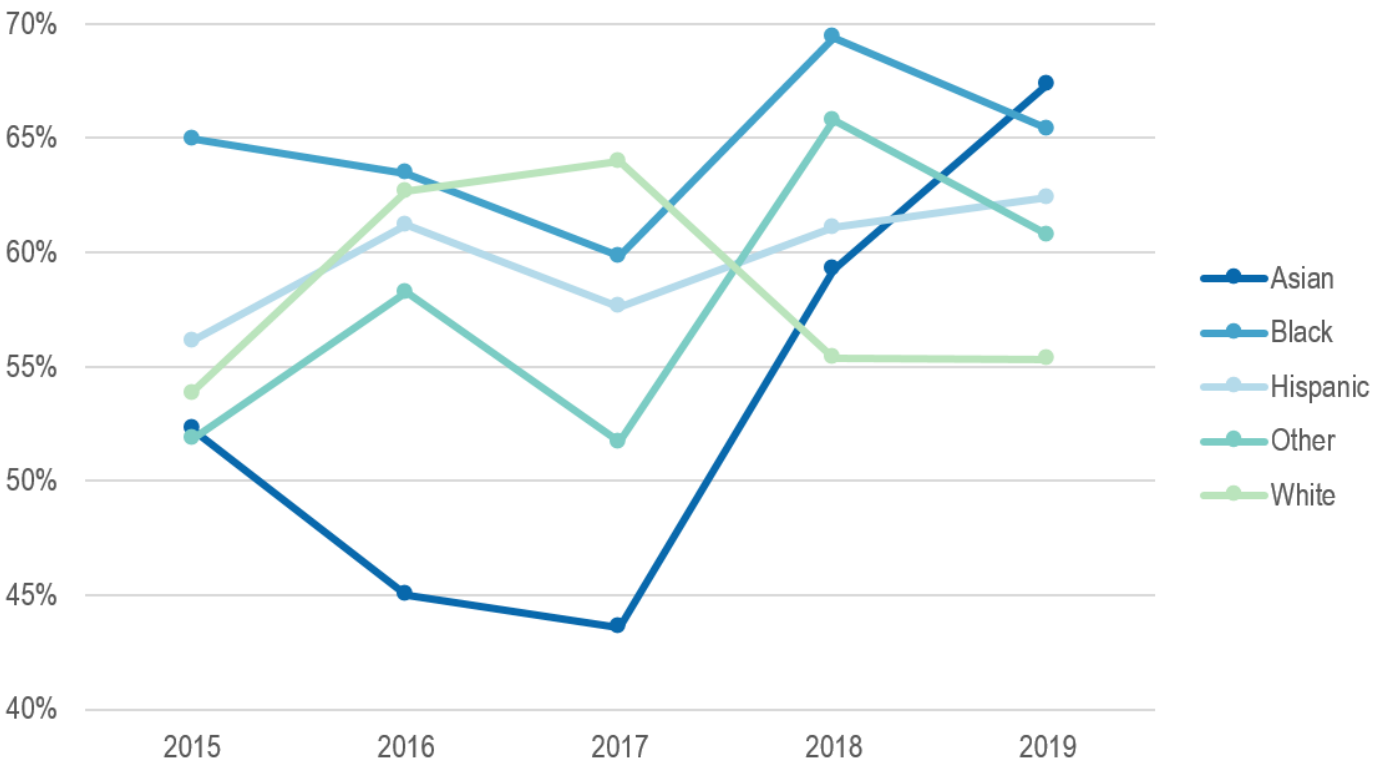
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 40. Percentage of Searches that Resulted in a Citation by Race, 2015-2019



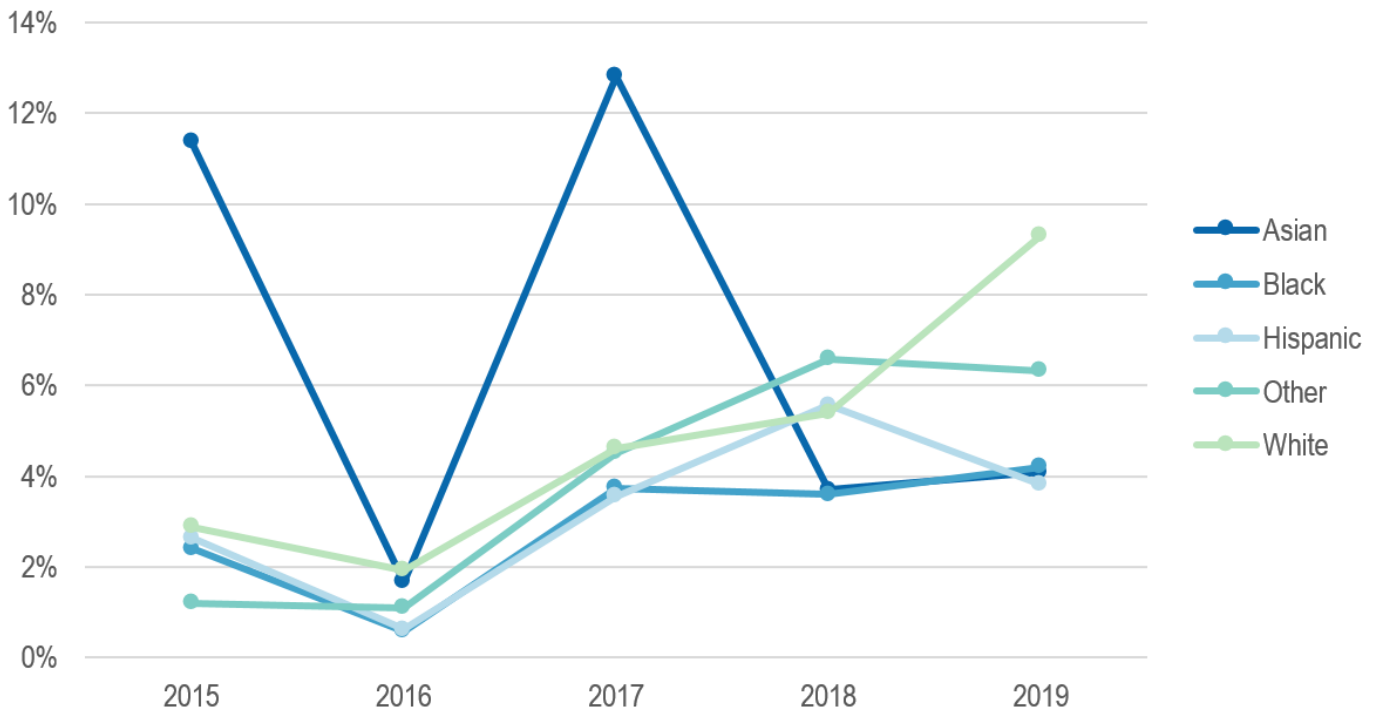
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 41. Percentage of Searches that Resulted in a Warning by Race, 2015-2019



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 42. Percentage of Searches that Resulted in No Enforcement by Race, 2015-2019



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix E. Responses by Units, 2015-2019

Table 15. Berkeley Police Department Personnel Responses by Unit, 2015-2019

	2015	2016	2017	2018	2019	Total
Patrol Supervisors						
Captain	38	26	34	20	17	135
Lieutenant	773	794	788	1,344	1,207	4,906
Sergeant	8,612	8,049	8,617	7,537	7,600	40,415
Patrol Officers						
Reserve Officers	993	651	615	208	638	3,105
Team 1	14,053	13,614	14,128	13,395	12,823	68,013
Team 2	11,417	12,084	12,928	12,219	12,125	60,773
Team 3	14,876	13,563	14,708	13,905	13,633	70,685
Team 4	14,136	16,764	16,452	15,240	13,975	76,567
Team 5	15,510	15,926	15,909	15,236	14,840	77,421
Team 6	14,301	16,347	15,590	12,314	13,583	72,135
Team 7	20,180	20,290	21,036	18,680	18,671	98,857
Sworn non-patrol officers	8,577	7,744	8,189	6,202	9,945	40,657
Other						
Animal Control	-	2	1	1	-	4
Mobile Crisis	967	1,156	1,185	787	816	4,911
CSOs	-	1	1	1	3	6
Crime Scene Techs	1,551	1,523	1,497	929	680	6,180
Parking Enforcement Officers	243	264	375	352	425	1,659
Police Aides	-	-	-	-	1	1
University of California Officers	22	23	12	5	6	68
Area Coordinators	386	273	357	258	1,015	2,289
Bike Unit	3,536	2,596	2,178	-	-	8,310
Motor Unit	136	57	3	-	-	196
Special Enforcement	8	2	4	-	6	20

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix F. List of Terms Applied in Narrative Search

Table 16. List of Mental Health and Homeless Search Terms Applied to Narrative Search

Mental Health Search Terms		Homeless Search Terms	
1056	mania	bacs	
5150	manic	bfnp	
sees things	mct	camped out	
antipsychotic	medication	person down	
anxiety	meds	berkeley covid respite	
bacs	mental	berkeley drop in center	
bipolar	mh	berkeley community resource center	
bmh	mobile crisis	women's daytime drop-in center	
bonita house	nervous breakdown	fred finch turning point	
breakdown	paranoi	berkeley food and housing project	
case manager	peer support	dorothy day	
counsel	pharmacist	encamp	
crazy	psych	encampment	
crisis	ptsd	harrison house	
deliri	residential care	homeless	
deluded	schizo	homeless outreach	
delusion	seeing things	housing status	
dementia	self harm	living on the street	
depress	self talk	nomad	
disorder	social worker	obstructing sidewalk	
dissociat	suicid	shelter	
dual diagnosis	talking to self	sleeper	
first break	talk to self	street outreach	
hallucinat	therap	tent	
hear voices	trauma	transitional housing	
hearing voices	treatment	unhoused	
hears voices	unable to talk	pathways	
ideation	warm line	vagrant	
john george	warmline	no address	
		no residence	
		undomicilized	
		coordinated entry	

Source: Berkeley City Auditor

Appendix G. Summary Data by Call Type, 2015-2019

Table 17. Summary Data by Call Type with Auditor Classifications, 2015-2019

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
Alarm Classification (n = 21,317)						
1033A - Audible Alarm	4,228	19,920	3,984	0,1F,2,3	1.7	9:00
1033S - Silent Alarm	234	1,314	263	0,1F	2.4	9:00
1033G - GPS Bank Alarm	8	79	16	-	7.1	21:00
1033T - ETS (Bank) Pronet alarm	-	4	1	-	1	15:30
Community Classification (n = 88,031)						
415E - Noise Disturbance	2,709	15,773	3,155	1F,4	1.1	9:00
SEC - Security Check	3,682	15,262	3,052	0,1F,2,4,9	1.8	29:00
SUSCIR - Suspicious Circumstance	2,145	11,547	2,309	0,1F,2,3,4	2.6	17:00
ADVICE - Advice	1,728	8,498	1,700	1F,2,3,4	1.1	26:00
SUSPER - Suspicious Person	1,512	8,247	1,649	0,1F,2,3	2.3	15:00
AID - Aid to Citizen	1,327	5,984	1,197	0,1F,2,3,4,9	2.1	18:00
FLAG - Officer flagged down	1,209	5,215	1,043	0,1F,2,4	1.6	12:00
FOUND - Found Property	722	4,202	840	0,2,3,4	1.1	30:00
SUSVEH - Suspicious Vehicle	596	3,351	670	0,1F,2,3,4	1.7	14:00
647J - Lodging in Public	33	2,221	444	1F,3,4,6	1.4	12:00
1057 - Missing Person	249	1,326	265	0,1F,2,3	1.5	42:00
LDRPT - Loud Report	183	1,071	214	0,1F,2,3	4.2	12:00
ANIMAL - Animal Matter	194	1,065	213	2,4	1.3	15:00
1067 - Call for Help	180	969	194	0,1F	3.4	14:00
1062B - Civil Standby	150	822	164	3	1.8	28:00
ILLDMP - Illegal Dumping	54	463	93	4,9	1.1	14:00
1091B - Barking Dog	72	454	91	4	1.1	10:00
601 - Runaway	46	372	74	0,3	1.6	47:00
1057AR - Missing At Risk	41	289	58	0,2,3	4.9	40:30
601I - Incorrigible	31	184	37	1F,2,3,4	2.5	38:00
FNDPER - Found Person	23	134	27	0,1F,2	1.7	29:00
1057J - Missing Juvenile	21	122	24	-	5.1	14:00
1091E - Dog Bite	16	101	20	1F,2	1.7	28:00
1091V - Vicious Animal	13	101	20	2	1.8	21:00
LOST - Lost Property	16	86	17	4,9	1.1	22:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
FNDJUV - Found Juvenile	10	74	15	2	2.5	25:00
DEMO - Demonstration	7	52	10	9	17.7	6:19:00
FIRE - Structure Fire	-	34	7	-	1.4	2:00
1080 - Explosion	2	9	2	-	2.8	24:00
BART - Bart Tunnel Incident	2	2	-		6.5	36:00
BOAT-FR - Boat Fire	-	1	-		1	1:00
FBI Part II Crimes Classification (n = 77,820)						
415 - Disturbance	6,925	35,696	7,139	0,1F,2,3,4	2	14:00
602L - Trespassing	1,944	11,058	2,212	1F,2,3,4	1.5	12:00
242 - Battery	1,383	6,991	1,398	0,1F,2,3	3.1	22:00
BMCVIO - Berkeley Municipal Code (BMC) Violation	1,014	5,934	1,187	1F,2,4,5	1.2	10:00
415F - Family Disturbance	583	3,254	651	0,1F,2	3.4	25:00
594 - Vandalism	330	1,939	388	0,1F,2,4	1.7	28:00
PCVIO - Misc Penal Code Violation	450	1,538	308	0,1F,2,3,4	1.3	48:00
DRUGS - Drugs Inv.	184	1,440	288	0,1F,2,3,4	1.6	11:00
10852 - Vehicle Damage	303	1,392	278	1F,2,4	1.5	33:00
530 5 - Identity Theft	175	1,112	222	4	1.1	47:00
647F - Intoxicated in Public	146	1,018	204	0,1F,2,3,4	1.9	12:00
653M - Harassing Phone Calls	132	969	194	4	1.1	33:30
417 - Brandishing Weapon	187	845	169	0,1F,2,3	4.8	23:00
314 - Indecent Exposure	140	698	140	1F,2,4	2.3	18:00
TROV - Temporary Restraining Order Violation	140	601	120	0,1F,4	2.5	37:00
23152 - DUI	72	484	97	0,2,3	2	15:00
273 5 - Domestic Violence	67	314	63	0,1F,2	3.8	39:00
273A - Child Abuse	51	278	56	0,2,3	1.5	29:00
470 - Forgery	28	265	53	2,3	1.6	57:00
CRTVIO - Court Order Violation	58	262	52	0,2,3	1.7	34:30
GUN - Person with Gun	50	237	47	0,1F,2	8.3	24:00
23110 - Throwing Object(s) at Vehicle	39	210	42	2,3	1.4	11:00
243E1 - Domestic Violence	54	205	41	0,1F,2	3.5	44:30

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CADK	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
537 0 Defrauding Innkeeper (Hotel/ Restaurant)	28	179	36	2,4	2	20:00
597 - Cruelty to Animals	23	160	32	1F,2,3	1.8	14:30
1070 - Prowler	13	119	24	0,3	3.4	18:00
300WI - Child Neglect	13	109	22	2,3	1.9	27:00
330 - Gambling	10	101	20	4	1.4	8:00
BPVIO - Business & Professions Violation	18	101	20	6	1.1	8:00
CRTRPT - Court Order Violation	12	98	20	4	1.2	45:00
496 - Poss. Stolen Prop.	11	50	10	3,4	1.7	27:00
FOOT - Foot Chase	6	46	9	-	4.3	32:00
288 - Sexual molest	5	35	7	2,3	1.7	2:15:30
HATE - Hate Crime	4	34	7	2,3	1.3	48:00
647AB - Prostitution	2	15	3	4	1.5	21:00
4390 - Prescription Fraud	2	12	2	2	1.8	35:00
207 - Kidnapping	2	11	2	0,2	6.7	1:10:00
1079 - Bomb Threat	-	6	1	3	4	54:00
148 - Resisting/Obstructing	-	2	-		15.5	1:29:00
REG- Registration for certain criminal offenders	1	2	-		1	1:15:30
Information or Administrative Classification (n = 12,434)						
W911 - Wireless 911	2,830	9,899	1,980	1F,2	1.1	7:00
INFO - Information	205	1,093	219	0,2,9	2.1	16:00
FALL - Fall on City Prop.	181	965	193	1F,2,3	1.5	23:00
DAMAGE - Property Damage	60	234	47	0,1F,2,9	2	38:00
FADEST - Firearm Destruction	37	205	41	3	1.1	58:00
CM - City Manager Report	5	18	4	9	2.3	47:30
SUBP - Subpoena Service	2	14	3	9	1	26:30
REPO - Repossession	-	4	1		1.2	4:00
TROL - Temporary Restraining Order Log	1	2	-		1.5	38:00
Investigative or Operational Classification (n = 10,350)						
A911 - Ascertain 911	995	6,859	1,372	0,1F,2	1.5	9:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
OUTAID- Outside Agency Assist	286	1,419	284	0,1F,2,3	1.8	22:00
KNOCK - Knock & Talk	73	463	93	-	2.1	36:00
1198- Code 1 assist	91	436	87	0,1F,2	4.4	15:00
SEARCH - Search Warrant	30	408	82	3	8.9	5:19:00
UNK - Unknown Problem	44	322	64	0,1F,2	3	14:00
WARARR - Warrant Arrest	65	269	54	0,2,3,6	2.1	47:00
LJ - LoJack Incident	36	96	19	2	3.9	16:00
SURVE - Surveillance	15	78	16	9	4.1	3:50:00
Medical or Mental Health Classification (n = 22,797)						
1042 - Welfare Check	3,065	15,030	3,006	0,1F,2	1.9	19:00
5150 - Mental Illness	827	4,807	961	0,1F,2,3	2.4	20:00
1053 - Person Down	255	1,450	290	0,1F	2.1	12:00
1056 - Suicide	277	1,113	223	0,1F,2	3.6	34:00
DBF - Dead Body	97	397	79	0,1F	3.3	1:12:00
Property Crime (FBI Part I Crimes) Classification (n = 26,421)						
484 - Theft	2,161	10,556	2,111	0,1F,2,3,4	1.7	28:00
459A - Auto Burglary	1,590	6,667	1,333	0,1F,2,3	1.5	32:00
459 - Burglary	597	3,911	782	0,1F,2,3	2.1	44:00
10851 - Stolen Vehicle	631	3,639	728	0,2,3	1.3	48:00
487 - Grand Theft	299	1,034	207	2,4	1.9	37:00
484C - Theft In-Custody	72	407	81	0,1F,2	1.9	48:00
451 - Arson	37	134	27	0,1F,3	2.9	26:00
10855 - Embezzled Vehicle	18	68	14	4	1.1	1:27:00
212 5 - Residential Robbery	1	5	1	-	7.4	37:00
Traffic Classification (n = 89,165)						
T - Traffic Stop	9,129	44,795	8,959	0,1F,2	1.5	7:00
1194 - Pedestrian Stop	1,739	9,157	1,831	0,1F,2,4	1.8	13:00
PRKVI0 - Parking Violation	1,112	6,508	1,302	0,1F,2,4	1.1	13:00
20002 - Hit & Run Prop.	917	4,562	912	0,1F,2,3	1.6	33:00
1196 - Suspicious Vehicle	859	4,360	872	0,1F,2	2	11:00
TRFHAZ - Traffic Hazard	792	3,719	744	0,1F,2,3	1.3	11:00
23103 - Reckless Vehicle	553	2,894	579	2	1.3	8:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
1182 - Non Injury	496	2,819	564	0,1F,2,3,4	1.6	26:00
1194B - Bike Stop	442	2,784	557	-	1.6	9:00
1181 - Minor Injuries	478	2,635	527	0,1F,2,3	3.4	38:00
RECOVR - Stolen Vehicle Recovery	214	1,325	265	0,2,3	1.5	56:00
1183 - Unknown Injuries	200	1,261	252	0,1F,2,3	3	33:00
1148 - Transportation	255	623	125	3	1.9	2:48:00
VCVIO - Vehicle Violation	140	584	117	3,4	1.2	13:00
1124 - Abandoned Vehicle	134	459	92	3,4	1.4	13:00
20001 - Hit & Run Injuries	74	330	66	0,1F,2,3	3.3	38:00
23109 - Exhibition of Speed	49	220	44	2	1.2	8:00
VVER - VIN Verification	15	127	25	4	1.1	21:00
HOT - Vehicle Pursuit	-	2	-	-	4	40:00
VREL - Vehicle Release	-	1	-		2	1:14:30
Violent Crime (FBI Part I Crimes) Classification (n = 2,465)						
211 - Robbery	341	1,571	314	0,1F,2,3	5.8	29:30
245 - Assault w/Deadly Weapon	74	383	77	0,1F,2,3	5.3	39:00
261 - Rape	55	267	53	0,2	2.5	1:42:00
243 - Serious Battery	5	63	13	0,2	3	45:00
244 - Assault w/ Caustic Substance	13	47	9	0,2	3.3	21:00
246 - Shots at Dwelling	8	44	9	0,2	2.8	37:00
215 - Carjacking	14	40	8	0,1F,2	7	33:00
1071 - Shooting	8	24	5	0,2	11.4	1:32:00
220 - Sexual Assault	1	16	3	0,2	2.4	50:30
288A - Child molest	2	10	2	2	1.9	1:11:00

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Mission Statement

Promoting transparency and accountability in Berkeley government.

Audit Team

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Photographs provided by Berkeley Police Department

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BERKELEY CITY AUDITOR

CONSENT CALENDAR

May 11, 2021

Updated July 2, 2021

To: Honorable Mayor and Members of the City Council

From: Jenny Wong, City Auditor *zw*

Subject: Audit Report: Data Analysis of the City of Berkeley's Police Response

RECOMMENDATION

We recommend City Council request that the City Manager report back by November 16, 2021, and every six months thereafter, regarding the status of our audit recommendations until reported fully implemented by the Police Department.

CURRENT SITUATION AND ITS EFFECTS

We analyzed the Berkeley Police Department (BPD) Computer Aided Dispatch (CAD) data from 2015 to 2019. We analyzed characteristics of events, characteristics of officer-initiated stops, and characteristics of police responses.

From 2015-2019, Berkeley police responded to a total of 350,800 events, or an average of 70,160 events per year. Ten call types accounted for 54 percent of all events—traffic stops, disturbance, audible alarm, noise disturbance, security check, welfare check, suspicious circumstance, trespassing, theft, and Wireless 911. Officer-initiated responses were 26 percent of event responses, while 55 percent were the result of calls to the non-emergency line and 19 percent were from 911 calls.

During that time, Berkeley police initiated 56,070 stops. We found 78 percent of officer-initiated stops were vehicle stops, the majority of which did not lead to a search and most led to a warning. Mirroring prior findings by the Center for Policing Equity, data we reviewed showed Black people were stopped at a significantly higher rate than their representation in the population (34 percent compared to 8 percent), and Blacks and Hispanics were more likely to be searched following a stop.

BPD dispatched an average of 1.8 personnel per event. Three or more personnel responded to 41 percent of police responses. Events designated as (high) Priority Level 1-2 accounted for 40 percent of events, which require a response time of 20 minutes or less, while 43 percent were lower priority requiring a response time of an hour or longer from a call.

We found that the number of events that involved homelessness or mental health and the amount of time police spent responding to these events are not quantifiable due to insufficient data. We also found that The City's Open Data Portal provides the public with limited information about events that BPD responds to. There are opportunities for BPD to improve transparency by increasing the type and scope of data available on the portal.

We recommend BPD identify all calls for service that have an apparent mental health and/or homelessness component. We also recommend BPD expand the current calls for service data available

on the City Open Data Portal to include all call types and data fields for as many years as possible. BPD agrees with our recommendations.

BACKGROUND

Following the killing of George Floyd by Minneapolis police in May 2020, a national conversation ensued about policing, race, and the proper level of resources cities should devote to law enforcement. The Berkeley City Council held several meetings and hundreds of community members provided. Initially proposed by Councilmember Bartlett and incorporated by Mayor Arreguín, analysis of police data was included in Safety for All: The George Floyd Community Safety Act, a broader item on policing that City Council passed in July 2020. We offered to conduct the analysis.

This audit is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley, which is currently underway. Our report examined data from 2015 through 2019.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with this report.

RATIONALE FOR RECOMMENDATION

Implementing our recommendations will increase transparency and build a richer data set. The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate community process for reimagining public safety and policing.

CONTACT PERSON

Jenny Wong, City Auditor, City Auditor's Office, 510-981-6750

Attachments:

- 1: Audit Report: Data Analysis of the City of Berkeley's Police Response

Summary of City Manager's Response	APPENDIX 11: Reimagining Public Safety Budget Analysis	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
REIMAGINE						
Implement the Specialized Care Unit Pilot using all of the recommendations of the consultant and the SCU Steering Committee as a road map			\$5.7 million (already budgeted)	\$ 5,700,000		
Continue legislative advocacy for changes in state law to grant cities the authority for non-sworn civilian traffic enforcement, enable automated enforcement for speeding, and modify red light camera enforcement. This continues the City Council's advocacy for state law changes on these issues that started in 2021, and will help ensure the City's input in changes are ultimately adopted by the state legislature	Included in FY23 proposed budget and staff costs				Reimagining Public Safety(RPS) TF Recommendation: Review Transportation Laws, Fines and Fees to Promote Safety and Equity; Fully Fund the BerkDOT Planning Process	Ongoing
In the FY 2023 and FY 2024 Budget, move crossing guards from the Police Department's Traffic Unit to Public Works' Division of Transportation. This consolidates a transportation function into the Transportation Division and aligns this function with the Vision Zero Program	Included in FY23 proposed budget and staff costs				Reimagining Public Safety(RPS) TF Recommendation: Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works	FY2023
Continue to plan for a civilian traffic enforcement unit, both by informing the content of state law changes to enable such a unit, and by developing an implementation plan once state law does change	\$300,000			\$ 300,000	Primarily for consulting support, not in proposed budget and staff costs. Reimagining Public Safety (RPS) TF Recommendation: Fully Fund the BerkDOT Planning Process	FY2023-24
Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City's existing transportation fines and fees, especially related to parking. Involve the Transportation Commission in the recommendation of such changes to City Council.	\$150,000			\$ 150,000	Primarily for consulting support, not in proposed budget and staff costs. Reimagining Public Safety (RPS) TF Recommendation: Review Transportation Laws, Fines and Fees to Promote Safety and Equity	
Assess progress in incorporating equity, mobility, Vision 2050, and Vision Zero in transportation functions, and determine which organizational structure best matches a new or revised mission for transportation functions: a stand-alone Berkeley Department of Transportation, Department of Transportation and Infrastructure, or Division of Transportation	Expect to include in FY25 proposed budget				Reimagining Public Safety (RPS) TF Recommendation: Fully Fund the BerkDOT Planning Process	Decision in FY 2024
Develop BPD and Community-Based organization engagement and collaboration structures						Underway to 6 months
Implement formal BPD community engagement unit	(1) Community Services Officer Salary and Benefits FY23 Budget FTE = \$150,952	(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)		\$ 444,286	BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement. BPD formalize a unit focused on revitalizing community engagement. This team will be made up of sworn and non-sworn personnel developing stronger relationships with CBO, faith-based organizations, youth groups and others. This unit will have the lead in partnering with community based organizations on violence interventon programs such as Ceasefire.	12-24 months
Support reimagining efforts of City Departments	(1) Project Manager postion Salary and Benefits FY23 Budget FTE - \$314,465			\$ 314,465		Ongoing
BPD support and assistance implementing Vision Zero goals and BERKDOT process						Ongoing
BPD expand capacity to provide non-sworn parking enforcement and emergency traffic response	(5) Parking Enforcement Officer Salary and Benefits FY23 Budget FTE = \$132,074 + (1) Parking Enforcement Officer Supervisor Salary and Benefits FY23 Budget FTE = \$157,753			\$ 818,123	Reimagining Public Safety(RPS) Recommendation: Develop additional capacity to provide non-sworn parking enforcement and traffic safety response. Anticipated annual revenue generated per employee is \$222,192 based on January 2022 actuals. Budgeted at mid-step. Expanded Preferential Parking Program Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional PEO positions described above. Anticipated annual revenue generated per employee is \$222,192 based on January 2022 actuals. This position is required to supervise the additional PEO positions. Expanded Preferential Parking Program	24-30 months
BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate						Ongoing

APPENDIX 10: Data analysis of the City of Berkeley's Police Response

Summary of City Manager's Response

New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
<p>(9) Community Services Officer Salary and Benefits FY23 Budget FTE = \$150,952 + (1) Supervising Community Services Officer Salary and Benefits FY23 Budget FTE = \$171,466</p>		<p>\$ 1,530,037</p>	<p>Reimagining Public Safety(RPS) Recommendation: To develop additional capabilities to address public safety goals with appropriate response level, increase capacity for community engagement. Budgeted at mid-step with 3% COLA. Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional CSO positions described above. Budgeted at mid-step with 3% COLA. BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement.</p>	<p>24-36 months</p>
<p>Explore additional or alternate responses specifically related to traffic and bicycle safety</p>				<p>24 months</p>
<p>Analyze the current dispatch center including available hardware and software, current staffing model, current level of training, existing facility, accreditation status and accreditation options, and existing quality improvement practices. Phase I includes a recommendation for a prioritized emergency fire & medical dispatch system</p>	<p>\$200,000 for consulting support</p>	<p>\$100,000 (already budgeted)</p>	<p>Reimagining Public Safety(RPS) Recommendation: The establishment of a Tiered Dispatch/CERN Pilot Program; Contracting with local Community Based Organizations (CBOs) for Tier 1 CERN response; Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations; Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges; Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible; Include PEERS in Developing Behavioral Health Responses; Have a Reconciliation Process with People with Behavioral Health Challenges and Police; Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health; Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health; Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges</p>	<p>12-72 months</p>
<p>REIMAGINE TOTAL</p>			<p>\$ 3,756,911</p>	

Summary of City Manager's Response

	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
IMPROVE					
Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvements		\$50,000 (already budgeted)	\$ 50,000		
Continue to partner with the SCU Steering Committee, the Mental Health Commission, and community members in implementation					
Continue the consolidation of transportation-related functions in existing Public Works' Division of Transportation. Public Works has both the					
Approve a new Vision Zero staff position in Public Works' Division of Transportation to conduct collision analysis. This will promote the City's Vision Zero approach by boosting the City's capacity to analyze collision data collected by the Police Department, and, with Police input, propose	\$175,000 (Included in FY23 proposed budget)		\$ 175,000		Ongoing
Continue to address disparities in traffic and other enforcement stops					Ongoing
Continue to address disparities in Use of Force incidents					Ongoing
Support expanding dispatch responsibility and expertise	(1) Supervising Public Safety Dispatcher Salary and Benefits FY23 Budget FTE = \$206,510 + (8) Public Safety Dispatcher II Salary and Benefits FY23 Budget FTE = \$180,050		\$ 1,646,910	Reimagining Public Safety (RPS) Recommendation: To address City Auditor OT Report and support expanding dispatch responsibilities (including PMD) and overall expertise.	36 months
Conduct regular analysis of data to ensure that departmental responses align with Fair and Impartial Policing concepts		1 FTE data analyst (already budgeted)			12 months
Conduct ongoing training in support of Fair and Impartial Policing concepts	Costs are ongoing and dependent on training needs - TBD estimated at \$100,000		\$ 100,000	Reimagining Public Safety (RPS) Recommendation: Conduct ongoing training in support of Fair and Impartial Policing concepts, officer safety and professional development.	Ongoing
Conduct staffing assessment including beat study to ensure departmental staffing levels meet public safety expectations and employee health and wellness	TBD estimated at +\$70,000		\$ 70,000	Reimagining Public Safety (RPS) Recommendation: Conduct staffing assessment to ensure departmental staffing levels meet public safety expectations and employee health and wellness. Assessment will consider quality of service, overtime expenditures, administrative responsibilities and ongoing training needs of personnel.	24-30 months
Continued support of employee health and wellness	Increase annual wellness budget by \$50,000 and reassess at FY23 budget cycle to determine appropriate funding		\$ 50,000	Reimagining Public Safety(RPS) Recommendation: Costs required to support Critical Incident Stress Contract, Peer Support Team, and emerging wellness needs.	6-12 months
Continued support of employee training and professional development	Increase annual training budget by \$100,000 and reassess at FY23 budget cycle to determine appropriate funding		\$ 100,000	Reimagining Public Safety(RPS) Recommendation: Conduct ongoing training in support of Fair and Impartial Policing concepts, officer safety and professional development.	12-24 months
Ensure public and employee safety through recruitment efforts aligned with adequate staffing levels and technology		(7) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$ 2,053,338	Lack of adequate staffing and limitations on tools and technology can negatively impact not only overall safety, but also morale and mental health of personnel.	18-24 months
Provide transparency through public facing data dashboards					6-12 months
Provide transparency and community engagement through increased information sharing					24 months
Build relationships with community groups to support best possible outcomes					18 months
Gather data around mental illness and homelessness to support overall City responses and needs assessment					6 months
Create a detailed implementation plan for Priority Dispatch including timelines and critical dependencies, a budget identifying one-time and on-					12-72 months
Support reimagining efforts including grant writing services	\$100,000 for consultant grant writing support		\$ 100,000.00		12-72 months
Strengthen investigation capabilities and victim support network		(3) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$ 880,002	Reimagining Public Safety(RPS) Recommendation: These additional positions will address various facets of enhanced community engagement and related services to support enhanced safety through increased criminal investigation, collaboration with Community Based Organizations, and victim support.	24-30 months
Expand problem-oriented teams to support community needs and address violent crime		(10) Police Officer Salary and Benefits FY23 Budget for 1 FTE = \$293,334 (deferred)	\$ 2,933,340	Reimagining Public Safety(RPS) Recommendation: To develop flexible capabilities to support public safety goals through problem solving focused and data driven approaches. Building off of Bike Team success in both engagement capabilities and violent crime reduction. Budgeted at mid-step with 3% COLA	24-30 months
Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate		(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$ 293,334	To support continued efforts and partnerships with Transportation to prevent, educate, reduce, assess impact of traffic violations and collisions on community safety.	24-30 months

Summary of City Manager's Response

Summary of City Manager's Response	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
IMPROVE TOTAL			\$ 8,401,924		
REINVEST					
Develop and implement a finance strategy for long-term sustainability of the SCU		\$50,000 (already budgeted)	\$ 50,000		
Develop and implement violence prevention programs such as Ceasefire		(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$ 293,334	Developing Community violence prevention and intervention programs can be effective in reducing violent crime and create meaningful opportunities for community members to give back. These community based organizations work with to interrupt cycles of violence and the department and crime data can be critical to the success of this work. Programs such as Ceasefire or Voices Against Violence could be supported through dedicated staff managing these efforts.	12-24 months
Assist the Communication Center with change management and implementation of the plan. This will include considerations for design changes to					12-72 months
REINVEST TOTAL			\$ 293,334		12-24 months
OVERALL TOTAL			\$ 12,452,169		



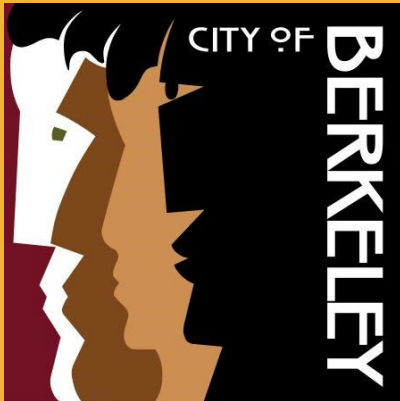
CITY MANAGER'S OFFICE

City of Berkeley
Central Administrative Offices
2180 Milvia Street
Berkeley, CA 94704

Reimagining Public Safety

A Guide for City Discussion

April 21, 2022



CITY MANAGER'S
OFFICE



Our Team



Dee Williams-Ridley
City Manager



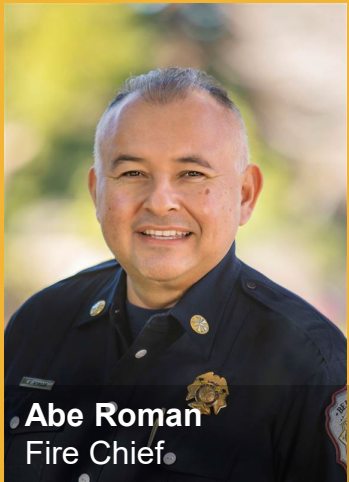
LaTanya Bellow
Deputy City Manager



Jen Louis
Interim Police Chief



Shamika Cole
Sr. Management Analyst



Abe Roman
Fire Chief



Dr. Lisa Warhuus
HHCS Director



Liam Garland
Public Works Director



Introduction



Overview

- **Reimagining Public Safety Background**
- **Guiding Principles**
(Reimagine, Improve, Reinvest)
- **Recommendations**
 - **BerkDOT**
 - **Priority Dispatch**
 - **Police**
 - **SCU**
- **Budget**
- **Closing Remarks**



Background

Reimagining Public Safety



Community Engagement and Project Coordination

City Manager's Office Coordination and Meeting Schedule	
Event	# of Meetings
Internal Working Group Coordination	43
National Institute for Criminal Justice Reform Coordination	18
Reimagining Public Safety Task Force Meetings	19
Reimagining Public Safety Coordination Meetings	26
Community Engagement	12

GUIDING PRINCIPLES



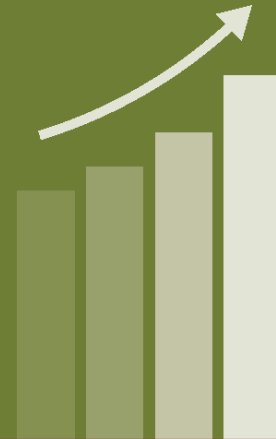
REIMAGINE

Redesign public safety from a traditional police department to one that is focused on the diverse needs of the community it serves.



IMPROVE

Improve the City of Berkeley's public safety system for residents and communities that have experienced the greatest harm from the existing public safety model.

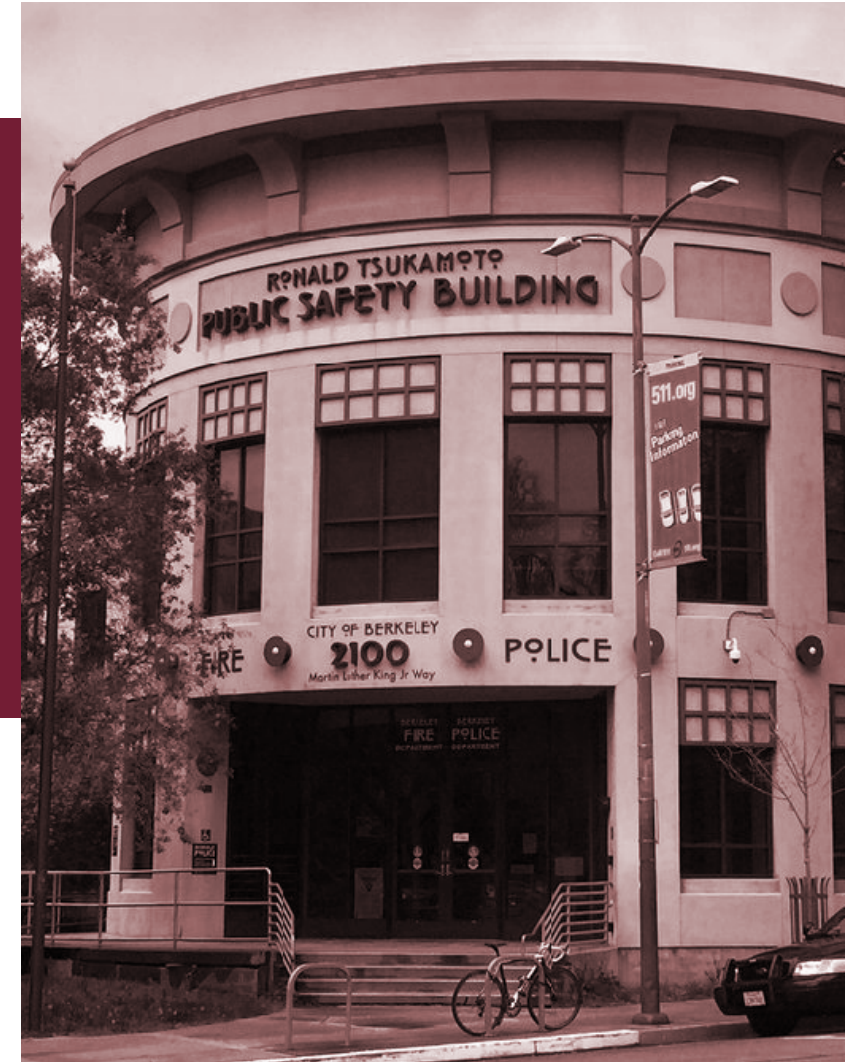


REINVEST

Increase equitable investment in vulnerable communities and for those who have been historically marginalized.

Recommendations

Recommendations & Implementation Plan



Police | Recommendations



Police



MEANINGFUL COMMUNITY ENGAGEMENT

Develop BPD and community-based organization engagement and collaboration structures

Implement formal BPD community engagement unit

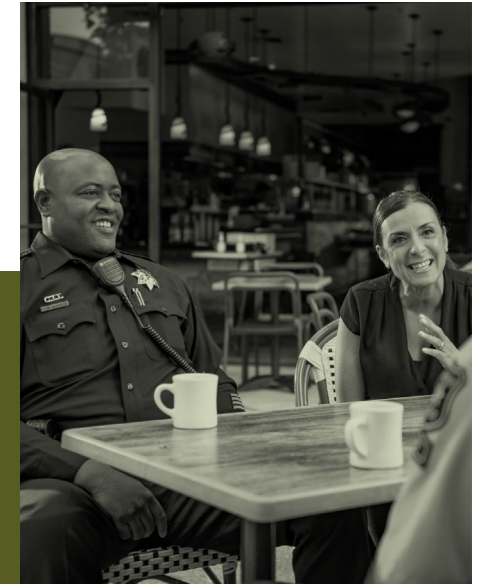
DEVELOPMENT OF NON-ENFORCEMENT FOCUSED APPROACHES

Expand capacity to provide non-sworn responses to parking enforcement and emergency traffic response

Develop additional resources to meet public safety goals with appropriate response

Explore redirecting enforcement responsibilities where appropriate including those specifically related to traffic and bicycle safety

Police (continued)



ACCOUNTABILITY

Address disparities in traffic and other enforcement stops and use of force incidents

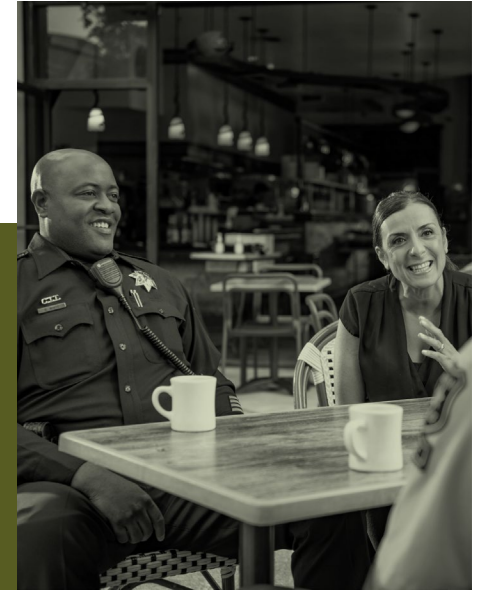
Support expanding dispatch responsibilities and expertise

Conduct regular data analysis to ensure alignment with Fair and Impartial Policing

Conduct ongoing training in support of Fair and Impartial Policing concepts

Conduct departmental staffing assessment

Police (continued)



OFFICER SAFETY AND WELLNESS

Continue to support employee health and wellness

Continue to support employee training and professional development

Ensure public and employee safety through recruitment efforts

TRANSPARENCY

Launch public facing transparency hub (data dashboards)

Build deeper relationships with community groups to support best possible outcomes

Police (continued)



VALUE PUBLIC SAFETY AND VICTIM SUPPORT

Strengthen investigation capabilities and victim support network

Expand problem-oriented teams to support community needs and address violent crime

Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate.



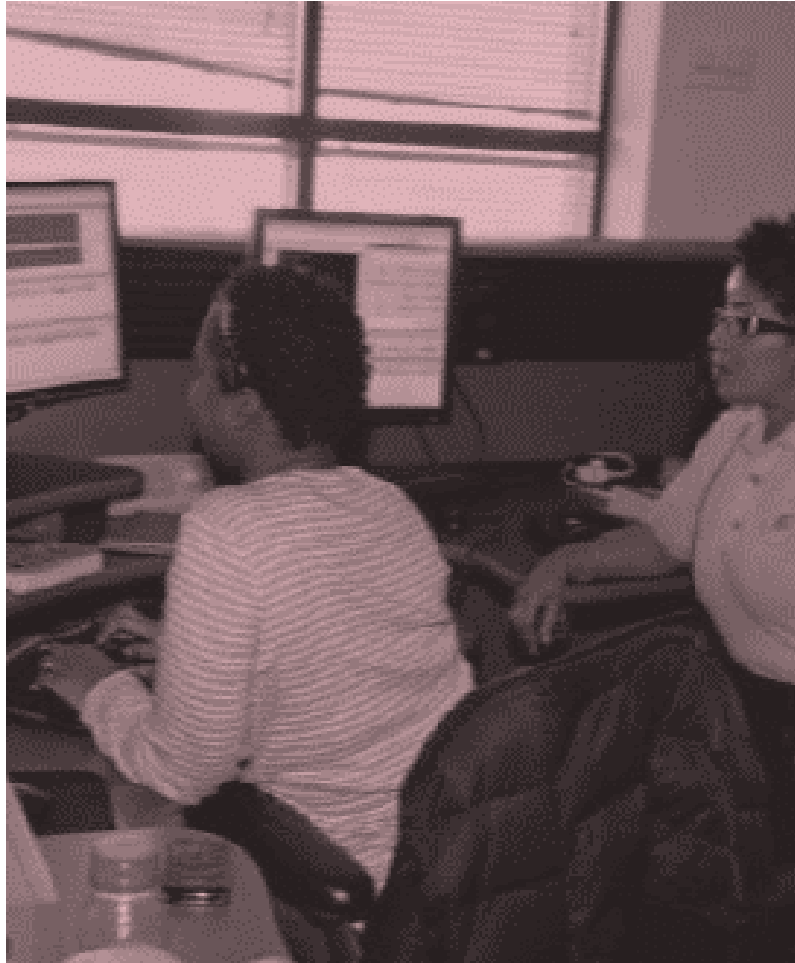
Police (continued)



Support implementation of violence prevention programs



Priority Dispatch | Recommendations



Priority Dispatch

Possible Priority Dispatch Models		
Models Considered	Pros	Cons
Current Model	Simplicity, easier staffing	Inefficient, delays for callers, expansive resources sent to call
Criteria Based Dispatch	Affordable, flexible, trusts well-trained dispatchers	Non-standard, not used by neighboring agencies
Medical Priority Dispatch System	Standard system, used by neighboring agencies	Expensive licensing, inflexible, heavily scripted

Priority Dispatch

Federal Engineering Scope of Work	
Phase I	Analyze and Recommend Dispatch System
<ul style="list-style-type: none">• Analyze Current Operations and perform a needs assessment• Recommend a dispatch system that would best serve the City of Berkeley	
Phase II	Implementation Plan Report
<ul style="list-style-type: none">• Implementation Plan	

BerkDOT | Recommendations



Berkeley Department of Transportation (BerkDOT)

- Review of national and local context
 - Few cities of Berkeley's size have a stand-alone DOT
 - Existing *Division* of Transportation has more breadth than most cities
- Three options for BerkDOT organizational structure: stand-alone Department, Department of Transportation and Infrastructure (BerkDOTI), or consolidated Division
- A first-of-its-kind scientific survey (and listening sessions) found:
 - support for shifting traffic enforcement, including routine traffic stops, from police to specially trained staff
 - acknowledgement of the role race can play in interactions with the police, with Black residents particularly aware
 - women more likely to rate the safety of getting around Berkeley negatively

BerkDOT

Continue legislative advocacy for changes in state law to grant cities the authority for non-sworn civilian traffic enforcement, and automated enforcement for speeding/red lights



Move crossing guards from the Police to Public Works' Division of Transportation

Continue to plan for a civilian traffic enforcement unit once state law does change

Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City's existing transportation fines and fees

After assessing progress in equity, mobility, Vision 2050, and Vision Zero (or setting new vision) in transportation, determine best organizational structure : a stand-alone Berkeley Department of Transportation, Department of Transportation and Infrastructure(BerkDOTI), or Division of Transportation



Approve new Vision Zero staff member to conduct collision analysis

Continue consolidation of transportation functions

SCU | Recommendations



Specialized Care Unit (SCU)

- Comprehensive community engagement process to design the SCU
 - Engage consultant (Research Development Associates)
 - Create Steering Committee to oversee process
- 3 comprehensive reports
 - Crisis Response Models Report
 - Mental Health Crisis Response Services & Stakeholder Perspectives Report
 - Specialized Care Unit Crisis Response Recommendations

Specialized Care Unit (SCU) ctd.

- 25 recommendations for design for a 24/7 mobile crisis response for behavioral health crises by category
 - The SCU Mobile Team
 - Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number
 - Implement a Comprehensive 24/7 Mental Health Crisis Response Model
 - Administration & Evaluation
 - Promoting Public Awareness
- Steering Committee adopts RDA recommendations with additional analysis
- SCU pilot with intention to implement long term

Specialized Care Unit (SCU)



Implement the Specialized Care Unit Pilot using all of the recommendations from Research Development Associates (RDA) and the SCU Steering Committee as a road map

Evaluate SCU Pilot



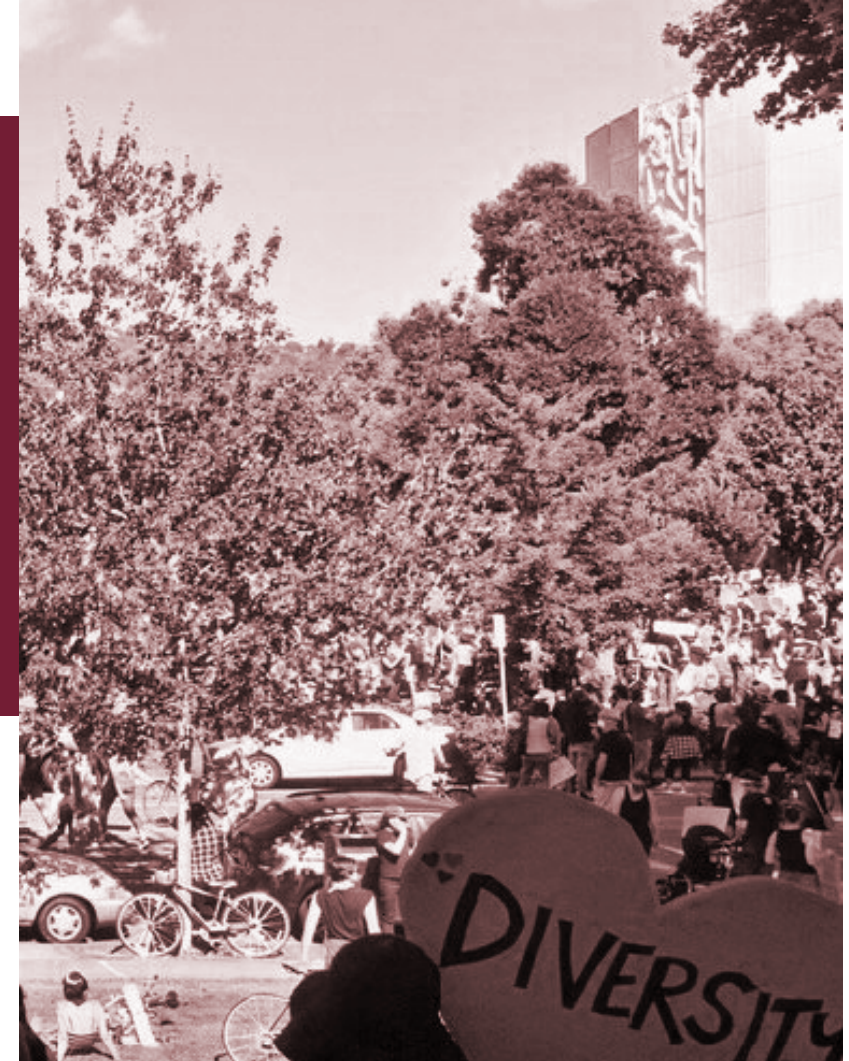
Continue to partner with SCU Steering Committee, Mental Health Commission, and community members in implementation



Develop and implement a finance strategy for SCU long-term stability

Budget

Funding Reimagining Work



FY23-24 Reimagining Public Safety Budget Analysis

As part of the FY23-24 budget process, additional funding sources available to support the reimagining public safety process include the City Manager’s proposal to defer five (5) Sworn Officer positions, resulting in \$1.6M in addition to other salary savings from vacancies.



Page 632 of 1695 IMPROVE

	REQUESTED FUNDING
Consulting Services - BerkDoT, Priority Dispatch	\$ 650,000
City Staffing/Additional Positions	\$3,106,911
Sworn Officer positions (1) *deferred	(\$ 293,334)
Community Services Officer positions (10)	
Community Services Officer Supervisor positions (1)	
Parking Enforcement Officers (5)	
Parking Enforcement Officer Supervisor positions (1)	
Assistant to the City Manager positions (1)	
Specialized Care Unit (1yr Pilot Program–already budgeted)	(\$5,700,000)
Specialized Care Unit (Ongoing)	TBD
Subtotal	\$3,756,911



IMPROVE	REQUESTED FUNDING
Consulting Services - BerkDoT, Grant Writer, PD Training, PD Wellness	\$ 170,000
City Staffing/Additional Positions	\$8,275,258
Associate Planner (1)	
Public Safety Dispatcher II positions (8)	
Supervising Public Safety Dispatcher (1)	
Sworn Officer positions (7) *deferred	(\$6,453,348)
Community Services Officer positions (1)	
Training	\$ 250,000
Subtotal	\$ 8,695,258



REINVEST	REQUESTED FUNDING
City Staffing/Additional Positions	(\$293,334)
Sworn Officer positions (1) *deferred	
Subtotal	(\$293,334)

FY 23-24 TOTAL FUNDING REQUEST*	REQUESTED FUNDING
TOTAL	\$12,452,169

Important Matters to Consider

CHALLENGES	CERN MODEL	CONSIDERATIONS
Ongoing funding	Underdeveloped and needed additional data	Honoring our MOU's as it relates to contracting
Staffing considerations	Needs more work and components may be effective to implement as we move forward with the reimagining process	Moving Dispatch to the Fire Department
State Law to changes around traffic enforcement		Labor Issues
Timeline could be 3-5 years for full implementation of all items		Community Services Officers to be housed in Neighborhood Services

Closing Remarks

If Council decide to move forward with recommendations in this report, it is necessary to:

1. **Analyze our dispatch system** to make changes to support a system with greater triage capabilities.
2. **Implement the SCU Pilot.**
3. **Implement greater BPD community engagement** to build relationships with community groups.
4. **Establish the Office of Race Equity and Diversity.**
5. Complete **Police Staffing Assessment** and **Beat Structure Analysis.**
6. **Seek funding opportunities** to support the reimagining public safety process for Berkeley.

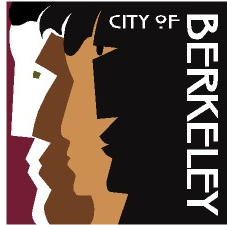


Thank you.



CITY MANAGER'S
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Office of the Mayor

SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 2

Meeting Date: March 10, 2022

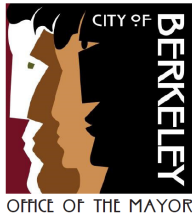
Item Number: # 1 and # 2

Item Description: Consideration of the Reimagining Public Safety Task Force's Response to the National Institute for Criminal Justice Reform recommendations & Presentation and Discussion of Reports Submitted by Reimagining Public Safety Task Force and National Institute for Criminal Justice Reform

Submitted by: Mayor Arreguin, Vice-Mayor Harrison and Councilmembers Bartlett and Hahn

The attached Supplemental material includes a report: 1) recommending that the Council reflect and reaffirm its unanimous commitment to reimagining public safety in Berkeley; 2) comments on the National Institute for Criminal Justice Reform (NICJR) and Reimagining Public Safety Task Force reports ("Task Force") and where they align and do not align with the original referral (Resolution 69,501-N.S., July 14, 2020); 3) high level comments on prioritization and requested analysis of NICJR and Task Force recommendations for City Manager's forthcoming report; 4) recommendations on additional resources needed to implement next phase of reimagining work.

In addition, the Supplemental also includes two spreadsheets presenting the NICJR and Task Force recommendations with detailed comments on prioritization and recommended future action. These spreadsheets compare the NICJR recommendations with the votes and recommendations of the Task Force and are meant to assist the Council and public in its review of the various reports.



To: Honorable Members of the City Council and City Manager
 From: Mayor Jesse Arreguín
 Vice-Mayor Kate Harrison
 Councilmember Ben Bartlett
 Councilmember Sophie Hahn
 Subject: Reaffirmation and Further Direction on Reimagining Public Safety
 Process, NICJR and Task Force Reports

1. Reflect on and Reaffirm the City Council’s vision for reimagining community safety adopted on July 14, 2020, outlined in the omnibus motion and Council Referral “Transform Community Safety and Initiate a Robust Community Engagement Process” (Attachment 1)

On July 14, 2020, after hearing from over 130 speakers, and receiving numerous written comments, the City Council adopted an omnibus motion to advance various proposals to reimagine community safety in Berkeley and launch a robust community process to develop a new approach. This action came two months after the murder of George Floyd at the hands of Minneapolis Police, and in response to a growing movement for police reform. On June 6, 2020, over 7,000 Berkeley residents marched in the streets to call for transformative change in law enforcement not just nationally, but also here in Berkeley. Berkeley, like many cities throughout the United States, is not immune from the dark history of systemic racism, including state-sponsored actions such as violence against people of color and redlining and discriminatory housing practices. To this day, there are widening inequities based on race and income, including in housing affordability, health outcomes, academic achievement, and criminal justice. At the same time due to the lack of government programs to support wealth building, in addition to rising housing costs and gentrification, the Black community has decreased from 20% in 1970 to 8% today. If Berkeley is to truly realize its reputation of being a progressive, equitable community, we must recognize and tackle systemic racism head on in every aspect of our society - law enforcement, housing, health, education and other institutions.

We also need to recognize that law enforcement as traditionally defined is not the only method of advancing public safety. How we define safety should focus on protecting property and persons today and preventing crime in the future through

violence prevention and upstream investments in our social safety net. We must provide compassionate behavioral health care and social services and create policies and resources to close racial disparities in health, education and economic access. Our goal should be creating a truly safe community - reducing crime, and investing in the health, wellness and success of *all* of our residents.

The goals of this process were to create a new paradigm for policing and public safety that is holistic and anti-racist, while making upstream investments to address social determinants and create a healthy, safe and equitable community.

In 2020, the City Council adopted a series of goals by way of Resolution No. 69,501-N.S. Two years later, as we advance to the next phase of this work, it is critical that we revisit and reaffirm these goals to guide our work.

We committed to:

- i. **A transformative approach to community-centered safety and reducing the scope of policing**, by re-defining our understanding of safety to be holistic and focus not just on crime prevention but health, wellness and economic security for *all* of our residents. While the focus has been on reducing the footprint of policing, we recognize that police play a critical role in our society, and we must determine the right size, focus and function of our Police Department to prevent and respond to crime, while exploring alternative response models and upstream investments in social services to create a healthy, safe and equitable community.
- ii. **Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and**
- iii. **A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.**

In addition to these original goals, we are committed to:

- iv. **Reducing the impact of current Police expenditures on our General Fund through investment in alternative response models**

to minimize the impact on police, managing overtime expenses, and ensuring we have an adequately staffed and deployed Police force.

v. Reimagining health and safety, considering allocating resources towards a more holistic approach - one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

vi. Providing meaningful safety, continuing critical health and social services, and committing to, and investing in, a new, positive, equitable and community-centered approach to health and safety that is affordable and sustainable.

vii. Determining the appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.

viii. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

Areas where these reports have been responsive to meeting original goals:

National Institute of Criminal Justice Reform (NICJR) Report

A clear principle outlined in both Item 18d, “*Transform Community Safety and Initiate a Robust Community Engagement Process*” and the Omnibus Motion, is that any transformation of public safety must be based on analysis of our current structure and community needs. While other communities rushed ahead with big changes, Berkeley first took a step back and initiated this process to understand what we have, what we need, and to where we want to go. The research and recommendations developed by NICJR have gotten us closer to understanding those questions in several key areas.

First, the calls for service analysis completed by the City Auditor and NICJR provides an essential foundation for developing a more specialized and appropriate system of responses for non-violent requests. It is clear that by reducing BPD’s focus on non-criminal and low level calls for service, the Department can improve its response, investigation, and prevention of more serious crime.

Second, the proposed Community Emergency Response Network (CERN), provides a framework for a civilianized responder model that can complement the Specialized Care Unit (SCU) and *improve* responses and service quality to low-level calls for service. However, this model needs more refinement to align with our city before we implement a pilot. The task force raised many important points that merit staff consideration. In particular, we are not convinced that CBOs are best equipped to handle these calls and would like to see an approach to a civilian responder model that uses city staff (e.g. code enforcement, mediators, outreach specialists, etc.). Given that the SCU and priority dispatch programs are likely to move ahead while this analysis is underway, we believe the implementation of both programs should anticipate and plan for the integration of additional community responders to deal with other low level calls for service.

Last, the council action highlighted that there is “both a moral and fiscal imperative to restructure the way Berkeley envisions and supports health and safety”. Rather than abruptly cutting the budget an arbitrary amount, the Council directed analysis to discern what the appropriate scope, size and budget of the police budget should be. Unfortunately, we still do not have a definitive answer to that question. The recent City Auditor’s recent report, as well as NICJR’s demonstration of the potential for alternative responders to handle up to 50% of call types point toward a more efficient and focused public safety system.

Reimagining Public Safety Task Force Report

The Reimagining Task Force, originally described as a Steering Committee in the July 14, 2020 Item “Transforming Community Safety”, was envisioned to serve two key functions: (1) To serve as the hub of a robust community process that would inform the definition of a holistic approach to community safety, and (2) to inform the city’s process with a dedicated and diverse range of knowledge, expertise and representation.

The task force report and their meetings over the last year reflect commissioners’ deep commitment to realizing a transformed system of community safety for the City of Berkeley. Commissioners took their charge seriously, and extended their work many months beyond the timeline that they were initially presented with. The task force clearly responded to their charge through their feedback on the NICJR report and their supplemental recommendations.

Many of the task force recommendations present concrete opportunities to reinvest in programs, policies and systems that can improve community health and safety in the short-term while we figure out how to take on the larger economic programs recommended by NICJR. Some highlights include:

- The BerkDOT recommendations, which build on the work of the City Manager and City Council, and provide concrete suggestions to reduce “police contacts, stops, arrests, tickets, fines and incarceration”.
- The gender-based subcommittee spearheaded their own outreach to service providers and subject matters to develop a set of actionable recommendations to increase resources for victims, provide training to faith-based leaders, coordinate and expand prevention education work as well as many ideas to improve police responses.
- The PEERS recommendations draw heavily on both direct community input, as well as research of best practices and emerging models and respond to the goal of reducing police conflict, harm and institutionalization.
- Strong support and additional recommendations for the Office of Equity initiated by Councilmember Kesarwani and a Violence Prevention Program initiated by Councilmembers Taplin and Bartlett.

All of the task force recommendations are worthy of consideration and we look forward to working with the Council, commissioners, staff and the broader community to develop an action plan for implementation.

Areas that require additional work

In reflecting on the original vision and direction of the Council and reviewing these reports, there are several areas that require additional work and consideration. As staff and the Council move to the next phase of this work, the following areas merit additional attention:

- A more complete fiscal and operational analysis of our existing police staffing structure, and how it might change overtime with the incorporation of alternative responders.
 - As the City works to build this new network the Council may need to identify additional revenues to establish alternative responses rather than relying solely on vacancies as suggested by NICJR. It is not appropriate to bank on anticipated resignations, nor is it clear that the savings generated through attrition will be sufficient to fund additional staffing and overhead costs. In the short run, we may need to identify additional funding to ensure that we will have the necessary number of officers while we develop our SCU/Community Responder model.
 - This analysis should build on the auditor's recommendations and explore a structure that integrates civilian responders and provides greater opportunity for the deployment of current beat officers for bike, pedestrian or problem-oriented policing teams. The operational analysis should also evaluate the city's capacity to respond to surges in calls for service as well as mutual aid agreements.
- Identifying impacts on labor contracts due to shifts in roles and responsibilities and implications for timing of implementation.
- Greater emphasis on how a new system of public safety can *improve* response and service in addressing low-level non-violent issues.
 - For example, page 16 of NICJR's report identifies a list of call types for which to pilot civilian responses. Currently, some of these calls such as for an abandoned vehicle, blocked driveway, or noise complaint may not currently receive a prompt response due to their relative low-priority. With dedicated civilian responders, residents should expect improved and more rapid responses.
- Expand on the task force recommendation to review the Berkeley Municipal Code as it relates to transportation to all identify violations that currently require a police officer to enforce, but could safely be addressed by unsworn personnel. For example, the mask and smoking ordinances currently require police enforcement but the BMC could be amended to enable code enforcement.

- A strong public outreach campaign to inform the community whom to call and what type of response to expect with a new set of responders.

2. Provide feedback in the form of high-level prioritization and requested analysis for the City Manager's forthcoming report.

Attachment 2, has two matrices. The first is a table that combines NICJR's summarized recommendations, the task force votes and comments, and early thoughts and feedback on additional staff analysis, and potential phasing of recommendations. Columns A-I are copied from the NICJR and Task Force final reports. Columns K-O are added to organize thoughts on analysis, phasing and additional commentary or potential direction.

The second table is an expanded summary of the task force recommendations. Columns A and B were included on pages 36-38. The rationale statements are pulled from the body of the report and reflect the Mayor's Office's best effort to summarize each recommendation. Columns D-I provide initial thoughts, analysis, and potential phasing of recommendations. Given that all the ideas presented are aligned with the initial vision expressed by the council, these priorities are based on the recommendations that are most ready to move forward towards implementation. These suggestions could change with staff feedback, and in some cases staff input is required before any phasing can be suggested.

We request that the City Manager complete an initial evaluation of all task force supplemental recommendations to identify their potential cost and staffing and recommend phased implementation.

3. Acknowledging need for additional resources and community input

- A. Budget Referral for a Senior Project Coordinator or similar position as defined by the City Manager to ensure at least 1 FTE is available in the City Manager's Office to coordinate the implementation phase of this project.
- B. Input from Staff on the preferred approaches to continued community engagement during implementation.

Attachments:

1. Council Referral: "Transform Community Safety and Initiate a Robust Community Engagement Process" and Resolution No. 69,501-N.S. (July 14, 2020)
2. Consolidated Spreadsheet of Reimagining Public Safety Recommendations



Office of the Mayor
Jesse Arreguín

ACTION CALENDAR
July 14, 2020

To: Honorable Members of the City Council

From: Mayor Jesse Arreguín, Vice-Mayor Sophie Hahn, Councilmember Ben Bartlett, Councilmember Kate Harrison

Subject: Transform Community Safety and Initiate a Robust Community Engagement Process

RECOMMENDATIONS

1. Adopt a Resolution expressing the City Council's commitment to:
 - a. A transformative approach to community-centered safety and reducing the scope of policing,
 - b. Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and
 - c. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.
2. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council and posted on a regularly updated and dedicated page on the City website.
3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community

investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.

- ii. Identify immediate and longer-term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, "neighborhood services" and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to initiate and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - c. Limiting militarized weaponry and equipment.
 - d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- c. The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

SUMMARY

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function, and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

The current re-energized movement for social justice and police reform highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could have been avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that is not traditionally the purview of the police.

This item initiates a restructure and redefinition of "health and safety" for all Berkeleyans, with immediate, intermediate and longer-term steps to transform the city to a new model that is equitable and community-centered. It roots the transformative process in broad, deep and representative community engagement which empowers the community to address social determinants of health and safety and deliver transformative change, with the help of change management professionals and informed by research and analysis of current and best practices.

BACKGROUND

The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice. Across the country, community members have gathered for weeks to demand change and called out the enduring, systemic racism, white supremacy and accompanying police brutality that have defined the United States for too long. Among the more immediate demands are calls to reduce funding and the scope of police work and to invest in alternative models to achieve positive, equitable community safety.

These demands for change go beyond necessary efforts in procedural justice, implicit bias training, and improved use of force policies. Activists, organizers and their allies in our community are seeking a broader discussion about the true foundations for a safe and healthy community for all people. For too long, "public safety" has been equated

with more police, while economic and social welfare programs have been viewed as special projects unrelated to health and safety.

Responding from the epicenter of this moment, the City of Minneapolis has voted to disband their police department and engage in a deep and detailed year long process to fundamentally transform community health and safety in their city.¹ Closer to home, Mayor London Breed has announced that San Francisco will demilitarize their police force and end the use of police as a response for non-criminal activity.²

As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to police. This resolution and recommendations initiate a thoughtful, thorough approach to restructuring and redefining health and safety through investment in the social determinants of health, rooted in deep community engagement and empowerment.

Community members are calling on city leaders to be creative in reimagining the city's approach to health and safety and to make clear, demonstrated commitments and timelines for this work.

In order to earn community buy-in for these important changes it is critical that the future of community health and safety be defined by the Berkeley community, centering the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically, and continue to be, marginalized and under-served by our current system. A community-wide process would ultimately inform recommended investments and approaches to achieve a higher and more equitable level of community safety for the entire community.

CURRENT SITUATION AND ITS EFFECTS

Despite strong efforts and leadership on police reform, homelessness, health, education and housing affordability in Berkeley, racial disparities remain stark across virtually every meaningful measure. According to the City of Berkeley's 2018 Health Status Summary Report, African Americans are 2.3 times more likely to die in a given year from any condition as compared to Whites. In 2013, African Americans were twice as likely to live in poverty in Berkeley. By 2018, they were eight times more likely. The Center for Policing Equity (CPE) found that Black drivers are 6.5 times as likely as white drivers to be stopped by Berkeley police officers and four times as likely to be searched. Latinx people are also searched far more often than white people. Furthermore, there is a striking disproportionality in BPD's use of force against Black community members.

¹ <https://lms.minneapolismn.gov/Download/File/3806/Transforming%20Community%20Safety%20Resolution.pdf>

² <https://sfmayor.org/article/mayor-london-breed-announces-roadmap-new-police-reforms>

Black people comprise 8% of Berkeley's population but 46% of people who are subjected to police force.³

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

In addition to renewed efforts around policing in places like Minneapolis and San Francisco that were prompted by George Floyd's murder, the financial and public health impacts of COVID-19 had already required Berkeley to reimagine and innovate to meet the moment. Berkeley now faces multiple intersecting crises: the COVID-19 pandemic and its economic impacts, the effects of systemic racism and the ongoing climate emergency. There is no returning to "normal."

COVID-19 has demonstrated that we are only as healthy and safe as the most vulnerable amongst us, and we are in fact one community. There is both a moral and fiscal imperative to restructure the way Berkeley envisions and supports health and safety.

Berkeley is facing a \$40 million budget deficit, and while deferrals of projects and positions can help close the gap in the short term, the economic impacts of the pandemic will require deeper restructuring in the coming years. The current structure of the police department consumes over 44% of the City's General Fund Budget. With the increase in payments required to meet pension and benefit obligations, the police budget could overtake General Fund capacity within the next 10 years. Thus, even before the important opportunity for action created through outrage at the murder of George Floyd, the City's current investments in safety were unsustainable. To provide meaningful safety and continue critical health and social services, Berkeley must commit to, and invest in, a new, positive, equitable and community-centered approach to health and safety - this is affordable and sustainable.

³ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

RATIONALE FOR RECOMMENDATIONS

1. Resolution expressing City Council's commitment to a new city-wide approach to public health and safety

Transforming our system of health and safety requires strong commitment from our leaders and the community. This resolution (Attachment 1) is an expression of commitment and a tool for accountability to the public.

The proposed set of principles as well as specific initiatives are the starting point for a robust and inclusive process. Some actions will require significantly more work and additional council direction prior to implementation. For example, moving traffic and parking enforcement from police is a concept that is recommended but would require a significant redesign of city operations. Other changes may be able to move forward more quickly. These ideas are submitted in a spirit of conviction and humility. The future of community health and safety must be addressed in a fundamentally different way and the Council is committed to collaborating with the community to define a new, positive and equitable model of health and safety for everyone.

2. Direct the City Manager to publicly track progress on actions that respond to the directives of the principles herein and others identified by the Coalition. Progress shall be updated regularly and available on a dedicated page on the City website.

This webpage should include a summary of the actions outlined in this item, as well as other work already underway such as the Mayor's Fair and Impartial Working group, the Use of Force policy updates, other work underway by the Police Review Commission and any other Council referrals or direction on public safety, including existing referrals addressing alternative and restorative justice, that reflect the spirit and scope of this item.

Transformative change will only be successful if processes are transparent and information widely disseminated, as the City has so successfully demonstrated in managing the COVID-19 crisis. By publicly posting this information, the public will have the capacity to keep its elected officials, city staff, and our whole community accountable for realizing a new system of community centered safety that meets the needs of all of Berkeley's residents.

3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:

(a) Begin the process of structural change including directing the analysis of the activities of the Berkeley Police Department and other related departments.

Transforming community health and safety has to start by understanding the existing system, the calls to which it responds and other activities. This recommendation seeks to build on Councilmember Bartlett's George Floyd Community Safety Act to immediately engage independent, outside experts to conduct a data-driven analysis of police calls and responses and a broader understanding of how the police actually spend their time.⁴⁵

Engaging the services of outside experts will ensure a transparent and trusted process and provide accurate data required to effectuate substantive change will be identified and that data will inform immediate change and the work throughout the community engagement process. The experts must be knowledgeable about policing, code enforcement, criminal justice and community safety and have deep experience with current and emerging theories, as well as expertise in data collection and analysis to inform recommendations for transformative change.

This analysis should commence as quickly as possible with the goal of providing some recommendations in time for the November 2020 AAO and then to more broadly inform the work of the Community Safety Coalition.

(b) Identify immediate opportunities to shift elements of current policing resources to fund more appropriate community agency responses

This re-energized movement for social justice also highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could be avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that have slowly accreted to the police.

⁴https://www.cityofberkeley.info/uploadedFiles/Clerk/Update_Budget%20Request%20to%20Hire%20a%20Consultant%20to%20Perform%20Police%20Call%20and%20Re...pdf

⁵ [New York Times- How Do the Police Actually Spend Their Time?](#)

By November 2020, with preliminary information provided by outside experts, the City Manager and Council should identify some responsibilities that can be quickly shifted to other programs, departments and agencies. Some areas to be considered include:

- Mental health and crisis management (consideration should be given to possible expansion of the Mobile Integrated Paramedic Unit (MIP) Pilot initiated by the Berkeley Fire Department during the COVID-19 pandemic), and other models for mental health outreach and crisis response, including by non-profits
- Homeless outreach and services
- Civilianizing some or all Code Enforcement + Neighborhood Services and placing these functions elsewhere
- Alternatives for traffic and parking enforcement, and
- Substance abuse prevention and treatment

The consultants should work with the City Manager to provide a specific timeline and process for transitioning functions as quickly as possible, with deliverables to coincide with timelines for budget processes.

(c) Contract with Change Management experts to initiate and facilitate a Community Safety Coalition (“CSC”) and Steering Committee that will begin meeting no later than January 2021.

While the Council can make some important changes and investments in the near future, a complete and enduring transformation in community safety is only possible through robust community engagement. It is critical that the future of community health and safety is defined by the Berkeley community, elevating the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically marginalized and under-served by current systems. The Community Safety Coalition, guided by a steering committee, will serve as the hub for a broad, deep and representative process, and uplift the community’s input into a new positive, equitable, anti-racist system of community health and safety.

Berkeley has a history in leading transformational change to achieve a more equitable society. The robust public process that led to school desegregation is an example of our community’s success in bringing about significant, transformative change (Attachment 4).

The robust public process, led by the Community Safety Coalition and its steering committee, will be guided and facilitated by outside experts.

The work of the Coalition should include but not be limited to:

- Build upon the work of the City Council, City Manager, the Fair and Impartial Policing Working Group, the Use of Force subcommittee and other efforts of the Police Review and other City Commissions, and the work of other community agencies addressing community-centered health and safety
- Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley. This research should explore and propose investments in restorative justice models, gun violence intervention programs, and substance abuse support, among other things.
- Recommend a positive, equitable, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - Limiting militarized weaponry and equipment.
 - Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

FINANCIAL IMPLICATIONS

\$160,000 from the Auditor's budget to assess police calls and responses

\$200,000 from current budget cycle from Fund 106, Civil Asset Forfeiture, for initial subject matter expertise and engagement of outside consultants

Staff time to support the process of identifying and implementing change.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

This effort is in support of the following strategic plan goals:

- Champion and demonstrate social and racial equity
- Create a resilient, safe, connected, and prepared City
- Create affordable housing and housing support services for our most vulnerable community members
- Provide an efficient and financially-healthy City government
- Be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON

Mayor Jesse Arreguin 510-981-7100

Vice-Mayor Sophie Hahn

Councilmember Ben Bartlett

Councilmember Kate Harrison

Attachments:

1. Resolution
2. Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
3. "Shrink the Beast" A Framework for Transforming Police, National Institute for Criminal Justice Reform
4. School Desegregation in Berkeley: The Superintendent Reports, Neil Sullivan 1968

RESOLUTION

Whereas, The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice; and

Whereas, Demands for change go beyond necessary efforts in procedural justice, implicit bias training, and use of force policies and seek a broader discussion about investment in the conditions for a safe and healthy community; and

Whereas, Investment in “public safety” has been equated with more police for too long while economic and social welfare programs have been viewed as special projects unrelated to health and safety; and

Whereas, This movement is highlighting the problematic expansion in the roles and responsibilities of police officers. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders to mental health crises, homelessness, drug addiction, sex work, school disruption, traffic and code violations and neighborhood conflicts; and

Whereas, the adopted 2020 budget allocated \$74 million to the Berkeley Police Department, which represents over 44% of the City’s General Fund of \$175 million, and is more than twice as much as the combined City budgets for Health Housing and Community Services, and Economic Development; and

Whereas, It is clear that our current system of public health and safety is not working and is not sustainable in Berkeley. Despite strong efforts and leadership on police reform, homelessness and affordable housing, racial inequity remains stark across virtually every meaningful measure of health and well-being; and

Whereas, Local government’s most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;⁶⁷⁸ and

Whereas, As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to using the police; and

⁶ [Transforming Community Safety Resolution-Minneapolis](#)

⁷ [San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community](#)

⁸ [The cities that are already defunding the police](#)

Now, Therefore, Be It Resolved by The City Council of The City of Berkeley:

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives⁹;

Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.

Be It Further Resolved that the process will center the role of healing and reconciliation. The process will require healers, elders, youth, artists, and organizers to lead deep community engagement on race and public safety. We will work with local and national leaders on transformative justice in partnerships informed by the needs of every block in our city.

Be It Further Resolved that decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.

Be It Further Resolved that these efforts heed the words of Angela Davis, “In a racist society, it is not enough to be non-racist. We must be anti-racist.”

Be It Further Resolved that the transformation under consideration has a citywide impact, and will be conducted by the City Council in a spirit of collaboration and transparency with all constructive stakeholder contributors including the Mayor’s Office, the City Manager, the Police Chief, and community organizations.

Be It Further Resolved that the City Council of the City of Berkeley is committed to:

1. A transformative approach to community-centered safety and reducing the scope of policing
2. Equitable investment in the essential conditions of a safe and health community especially for those who have been historically marginalized and have experienced disinvestment
3. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

⁹ [A Framework fo Transforming Police- NICJR](#)

Be it Further Resolved that the City Council supports taking the following actions to realize this transformation:

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.
2. Direct the City Manager to collaborate with Councilmembers later selected by the Mayor to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent consultants/Change Management and subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs, or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.
 - ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, “neighborhood services” and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

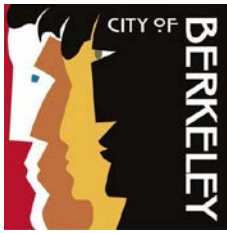
- b. Contract with independent Change Management experts to create and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee, should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

4. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
5. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
6. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:

- a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
- b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
- c. Limiting militarized weaponry and equipment.
- d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.



Councilmember Ben Bartlett
City of Berkeley, District 3

EMERGENCY ITEM AGENDA MATERIAL

Meeting date: June 16, 2020
Item Description: Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
Submitted by: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and Councilmembers Kate Harrison (Co-Sponsor)

Rationale:

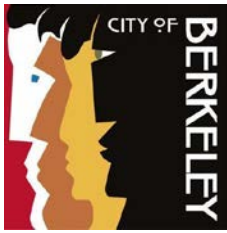
Pursuant to California Government Code Section 54954.2(b) (2), Councilmember Ben Bartlett submits the attached item to the City Council for placement on the June 16, 2020 meeting agenda. Gov. Code Section 54954.2(b) (2) states that “Upon a determination by a two-thirds vote of the members of a legislative body presents at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).”

This item meets the criteria for “immediate action” as follows:

- 1) The budget is being considered and there is public outcry for Council to take action.
- 2) Racism Is a Public Health Emergency.
- 3) Council is considering numerous police items right now.

Hundreds of thousands of people in every state have marched in solidarity to call for an end to police brutality, to demand police accountability, and to reform law enforcement, bringing justice to the Black lives and people of color who have been wrongfully harmed at the hands of the criminal justice system. Police brutality has taken the lives of 46-year-old Black man George Floyd, 26-year-old Black woman Breonna Taylor, and countless other people of color. Often resorting to violent means of punishment, police officers are not trained to handle noncriminal and nonviolent situations. Unfortunately, the lack of sufficient data and reporting has allowed police misconduct to be swept under the rug, which has increased police militarization, failed to prioritize community safety, and prevented providing the civilian with the necessary treatment to resolve the situation.

To respond to urgent calls for police transparency and accountability, this item requests the City Manager to hire third-party consultants to conduct a data-driven analysis of the Berkeley Police Department’s calls, responses, budget, and expenditures to determine which calls can be serviced to non-law enforcement agencies, ensuring noncriminal and nonviolent situations are properly handled by trained community professionals.



Councilmember Ben Bartlett
City of Berkeley, District 3

CONSENT CALENDAR

June 16, 2020

To: Honorable Mayor and Members of the City Council
From: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and
Councilmembers Kate Harrison (Co-Sponsor)
Subject: Safety for All: The George Floyd Community Safety Act - Budget Request to
Hire a Consultant to Perform Police Call and Response Data Analysis

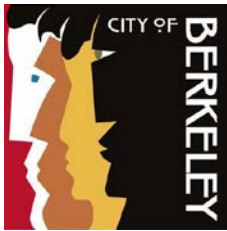
RECOMMENDATION:

1. Refer to the Thursday, 6/18/2020 Budget & Finance Policy Committee and the FY 2020-21 Budget Process the \$150,000 to
 - a. Hire a consultant to conduct a data-driven analysis of police calls and responses to determine the quantity and proportion of these calls that can be responded to by non-police services. The third-party consultant must be hired and engaged in work within three months of the item's passage.
 - b. Hire a consultant to conduct an analysis of the Berkeley Police Department's budget and its expenditures by call type. The third-party consultant must be hired and engaged in work within three months of the item's passage.
2. Direct the City Manager to:
 - a. Implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.

CURRENT SITUATION

In all 50 states and more than 145 cities, Americans are calling to end police violence and brutality, to legitimize police accountability, and to transform the police system to protect the safety of communities and people of color. Police violence and brutality led to the death of a 46-year-old Black man George Floyd and the murders of other Black people, igniting a flame that has been brewing for a long time. These events of police violence gave rise to a wave of demonstrations and demands for change, including many in the City of Berkeley.

Due to the Coronavirus pandemic, the City of Berkeley is facing a nearly 30+ million dollar budget deficit, sharply stalling economic growth with effects that parallel the Great Depression. At the same time, the City is projected to undergo an increase in people experiencing homelessness, trauma, and mental health crises. Therefore, the City must ensure that each dollar is spent for the residents' best interest and will produce the maximum return.



Councilmember Ben Bartlett
City of Berkeley, District 3

In order to better respond to the needs of the Berkeley community, it is critical that the Council takes local-level action on police reform. In particular, the City must examine the types of calls and responses from the police department and analyze the agency's budgets and expenditures according to call type.

As a component of the **REDUCE, IMPROVE, RE-INVEST** framework, this item works towards the REDUCE goal: *the City should implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.* Specifically, this item proposes to hire an outside consultant to conduct an analysis of police calls and responses as well as the department budget.

With military-style techniques and structure, police officers are trained to combat crime in a manner that exerts violence through punishments, establishing a monopoly on force in communities. While law enforcement is supposed to protect our communities and keep us safe, crime waves from the 1970s and 1980s have transformed the police community into a body for crime control, maintaining such focus until modern-day despite declines in criminal activity¹. With this focus on crime control, police officers lack the necessary training to adequately respond to noncriminal and nonviolent crimes. Non Criminal crimes refer to issues involving mental health, the unhoused community, school discipline, and neighborhood civil disputes². Nonviolent crimes are categorized as property, drug, and public order offenses where injury or force is absent³. When police respond to these types of matters, they resort to violent means of arrest or problem escalation because they are ill-equipped and not trained to resolve the underlying issues.

According to the Vera Institute of Justice's report between 1980 and 2016, more than 10.5 million arrests are made every year; only 4.83 percent of those arrests were for violent offenses⁴. Eighty percent of these arrests were for low-level offenses, such as "disorderly conduct," non-traffic offenses, civil violations, and other offenses. This criminalization may be attributed to the arrest quotas for police productivity, which promotes punishment by rewarding the number of arrests for police funding instead of finding solutions to these issues⁵. This high percentage of low-level offenses resulted in

¹ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

² <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>

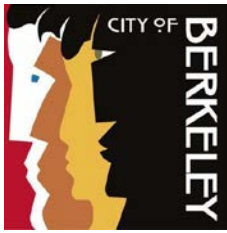
³

<https://www.bjs.gov/content/pub/ascii/pnoesp.txt#:~:text=Nonviolent%20crimes%20are%20defined%20as%20possession%2C%20burglary%2C%20and%20larceny.>

⁴

<https://arresttrends.vera.org/arrests?compare%5Boffense%5D%5Bpart1%5D=part1&compare%5Boffense%5D%5Bpart2%5D=part2#infographic>

⁵ <https://theintercept.com/2019/01/31/arrests-policing-vera-institute-of-justice/>



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arrest when other nonviolent, rehabilitative methods could have occurred from the solutions of community workers with the experience to handle these situations.

It is imperative that the City of Berkeley develops, implements, and enforces a clear and effective roadmap towards making real change, ending anti-Black racism, stopping police violence, and holding police accountable for their actions. Thus, the Council should direct the City Manager to hire third party consultants to conduct a data-driven analysis of police calls and responses as well as their budget and expenditures in order to determine ways in which experienced community workers can reduce the police footprint by addressing noncriminal situations. We recommend that community workers also resolve nonviolent situations.

BACKGROUND

In order to achieve the aforementioned goals, the City must implement a series of important law enforcement reforms and take action by initiating the following:

REDUCE:

I. Hire a consultant to conduct a data driven analysis of police calls and responses.

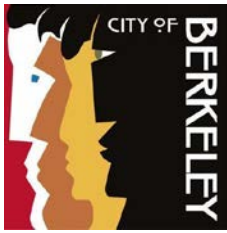
University of Denver Political Science Professor Laurel Eckhouse stated, “One method of reducing police presence... is to separate and reassign to other authorities various problems currently delegated to the police... such as the problems of people who don’t have housing... mental health issues... and even things like traffic⁶.” Community organizations, civilian workers trained in mental health situations, or neighborhood problem-solvers would better address these specific issues due to their experience, ensuring that the police are not the only force addressing these issues and promoting community vitality⁷.

Conducting a data driven analysis of police calls and responses would signify a report of the calls and responses that police receive and would inform the city where to better allocate resources to resolve specific issues. Noncriminal and nonviolent activities can thus be properly addressed by those who are equipped to handle these situations and would relieve law enforcement from these calls to then pursue more serious criminal situations. For example, the San Francisco Police Department receives approximately 40,000 calls per year about homeless people on the streets⁸. Social workers who can help unhoused citizens and those with mental health disorders are better equipped to help these citizens receive

⁶ <https://www.stanforddaily.com/2020/06/04/police-abolition-looks-like-palo-alto/>

⁷ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

⁸ <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>



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proper treatment while also protecting the safety of our communities, which would give law enforcement time to handle other crimes.

One suggestion to reduce the costs of policing is to boost productivity by allocating a portion of the calls for service to community organizations who have the resources and training to handle such situations⁹. For example, in Mesa, Arizona from 2006 to 2008, a third of calls for service are handled by civilians; these calls are for incidents of “vehicle burglaries, unsecured buildings, accidents, loose dogs, stolen vehicles, traffic hazards, and residential burglaries¹⁰.” Approximately half of calls for service in Mesa are handled by police officers, but among those, there are ways to reduce police authority. For example, 11 percent of those calls that police officers handled were in response to burglary alarms, where 99 percent were false. Six percent of those calls included “juveniles disturbing the peace.” This situation in Mesa demonstrates the possibility of reduced police force in exchange for community based response teams who can better resolve these issues with their experience.

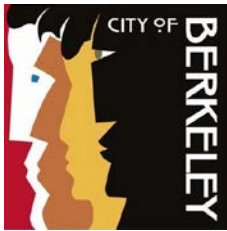
The City Manager should hire a third party consultant within three months of this item’s passage to conduct the data analysis, ensuring that the report is completed in an impartial and timely manner.

The third party consultant should create a report with the following information by analyzing and gathering the data from the police department, reporting their findings to the City every two years. We recommend the following data to be considered for analysis:

- a. Number of calls the police department receives per day, week, month, and year, which will be categorized into noncriminal, misdemeanor, nonviolent felony, and serious and violent felony calls.
- b. Demographics for these calls
- c. Characteristics of traffic stops
 - i. Quantity
 - ii. Type/reason
 - iii. Number of those resulting in searchings paired with the frequency at which illegal items were found
 - iv. Police response (i.e. citation, arrest, use of force)
 - v. Demographics of the civilian in the traffic stop that is broken into type of stop and whether a search occurred
- d. Number of complaints against an officer
 - i. Enumerate the officers with a high number of complaints

⁹ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>

¹⁰ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>



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ii. Reason behind the complaints.

With the results of the data analysis, the City can determine the portion of calls that the community crisis worker pilot can properly address with the resources and experience they have.

II. Hire a consultant to conduct an analysis of the police department budget.

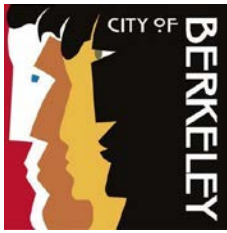
Using the analysis generated by a review of police call and response data, a third party consultant should be hired to analyze the police department's expenditures and budgets for various calls of service and report their findings to the City every two years.

According to the 2019 budget, the Berkeley Police Department's expenditures were approximately \$69 million, which consists of 5.6 percent of the city's net expenditures. However, for the 2020 budget, the BPD is expected to have \$74 million in expenditures, reflecting a \$5 million increase from the previous year and approximately \$8 million higher than 2017's expenditures¹¹. Unfortunately, anecdotal evidence suggests that only 20 percent of police time is spent on solving crime and the majority is spent towards addressing those experiencing homelessness and mental health crises. The City should reallocate resources to a crisis worker entity who would be tasked with responding to noncriminal calls. We recommend that nonviolent calls also be addressed by this entity. This would give police officers more time to focus on crime, leading to better outcomes for public safety, community health, and a higher quality of life.

In Canada, Police Information and Statistics Committee police services Waterloo Police Regional Service and Ontario Provincial Police collaborated with Justice Canada and Public Safety to collect data on their calls for service and determine the costs of policing¹². Their research reported that in 2013, bylaw complaints were listed as the most frequent call for service in Waterloo at 8,769 calls and non-crime policing activities were listed as the most frequent. In contrast, the only criminal activity listed in the top 10 generated calls were domestic dispute, theft under \$5000, and major violent crime in property damage. Considering the most frequent of costly calls are noncriminal activities such as selective traffic enforcement programs (\$22,212.45 in sum of total unit service time in hours) and vehicle stops (\$206,668.13), the greatest cost in calls were for noncriminal activities. As noncriminal activities result in the greatest costs, it would be more efficient for community workers to handle these situations in order to reduce

¹¹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/FY-2020-2021-Adopted-Budget-Book.pdf>

¹² <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2015-r018/index-en.aspx#c-1-i>



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police department costs, allowing trained professionals to resolve the issue and giving police officers time to spend on more serious criminal offenses.

By analyzing the budget expenditures for the police for each call type, the community can divest from the police and reallocate those funds for trained community organizations who can handle noncriminal and nonviolent offenses. Considering the significantly delayed response to former requests for the police department's budget, the data analysis should be conducted by a third party consultant that is hired and engaged in active service within three months of this item's passage, ensuring that the police department's budget information is transparent to the public and reported in an impartial, timely manner.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

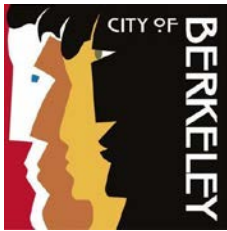
The City Manager provides regular reports on crime in Berkeley and on the policies of the Berkeley Police Department¹³. The data on serious crime is collected annually by the Federal Bureau of Investigation (FBI), which consists of over 17,000 law enforcement agencies that represent over 90 percent of the United States population. The FBI's Uniform Crime Report (UCR) reports crime statistics on violent crimes (including murder, rape, robbery, and aggravated assault) and property crimes (including burglary, larceny, auto theft, and arson). This data allows the BPD to analyze national and local crime trends, determine effectiveness of response to crime, and plan for future policies and resource allocation. Additionally, the City of Berkeley implements the Daily Calls for Service Log that the community can access to see the volume and nature of police activity.

Currently, Utah requires agencies to report tactical deployment and forcible entries where such reports are summarized by the Utah Commission on Criminal and Juvenile Justice. Utah Law Enforcement Transparency reporting interface was added to Utah Criminal Justice Information System in 2014 through the use of federal grant funding. Law enforcement agencies are required to report incidents of forcible entry and the deployment of tactical groups, representing data collection of police use of force¹⁴.

However, these reports do not analyze the demographics or types of calls and responses from the BPD, which makes it difficult to hold police officers accountable for the mistreatment of individuals. Without this information, it becomes difficult to determine how to decrease the police footprint or implement safer policing practices if the analysis only pertains to the quantity and types of arrests and does not include the

¹³ https://www.cityofberkeley.info/Police/Home/Annual_Crime_Reports.aspx

¹⁴ <https://justice.utah.gov/Documents/CCJJ/LETR/2018%20LET%20Annual%20Report.html>



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background, call of service, reason, demographics, complaints against the police officer, and other important factors to the BPD's response.

Despite voluntary data sharing and crime reports, data collection still remains vague and insufficient, leaving many unanswered questions regarding the number of instances of and reasons for use of force, complaint process against police officers, and other information about police actions. This lack of clarity allows police misconduct to perpetuate due to the lack of research that would hold police departments accountable.

ACTIONS/ALTERNATIVES CONSIDERED

One possible alternative to the community response teams would be to implement better training procedures so that police officers are more equipped to handle nonviolent and noncriminal activities. For example, the state of Washington requires both violence de-escalation and mental health training for police officers¹⁵. Such reform may render the data analysis on the types of calls unnecessary because the police department would be trained to handle all services regardless of the type of call.

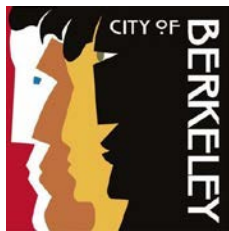
However, training police officers to handle situations such as mental health or homelessness would signify an increase in funding for the police department to provide such training services. Not only would this type of training be difficult to maneuver when police forces are currently trained in a militarized manner, but it would be more efficient for community professionals to peacefully and properly resolve such issues since they have already engaged in this training and experience for years.

Reforming police training may be beneficial, but in this case, it would also indicate the lack of basis for reporting the police department's types of calls and responses, which is necessary to hold the police accountable and ensure safer practices. While reporting the data analysis could still occur without the community crisis workers, only having the police department manage all situations would increase their authority over the communities, which would lead to increased militarization of the police forces if other community organizations do not intervene or hold them accountable.

OUTREACH OVERVIEW AND RESULTS

The District 3 Office has consulted with David Muhammad, who is the Executive Director of the National Institute for Criminal Justice Reform; the former Chief Probation Officer in Alameda County; and the former Deputy Commissioner of Probation in New York City. David Muhammad is a leading expert on criminal justice who has helped inform our response to the current situation.

¹⁵ <https://www.theatlantic.com/ideas/archive/2020/06/how-actually-fix-americas-police/612520/>



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City of Berkeley, District 3

The District 3 Office has also consulted with Marcus McKinney, the Senior Director of Government Affairs & Public Policy at the Center for Policing Equity.

The District 3 Office has also consulted with Professor Tracey L. Meares, Walton Hale Hamilton Professor and Faculty Director of the Justice Collaboratory at Yale Law School.

RATIONALE FOR RECOMMENDATION

Police departments across the country enforce policies and practices that breed a culture of violence resulting in killings--like those of Floyd and Moore, and of countless other people of color. These authoritative, militarized behaviors are often rooted in anti-Black racism, and such behavior must stop being acceptable. Transformation of police departments, their role, and relationship to our communities requires a change in culture, accountability, training, policies, and practices.

To prioritize community safety and reduce police violence, the City must hire a third party consultant to analyze police data in order to decide how to divest from the police to fund experienced community workers who can adequately resolve noncriminal and nonviolent situations. These community workers would protect the community from violence and emphasize revitalization and rehabilitation over the punishment that police officers often enforce. Implementing a data-driven analysis on police data would increase the transparency of the police department and hold them accountable, detecting the issues within the police force that community response teams can help heal. The Council must make informed legislative decisions that will reduce police footprint, improve current practices of law enforcement, and reinvest in the community for the safety of our civilians.

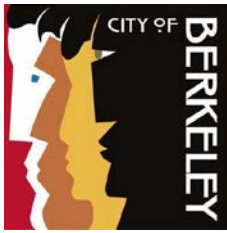
FISCAL IMPACTS OF RECOMMENDATION

The third party consultant/s would cost approximately \$150,000 to \$200,000. It is up to the City Manager to hire the third party consultants who will analyze the data of the police department's calls, responses, budget, and expenditures. Consultants must be hired and engaged in service within three months if this item passes. These consultants would ensure that noncriminal situations are handled by those with the necessary training, which may lead to a decrease in repeat offenses when community workers properly resolve the situation and guide civilians to helpful resources.

ENVIRONMENTAL SUSTAINABILITY

We do not expect this recommendation to have significant negative impacts on environmental sustainability.

OUTCOMES AND EVALUATION



Councilmember Ben Bartlett
City of Berkeley, District 3

If this item is passed, third party consultants would be hired by the City and engaged in data analysis within three months of passage. These consultants would produce biennial reports regarding the Berkeley Police Department's types of calls and responses as well as the budgets and expenditures in order to inform the City how to reallocate funds from the police into a community response team with better experience to handle noncriminal situations. We recommend that nonviolent situations also be addressed by community crisis workers.

CONTACT PERSON

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ATTACHMENTS

1. Cover Letter - Safety for All: George Floyd Community Safety Act
 - <https://drive.google.com/file/d/16pqqd9J6NPRzh6298Bgazo7jw1qxTK6Y/view?usp=sharing>

SHRINK THE BEAST:

A Framework for Transforming Police

NICJR★
National Institute for
Criminal Justice Reform



The killing of George Floyd by Minneapolis police was the match that lit a fire that has been building in our communities for a long time. Nationwide demands for not just reform, but complete transformation of policing have put pressure on local jurisdictions across the country to make rapid and real change.

Since its founding, the National Institute for Criminal Justice Reform (NICJR) has worked to reform the juvenile and criminal justice systems through a process of Reduce – Improve – and Reinvest. This framework can also be effective in transforming policing. In the past 15 years, the U.S. juvenile justice system has been reduced by more than half. Youth correctional facilities have been shuttered and investment into community services has increased. While there is certainly more progress to be made, the movement to transform policing can learn a great deal from criminal justice reform.

NICJR's framework to Shrink the Beast focuses on three areas: reducing the footprint of law enforcement, significantly improving what remains of policing, and reinvesting the savings from smaller police budgets into community services.

Reduce

One of the most significant structural reforms we must advance in policing, already happening in the criminal justice arena, is shrinking its scope. Officers are asked to do too much with too few resources. The warrior mentality that police are indoctrinated with, starting as early as the first day of the police academy, does not allow them to handle many of those responsibilities well. It is time for an alternative response network for all non-violent calls for service. Similar to the community-based organizations that provide diversion programs for youth and adults who would otherwise end up in the justice system, a new infrastructure of community safety and problem-solving responders, with expertise in crisis response, mental health, and de-escalation techniques, must be developed. Such a network should be vast and well equipped, including 24-hour on-call community crisis response and outreach workers. The resulting reduced police force would then focus primarily on responding to serious violence. Small, but promising examples of this model already exist:

- › **In Oakland, CA**, non-profit organizations employ street outreach workers and crisis response specialists who respond to shooting scenes, intervene in and mediate conflicts, and sit down with young adults who have been identified as being at very high risk of violence to inform them of their risk and offer them intensive services. These City-funded efforts have been credited with a [50 percent reduction in shootings](#) and homicides in the city.
- › **In Eugene, OR**, Crisis Assistance Helping Out on the Streets ([CAHOOTS](#)) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers. This represents nearly 20 percent of the total public safety call volume for the metropolitan area.
- › **In Austin, TX**, the [Expanded Mobile Crisis Outreach Team](#) is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.
- › **In Albuquerque, NM**, where the police have been involved in numerous unjustified killings, the Mayor has proposed creating a [new non-law enforcement public safety agency](#) that will respond to non-violent calls.

Steps To Reduction



Create a robust alternative emergency response network with mental health workers, crisis intervention specialists, and street outreach workers – the Community Emergency Response Network (CERN).



Significantly reduce police patrol divisions which are currently primarily responsible for responding to 911 calls. Police will instead focus on responding to serious and violent incidents, a small percentage of all current calls.



CERN Crisis Intervention Specialists would respond to all other calls.



Traffic policing should be replaced by technology to the maximum extent possible.



Violence reduction teams should be created or remain intact: Patrol and investigation units focused on reducing gun violence. Like all remaining police personnel, these units must be trained in and adhere to strict use of force and Procedural Justice policies.



Investigation Units should also remain intact.

Improve

The primary challenge in police agencies is culture. Many have described it as a warrior culture. Adrenaline-filled young officers want to “knock heads” during their shifts; the “us vs them,” military occupation syndrome. We must confront and transform this destructive culture. Policing should focus on protection and service to the community.

Improving the smaller police departments that remain, after taking the steps to reduction outlined above, includes three components: policy, training, and accountability. Implement new policies including restricting the use of force, mandating verbal de-escalation, community policing, and eliminating stop and frisk. Implement high quality and frequent training on these newly developed policies. And, most importantly, hold all police personnel accountable for adhering to and demonstrating these policies in action.



Steps To Improvement

- 1 Increase hiring standards to screen out candidates with any signs of racial bias, interest in the warrior culture, or those who have been fired or forced to resign from previous law enforcement positions.
- 2 Prioritize hires of those who grew up in the city and/or live in the city.
- 3 Make deliberate efforts to have the police force representative of the community it serves.
- 4 Revise use of force policies to limit any use of deadly force as a last resort in situations where a suspect is clearly armed with a firearm and is using or threatening to use the firearm.
- 5 All other force must be absolutely necessary and proportional.
- 6 Provide thorough, high quality, and intensive training in subjects including:
 - New use of force policy
 - Verbal de-escalation
 - Bias-free policing
 - Procedural Justice
- 7 Transparency: Provide regular reports to the public on stops, arrests, complaints, and uses of force, including totals, demographics, and aggregate outcomes data.
- 8 Effectively use an early intervention system that tracks various data points to identify high risk officers and implement discipline, training, and dismissal where necessary.
- 9 Use aggressive, progressive discipline to root out bad officers.
- 10 Rescind state and local laws that provide undue protection to police unions and prohibit effective and efficient disciplinary action.

Reinvest

A smaller footprint of law enforcement should result in a reduced police budget. Resources should be shifted away from the police department to the CERN and other community-based intervention initiatives, including Credible Messengers/Life Coaches, social workers, and mental health service providers.



The National Institute for Criminal Justice Reform (NICJR) is a non-profit organization providing technical assistance, consulting, research, and organizational development in the fields of juvenile and criminal justice, youth development, and violence prevention. NICJR provides consultation, program development, technical assistance, and training to an array of organizations, including government agencies, non-profit organizations, and philanthropic foundations.

[NICJR.org](https://www.nicjr.org)

R E P O R T R E S U M E S

ED 015 988

UD 004 752

SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT REPORTS.

BY- SULLIVAN, NEIL V.

PUB DATE NOV 67

EDRS PRICE MF-\$0.25 HC-\$0.92 21F.

DESCRIPTORS- *SCHOOL INTEGRATION, *BOARD OF EDUCATION POLICY, *BOARD OF EDUCATION ROLE, SCHOOL ADMINISTRATION, SCHOOL SUPERINTENDENTS, JUNIOR HIGH SCHOOLS, ELEMENTARY SCHOOLS, COMMUNITY COOPERATION, BUS TRANSPORTATION, STAFF ROLE, ELECTIONS, INTEGRATION PLANS, BERKELEY, CALIFORNIA

DESCRIBED IS THE HISTORY OF THE EFFORTS TO DESEGREGATE THE BERKELEY, CALIFORNIA, SCHOOL DISTRICT, WHICH IS SCHEDULED TO BE FULLY DESEGREGATED BY SEPTEMBER 1968. CHANGE BEGAN IN THE 1950'S WITH THE ELECTION OF A "LIBERAL" TO THE BOARD OF EDUCATION. FIRST STEPS INVOLVED IMPROVING EDUCATIONAL OPPORTUNITIES FOR MINORITY GROUP CHILDREN AND MAKING EFFORTS FOR BETTER RACE RELATIONS. DESEGREGATION BEGAN IN THE JUNIOR HIGH SCHOOLS BUT NOT WITHOUT COMMUNITY FRICTION TO THE POINT OF A DEMAND FOR A RECALL ELECTION OF THE BOARD. HOWEVER THE BOARD WAS VINDICATED ON ITS STAND FOR VOLUNTARY INITIATION OF DESEGREGATION. A NEW SCHOOL SUPERINTENDENT WAS FACED WITH THE JOB OF IMPLEMENTING THE PLAN AND BEGAN HIS EFFORTS BY DEVELOPING COMMUNITY SUPPORT AND PRODUCTIVE LIAISON WITH HIS STAFF. THE NEXT STEP INVOLVED DESEGREGATING THE ELEMENTARY SCHOOLS. THE WIDE GEOGRAPHIC SEPARATION OF IMBALANCED SCHOOLS IN THE CITY REQUIRED THE DESIGNATION OF CERTAIN WHITE SCHOOLS AS RECEIVING SCHOOLS AND THE USE OF FEDERALLY FUNDED BUSES AND ADDITIONAL STAFF FOR THE 230 INCOMING PUPILS. HOWEVER THIS WAS ONLY A "TOKEN" EFFORT. VOLUNTARY REVERSE BUSING AND A TIMETABLE FOR COMPLETE DESEGREGATION HAVE BEEN RECOMMENDED. IT IS FELT THAT THE REQUISITES FOR SUCCESSFUL SCHOOL DESEGREGATION ARE FULL COMMITMENT BY THE SCHOOL ADMINISTRATION AND THE BOARD, COMMUNITY INVOLVEMENT WITH AND FAITH IN THE BOARD AND ADMINISTRATION, AND THE DEVELOPMENT OF "WORKABLE" PLANS. THIS PAPER WAS PREPARED FOR THE NATIONAL CONFERENCE ON EQUAL EDUCATIONAL OPPORTUNITY IN AMERICA'S CITIES, SPONSORED BY THE U.S. COMMISSION ON CIVIL RIGHTS, WASHINGTON, D.C., NOVEMBER 16-18, 1967. (NH)

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**SCHOOL DESEGREGATION IN BERKELEY:
THE SCHOOL SUPERINTENDENT REPORTS**

Prepared by
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Berkeley Unified School District-Berkeley, California
for the
National Conference on Equal Educational Opportunity
in America's Cities
sponsored by the
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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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In recent years Berkeley, California, has been fortunate to have a school district which recognizes its problems and works effectively toward their solution. The city schools already have completely desegregated the junior high schools, and have made a token start at the elementary level. The School Board has committed itself to completing the process in all schools by September 1968. When that goal is reached, Berkeley will be a rare example of a major city working out a solution to this problem without court orders, violence, boycotts, or compulsion, but only with the conviction of the Board of Education, the Administration, and the citizens that it was right.

This has not been achieved overnight. To place the present achievements in their proper context it is necessary to trace the development of events in the recent past.

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PRE-1964

The Liberal Renaissance - Prior to the mid-1950's Berkeley's local government -- including the Board of Education -- was typical of those found in most middle-size, middle-class communities. The orientation was pro-business, with a heavy emphasis on keeping the tax rate down. This condition was so pronounced that teachers, in order to obtain a much needed and earned salary increase, were forced to use an initiative petition to get school revenues raised; the Board had refused to do so.

There are many different versions concerning the beginning of the liberal renaissance. There is general agreement that the first concrete step was the election of one liberal to the Board in 1957, followed by another in 1959, and two more in 1961. With the 1961 election the liberals assumed control of both the Board of Education and the City Council. However, even with only one "liberal" Board member in the late 1950's, the Board began to give attention to the problems of race relations in a multi-racial city.

Preliminary Steps - A citizens committee (named the Staats Committee after its chairman) was organized to study race relations within schools. This committee did not come to grips with the question of de facto segregation but sought to deal otherwise with improving educational opportunities for minority youngsters and improving race relations in the schools. For the late 1950's this report was a forward-looking document. It led to two particularly noteworthy developments.

First, the hiring practices for minority teachers were greatly improved. The number of Negro teachers increased from 36 in 1958 to 75 in 1962. Negroes also were advanced to principalships and other high positions in the District's administrative hierarchy. And by 1962 there were about 30 Orientals on the certificated staff.*

Second was the Intergroup Education Project (IEP). This project was designed to help teachers appreciate cultural diversities and better understand youngsters from other than middle-class backgrounds. It conducted seminars for teachers, mass community meetings, and weekend conferences for this purpose. The IEP helped prepare the ground for the high staff support for later integration efforts.

Junior High School Desegregation - In 1962 a delegation from the Congress on Racial Equality visited the Superintendent of Schools -- and later the Board of Education. Complimenting the School District for progress already made, the CORE delegation suggested that it was time to get on with the task of desegregating the schools. CORE asked that a citizens committee be appointed to study this problem.

The report included a recommendation for desegregating the junior high schools by assigning some students from the predominantly Caucasian "hill" area to Burbank, the Negro junior high school; students from predominantly Negro west Berkeley would be assigned partly

* The distribution of minority teachers among the various schools did not keep pace with progress in hiring. Most of these recruits were assigned to predominantly Negro schools. In more recent years we have made a concerted effort to achieve a better racial balance on all faculties. It is important, especially to combat stereotypes, to the education of all children to see members of all races working together in such respected vocations as teaching.

to Garfield, the Caucasian junior high school. Since the third junior high school already was racially balanced, this recommendation would have eliminated de facto segregation at the junior high school level.

The report struck the community like a bombshell. Although the community was aware that the committee was functioning, most people had not taken seriously the possibility that such a concrete recommendation would be made. The reaction was intense. During the remainder of 1963 and through January of 1964 there was extensive community discussion of the proposal. Two hearings were held -- one attracting 1200 people and other drawing over 2000. PTA's and other groups set up study committees on this problem; never before had such crowds attended PTA meetings!

In the hill area affected by the recommendation many liberals faced a dilemma. Some asked: "How do we express our opposition to this particular proposal without sounding like bigots?" Our response was to ask them to develop a better plan. Many sincere critics of the citizens committee proposal set out to do just that.

One of these alternative proposals was named the "Ramsey Plan" after the junior high school English teacher who suggested it. This plan proposed desegregation of Berkeley's three junior high schools by making the predominantly Negro school into a 9th grade school and dividing the 7th and 8th graders between the two remaining junior high schools.

In February 1964 a five-member staff committee was asked to study the reactions of the Berkeley school staff to the citizens committee proposal and to other ideas that had been offered. Every school faculty was asked to consider the matter.

In March the 5-member staff committee reported to the Board that the staff as a whole was favorable toward integration, and preferred the Ramsey Plan to the original citizens committee proposal. The Board instructed the Superintendent to consider the educational pros and cons of the Ramsey Plan, and its feasibility for September 1964 implementation.

The results of this study were presented to the Board and the community on May 19, 1964, a landmark date in the history of Berkeley schools. Again there were over 2000 people in the audience. The opposition, which had formed the "Parents Association for Neighborhood Schools" (PANS) solemnly warned that if the Ramsey Plan or any such desegregation proposal were adopted, the Board would face a recall election. The Board members did vote for the Ramsey Plan -- and they did face recall.

The Recall - Through the summer months the opponents of the Board collected signatures on recall petitions. A rival group was formed to defend the Board (Berkeley Friends of Better Schools). By late July the PANS group had enough signatures to force a recall election.

There followed a series of procedural skirmishes before the City Council and the state courts. Finally, an election was called for October 6, and after an intensive and heated campaign it was held. It was a stunning triumph for the courageous incumbent Board members. This election was another landmark for Berkeley education and for the cause of desegregation across the nation. There was more at stake than indi-

vidual Board members continuing in office. The basic issue was the survival of a Board of Education which voluntarily took effective action to desegregate schools -- not because of court order or other compulsion, but simply because the Board believed desegregation was right. If such a board of Education could not be sustained the lesson would not be lost on boards of education in other cities facing the same problem. Thus, it was extremely significant that in this election the Board was vindicated by the Berkeley community.

SULLIVAN ADMINISTRATION

The New Administration - On September 1, 1964, five weeks prior to the recall election, I took office as Berkeley's Superintendent of Schools in the midst of a climate of change and uncertainty. Of the five-member Board of Education which had unanimously invited me to come to Berkeley, only two remained in office. One had resigned because his business interests led him to move from the city. Another was transferred to become minister of one of the largest churches of his denomination in New York City, and a third was appointed by the Governor to be a Superior Court judge. The two who remained were facing a recall election.

There also was a sweeping change in the school administration. Virtually every top ranking member of the central administration was either new to the District or new in his position. Over one-third of our schools had new principals.

Making the New Plan Work - The decision to desegregate the junior high schools had been made before I arrived. The role of the

new administration was to make it work.

School opened as usual and the new system was put into effect with no marked difficulties. In fact, the orderliness of the transition was an important contribution to the defeat of the recall attempt. It demonstrated clearly that desegregation could be achieved without the dire consequences that had been forecast.

Developing Community Support - Defeat of the recall election meant that courageous Board members would remain in office, and the junior high school desegregation plan would continue. My next task as Superintendent was to attempt to reunite a badly split community, to develop a sense of community understanding, and to provide a basis for school support.

I approached this problem by creating a climate of openness with the public. We immediately established the practice of recognizing and admitting our problems and inviting the community's help in seeking solutions. As a new superintendent, I was besieged by invitations to speak publicly. I accepted as many as I could and during the 1964-65 school year scheduled over 100 speaking engagements.

I issued an open invitation to citizens to visit my office and discuss their school concerns, to share their ideas and suggestions. In addition I telephoned or wrote to dozens of people who had been recommended to me as community leaders deeply interested in schools. For several months I met almost continually, often a few times a day, with citizens individually and in groups. These meetings made me familiar with the Berkeley community and established a climate that encouraged exchange of ideas.

I established a liaison channel between my office and the area-wide PTA Council. I made it a practice to convene three or four briefing sessions a year with the unit presidents and council officers of that organization, and included other groups such as the League of Women Voters. At these sessions problems and issues facing the schools, as well as hopes and plans for improvement were discussed.

The day after the recall election I recommended the formation of a broadly-based School Master Plan Committee, to examine all facets of the School District's operation and to develop guidelines for the future. I urged participation of all elements of the community, making it clear that we wanted cooperation, regardless of positions in the recall election. The response was heartwarming; over 200 highly qualified citizens were nominated or volunteered their services. The Board of Education selected 91 people from this list to serve on the committee. Also named were 47 staff members. The committee has been hard at work for two years, and presented its report in the fall of 1967.

During my first year in Berkeley, I was invited by the local newspaper to write a weekly column on local and national education matters. This column has been a valuable means of keeping the community informed and introducing some new ideas. During the past year I accepted the invitation from a local radio station to conduct a weekly program of fifteen minute sessions dealing with events in the school system and issues facing public education. Each month the final week's program is extended to one hour, and features a direct phone-in from the radio audience.

In addition to developing relationships with the general public, we have worked to maintain good liaison with the staff. We have frequent breakfast conferences with the leaders of both teacher organizations, and meet regularly with the Superintendent's Teacher Advisory Council, made up of teacher representatives chosen by each faculty.

The purpose of these communication efforts has been three-fold. First, extensive dialogue with staff and community helps to identify and define problems needing attention. Second, it serves as an excellent source of new ideas and suggestions. Third, it helps interpret our problems, goals, and programs to the community.

Our efforts have been, in short, to "mold consensus" in the community behind the school system. Although we have not achieved unanimity on any single subject (that would be impossible in Berkeley!) there have been good indications during the past three years. It seems that we have succeeded in molding community support for the schools, and in developing sufficient consensus to resolve some of the crucial problems facing urban schools today.

A START TOWARD ELEMENTARY INTEGRATION

Segregation in the Elementary Schools - The Board's adoption of the Ramsey Plan, followed by the defeat of recall election, insured desegregation at the junior high school level. Since there is only one regular senior high school, our entire secondary school program, beginning with grade 7, was desegregated. However, we still face de facto segregated elementary schools. The four elementary schools in south and west Berkeley are overwhelmingly Negro. The seven schools located in

the northern and eastern hill areas of the city are overwhelmingly Caucasian. In between, in a strip running through the middle of Berkeley, are three desegregated schools. Since the racially imbalanced Negro and Caucasian schools are on opposite sides of the city, separated by the integrated schools, boundary adjustments will not solve the problem.

When the Ramsey Plan was adopted the Board tabled a companion recommendation that would have desegregated the elementary schools by dividing the city into four east-to-west strips, each containing three or four schools. The schools within each of these strips would have been assigned students on a Princeton principle, i.e., 1-3 in some schools, grades 4-6 in others.

Educational Considerations - It is not the function of this paper to develop fully the case for school desegregation. However, the basic motivation underlying our progress in Berkeley can be stated concisely.

Many studies, in Berkeley and elsewhere, have documented the fact that segregation hurts the achievement of disadvantaged youngsters. Schools with a preponderance of these boys and girls have low prestige and generally lack an atmosphere conducive to serious study.

The emotional and psychological harm done to children through this type of isolation also has been demonstrated. Regardless of cause, racial segregation carries with it the symbol of society's traditional rejection of Negroes.

The benefit of integration extends to children of all races. We are all sharing this society, and if it is to be successful we must learn to respect each other and get along with one another. This will not happen if segregation remains.

These considerations have been taken seriously in Berkeley as we move toward total school integration.

ESEA Busing Program - The Elementary and Secondary Education Act of 1965 allowed the schools to make a beginning on the problem of elementary school segregation. Berkeley's share under Title I of that Act was approximately a half-million dollars. A major share of these funds was used to reduce pupil-teacher ratios in our four target area (Negro) schools and to provide extra specialists and services for students attending them. The reduction of pupil-teacher ratios left a surplus of 235 children. The seven predominantly Caucasian hill-area schools had spaces for these youngsters. Our proposal for the first year's use of Title I funds, then, included improved services and reduced pupil-teacher ratio in the target area schools and the purchase of buses to transport the 235 "surplus" youngsters to the hill area schools.

In the preparation of this project we again employed our principle of mass community involvement. Each school faculty was invited to submit suggestions. Their response was gratifying. These suggestions, when piled together, produced a stack of paper several inches high. When they had been sifted and evaluated, and a project developed, we submitted it to the Board. Copies were made available to the school faculties and the public for their reactions. Two major public meetings were held in different sections of the city, and the Board of Education held a workshop session at which teachers could react. Many valuable suggestions and constructive criticisms resulted and were incorporated into the final proposal.

As might have been predicted, most of the public attention was centered on the busing proposal, although it involved a relatively minor share of the funds. This time the opposition, though by no means silent, was much less severe.

Since the children in the hill area schools were not being asked to go anywhere else -- the hill schools were simply going to receive youngsters from the other areas of the city -- this provided no focal point for the development of opposition. And the proposal included employing eleven extra teachers, paid with local money, and placing them in the receiving schools to maintain the pupil-teacher ratio there. A few scattered voices were raised against the proposal, but the preponderance of community opinion was favorable. Both teacher organizations endorsed the project, and on November 30, 1965, the Board adopted the program for implementation the spring semester.

The proposal went to the State Board of Education and became one of the first fourteen ESEA projects approved in the State of California. We had approximately two months to prepare for its implementation -- the selection of youngsters (this was voluntary on the part of the parents), the employment of teachers, arrangement of transportation, and other administrative details. Parent groups in the receiving schools helped by establishing contact with the parents of the transferring students. The students in the receiving schools likewise participated, and some wrote letters of welcome to the newcomers. Dry runs were conducted with the buses so that by the time the program was implemented in February 1966, the necessary advance preparation had been accomplished.

Results to Date - Although the program has not been in effect long enough for an extensive objective evaluation, early indications are that it has been extremely successful. The children have adjusted well in their new school environment and, by their performance, have made friends for integration. One evaluation, made by an outside consultant employed by the District, found that receiving school parents whose children were in class with Negroes were more favorable to integration than parents whose children were not in class with Negroes. And parents of the bused students were so pleased with the results that many requested that their other children be included.

This limited program provided an integrated experience for the 230 youngsters being transferred, less than 10 percent of the sending schools' enrollment. It also provided token integration for the receiving schools. However, it left the four southwest Berkeley schools just as segregated as they were before, although with a somewhat improved program due to the reduced pupil-teacher ratio and added services.

COMMITMENT TO TOTAL INTEGRATION

The Problem - Although the ESEA program has provided a start in the direction of elementary school desegregation, we never regarded the busing of only 235 youngsters as the solution to the segregation problem. The problem will not be solved as long as our four south and west Berkeley schools remain overwhelmingly Negro, and the schools in the north and east overwhelmingly Caucasian. The segregation problem must be solved if minority youngsters are ever to close the achievement gap and if all youngsters, regardless of race, are to be adequately prepared for life in a multi-racial world.

Although we have integrated the schools down to the 7th grade, we strongly believe that integration must begin earlier. In too many cases attitudes already are hardened and stereotypes developed by the time the youngsters reach the 7th grade. It is, of course, politically and logistically easier to desegregate the secondary schools. In fact, a bi-racial city that has not desegregated its secondary schools is by definition not committed to integration. The problem is much more difficult at the elementary level. Buildings and attendance areas are smaller, children are younger, and community emotions are more intense. Yet, the problem must be solved at the elementary level. It is ironic that solutions come more easily at one level, but more good can be accomplished at the other.

The Commitment - The commitment of the Board of Education to desegregation of all elementary schools in Berkeley came in the spring of 1967. In early April a delegation from west Berkeley made a resen- tation to the Board, stating that it was time to get on with the job of total desegregation. The delegation had many other recommendations specifically relating to the south and west Berkeley schools and the programs available to minority youngsters. At this meeting I recommended that the Board authorize the Administration to develop a program of voluntary reverse busing from Caucasian areas to south and west Berkeley. I let it be known that this was to be regarded only as a stop-gap measure to demonstrate good faith and did not represent a solution to the desegregation problem.

At the next meeting, however, before we could develop a reverse busing plan, the issue moved ahead. Both of our certificated staff organizations made appeals to the Board for action either to erase de facto

segregation completely or at least to make a significant step in that direction. Officials of the local NAACP and other members of the audience supported these appeals. A motion was presented to the Board calling for desegregation of all Berkeley schools. The Board concurred and established September 1968 as the target date for desegregating the schools.

The next two or three Board meetings, including one workshop or "open hearing", drew crowds of several hundred spectators and many speakers. Most of the speakers and most of the crowds were supportive of the Board's action; there was a minority who disagreed with the Board's position -- some opposed desegregation altogether, and others felt that 1968 was too long to wait.

On May 16 the Board adopted a formal resolution reaffirming the September 1968 commitment and adding an interim calendar of deadlines for the various steps required to achieve desegregation. The Administration was instructed to develop plans for total integration. We were instructed to make our report by the first Board meeting in October, 1967. The timetable calls for the Board to adopt a particular program by January or February 1968. Seven or eight months would then remain for implementing the program in time for the opening of school in September 1968. This is the calendar on which we now are operating.

The Board included in its Resolution on Integration two other features: first, the assumption that desegregation is to be accomplished in the context of continued quality education, and second, that massive community involvement was to be sought in development and selection of the program. Both of these features I heartily support.

Developing the Plan - We went to work immediately. The Administration compiled information on enrollment and racial makeup of each school, school capacities and financial data. This information was distributed to each faculty. We then called a meeting of all elementary school teachers; I relayed our charge from the Board and asked each faculty to meet separately and develop suggestions. We also sent information packets to over sixty community groups and invited them to contribute their ideas. By the end of June we had received many suggestions, both from staff members and lay citizens.

Meanwhile both local and national endorsements were pouring in. The Berkeley City Council passed a resolution commending the Board on its commitment to integration. Other local organizations and individuals did the same.

During the summer months two task groups were assigned to work on the problem. One was concerned with the logistics of achieving desegregation and the other was concerned with the instructional program under the new arrangement. The Board appointed a seven-member lay citizens group to advise the Administration in development of its recommendations. Even after the Administration's recommendation has been given to the Board, this group will continue to function as an advisory body to the Board. Upon receiving the Administration's recommendation, the Board plans a series of workshop sessions to provide every opportunity for community reaction and suggestion.

As this paper is written (mid-September) we are making excellent progress toward meeting our deadline. Soon after the opening of school, a report from the Summer Task Group outlining four or five

of the most promising plans was sent to each school faculty and to each group or individual who submitted a plan during the summer. These proposals are being made available to the community as well, along with the many suggestions received earlier from staff and lay citizens. School faculties and the community-at-large are invited to react to these proposals and to make suggestions to the Administration. Procedures have been organized to facilitate a response from school and community groups. Each faculty has been asked to meet at least twice. On one afternoon, schools will be dismissed early and the district-wide staff divided into cross sectional "buzz" groups. Each of these groups will submit ideas. Following these steps we will use the task group proposals, along with the reactions and suggestions that come from the staff and community, in developing our recommendation to the Board. This recommendation will be presented to the Board on schedule, at the first meeting in October. From that point on the matter will be in the hands of the Board, which is to make its decision by January or February 1968.

As our plans develop, we have received invitations to appear before many groups, large and small. Some have been hostile at first. However, meeting with them has made possible an excellent exchange of views and an opportunity for explaining our program to people who had not been reached earlier. We anticipate that the fall months will be crowded with such speaking assignments. It is our firm commitment, and that of the Board of Education, to inform the citizens of Berkeley thoroughly about the issue and about prospective plans prior to the Board's adoption of a program in January or February.

LESSONS LEARNED

While working toward integration in the Berkeley schools over the past several years, we have learned some lessons:

1. Support by the Administration and the Board of Education for the concept of school integration is absolutely essential. The Board must give its consent before any plan of desegregation can occur. The support of the Superintendent and his administrative team is vital in helping to obtain Board support and in making a success of any program adopted. While the Board nor the Administration need broad community support, their leadership role is vital.

2. Integration has the best chance of success when a climate of openness has been established in the community. Lines of communication with Board, Administration, teachers, and the community-at-large must be kept open through frequent use. Anyone who thinks a solution to the problem of integration can be developed in a "smoke-filled room" and then rammed through to adoption while the community is kept in ignorance is simply wrong.

Our citizens are vitally interested; they are going to form opinions and express them, whether we like it or not. It is in our interest to see that these opinions are formed on the basis of correct information. Furthermore, the success of integration, once adopted, depends upon broad community support and understanding between the lay community and the schools. This can be created only through a climate of openness.

3. It can be done! A school district can move voluntarily to desegregate without a court order and without the compulsion of violence or boycotts. Berkeley has demonstrated that a school community can marshal its resources, come to grips with the issue of segregation, and develop a workable solution.

Furthermore, if the new arrangement is well planned and executed, it will gain acceptance on the part of many who opposed it at first.

Many fears and threats which arose in Berkeley were not realized. The Board was not recalled. Our teachers did not quit in droves. In fact, the reverse happened; our teacher turnover rate has been drastically reduced during the last two or three years. Integration did not lead to the kind of mass white exodus being experienced in other cities (which, interestingly enough, have not moved toward integration). In fact, last year for the first time in many years the long-standing trend toward a declining white enrollment in the Berkeley schools was reversed.

The not-so-subtle hints that direct action for integration would lead to loss of tax measures at the ballot box proved to be unfounded. In June 1966 we asked the voters for a \$1.50 increase in the ceiling of our basic school tax rate. Much smaller increase proposals were being shot down in neighboring districts and across the nation. In Berkeley we won the tax increase with over a 60 percent majority.

4. A community can grow. Berkeley did! When the citizens committee report came out in the fall of 1963 with an actual plan for desegregation of the junior high schools, the community suddenly awoke to the fact that desegregation was a real possibility. The furor that

resulted could be predicted in any city. However, as large public hearings and countless smaller meetings were held by dozens of groups, support for integration began to grow and opposition diminish. One area of the city that reacted emotionally at first later provided some of our strongest supporters.

An example in a different but related field can illustrate this point. Berkeley held a referendum election on a Fair Housing Proposal early in 1963, before the citizens committee report, and the measure was defeated by a narrow margin. A year and a half later the community, together with the rest of California, voted on the same issue -- Proposition 13. Although the statewide vote on that issue was a resounding defeat for Fair Housing, the City of Berkeley voted the direct opposite by almost a two-to-one margin. The Proposition 13 election was held only a month after the recall election, after almost a full year of intensive community involvement with the school desegregation issue. In other words, a city that voted down its own Fair Housing proposal, later voted two-to-one for Fair Housing in a statewide election. Many of us feel that this change of direction was substantially influenced by the extensive community involvement in the school integration question between the two elections. The community grew in understanding as it studied the issues.

5. Community confidence in the good faith of its school administration and school board must be maintained. Berkeley has been successful in doing this. The good faith of our Board and Administration has been demonstrated. There have been no court orders, no pickets, no boycotts, no violence. Each advance has been made, after extensive

study and community deliberation, because the staff, the Board and the community thought it was right. By moving in concert with the community we have avoided being placed in polarized positions of antagonism. The climate thus produced has enabled us, as we move step by step, to work with rather than against important segments of the community in seeking solutions. If this climate of good faith is missing, even the good deeds of school officials are suspect.

CONCLUSION

There is no greater problem facing the schools of America today than breaking down the walls of segregation. If our society is to function effectively its members must learn to live together. Schools have a vital role to play in preparing citizens for life in a multi-racial society. The Berkeley experience offers hope that integration can be successfully achieved in a good-sized city. This success can be achieved if the Board of Education, the school staff, and the citizens of the community are determined to solve the problem and work together toward this end.

RESOLUTION NO. 69,501-N.S.

TRANSFORM COMMUNITY SAFETY AND INITIATE A ROBUST COMMUNITY
ENGAGEMENT PROCESS

WHEREAS, the recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice; and

WHEREAS, demands for change go beyond necessary efforts in procedural justice, implicit bias training, and use of force policies and seek a broader discussion about investment in the conditions for a safe and healthy community; and

WHEREAS, investment in “public safety” has been equated with more police for too long while economic and social welfare programs have been viewed as special projects unrelated to health and safety; and

WHEREAS, this movement is highlighting the problematic expansion in the roles and responsibilities of police officers. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders to mental health crises, homelessness, drug addiction, sex work, school disruption, traffic and code violations and neighborhood conflicts; and

WHEREAS, the adopted 2020 budget allocated \$74 million to the Berkeley Police Department, which represents over 44% of the City’s General Fund of \$175 million, and is more than twice as much as the combined City budgets for Health Housing and Community Services, and Economic Development; and

WHEREAS, it is clear that our current system of public health and safety is not working and is not sustainable in Berkeley. Despite strong efforts and leadership on police reform, homelessness and affordable housing, racial inequity remains stark across virtually every meaningful measure of health and well-being; and

WHEREAS, local government’s most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;¹²³ and

WHEREAS, as this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to using the police; and

¹ Transforming Community Safety Resolution-Minneapolis

² San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community

³ The cities that are already defunding the police

NOW THEREFORE BE IT RESOLVED the City Council of The City of Berkeley:

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives⁴;

BE IT FURTHER RESOLVED, that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.

BE IT FURTHER RESOLVED that the process will center the role of healing and reconciliation. The process will require healers, elders, youth, artists, and organizers to lead deep community engagement on race and public safety. We will work with local and national leaders on transformative justice in partnerships informed by the needs of every block in our city.

BE IT FURTHER RESOLVED that decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.

BE IT FURTHER RESOLVED that these efforts heed the words of Angela Davis, “In a racist society, it is not enough to be non-racist. We must be anti-racist.”

BE IT FURTHER RESOLVED that the transformation under consideration has a citywide impact, and will be conducted by the City Council in a spirit of collaboration and transparency with all constructive stakeholder contributors including the Mayor’s Office, the City Manager, the Police Chief, and community organizations.

BE IT FURTHER RESOLVED that the City Council of the City of Berkeley is committed to:

1. A transformative approach to community-centered safety and reducing the scope of policing
2. Equitable investment in the essential conditions of a safe and health community especially for those who have been historically marginalized and have experienced disinvestment
3. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

⁴ A Framework fo Transforming Police- NICJR

BE IT FURTHER RESOLVED that the City Council supports taking the following actions to realize this transformation:

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.
2. Direct the City Manager to collaborate with Councilmembers later selected by the Mayor to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent consultants/Change Management and subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs, or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.
 - ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, “neighborhood services” and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to create and facilitate a representative Community Safety Coalition, guided by a Steering Committee that will begin meeting no later than January 2021. The CSC and its Steering Committee, and should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety

- b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
- c. Limiting militarized weaponry and equipment.
- d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition’s goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

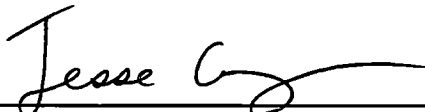
The foregoing Resolution was adopted by the Berkeley City Council on July 14, 2020 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Wengraf, and Arreguin.

Noes: None.

Abstain: Davila.

Absent: None.



 Jesse Arreguin, Mayor

Attest: 

 Mark Numainville, City Clerk

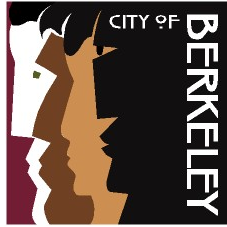
NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report	Request Additional staff analysis?	No Action Necessary	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
u											
1	Establish tiered dispatch/CERN model (p.14)	\$2,532,000, plus some costs associated with training for Dispatch	Current BPD Vacant Positions	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.	More analysis needed	1. Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)? 2. What is the system (or multiple systems) for both receiving calls and routing the responses? 3. How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)? 4. Who will provide and staff these non-police responses (i.e., City staff or contractor, professional (credentialed or community responders) and if contractors, under what color of authority will they provide City service? 5. When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service – whatever the merits of replacing police, we cannot replace something with nothing? 6. What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)? 7. Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses? 8. What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence?	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.	Yes, see task force inquiries on pages 69-78 of the task force report	X		Support a community responder model that takes on calls for service beyond what SCU is expected to tackle. The design of SCU and implementation of the SCU and our new dispatch should anticipate a set of community responders to deal with other low level calls for service. Additional analysis as suggested by the Task Force is necessary to further define a community responder pilot, which can evolve and expand over time. Additionally, want to ensure that our dispatch is centralized so that residents know who to call as well as providing a unique phone number for those reluctant to call the police.
2	Contracting with local CBOS for Tier 1 CERN response				More analysis needed	1. Which CBOS? (Where is the landscape analysis that was promised by NICJR?) 2. Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? 3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? 4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.	*See above			Not convinced that only CBOs are best equipped to tackle this work. Would like to see an approach to a CERN model that uses city staff e.g. code enforcement to address these calls for service
3	Evaluate CERN (p. 19-20)				(did not vote on this)						
4	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	\$7,596,000	Reduction of BPD Patrol Division by 50%	Two years after implementation of the pilot	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?	See analysis above		X	Further analysis is required to determine appropriate staffing levels and funding sources
5	Reduce BPD budget through attrition only and no layoffs (p. 20)				Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.	Yes, additional analysis is required to understand the adequate staffing structure that BPD could manage, as well as the possibility of shifting patrol officers to increase investigation capacity			Do not support any reduction of the police department through layoffs. Attrition will need to be tracked and planned to ensure minimum staffing of BPD while alternative responses are implemented and their effect on overall community needs is analyzed.
6	End pretextual stops (p. 24)				Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses." and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. (based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest Subcommittee's Feedback document posted January 6, 2022)		X		Agree with Task Force comments that this work is already underway. Staff should continue to prioritize the implementation of the FIP recommendations.
7	BerkDOT (p.25)				Accept with Conditions	1. This is in NICJR Report but is not mentioned in the Implementation Plan grid. 2. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail.	While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD. Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.	See Recommendations in Task Force Report			
IMPROVE											
8	BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)				Reject	1. Not credible that this change comes at "no additional cost" 2. RPSTF focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining police	Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.				These ideas merit future consideration. However, BPD should prioritize implementing the Fair and Impartial Policing recommendations as well as its response to the City Auditors recommendations.
9	BPD join ABLE program	Joining ABLE is free of cost	N/A	Within six months of approval from City Council	(Did not vote unless this is part of the HALO program)	1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.	Same analysis as item 8				See Above
10	Expand EIS to assess all Use of Force	No additional costs	N/A	Within six months of approval from City Council	Reject	1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety 2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/	The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.		X		High Priority recommendation. Support this recommendation to expand the EIS work to include all uses of force. The PAB should take this into consideration when reviewing the revised EIS policy.
11	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau				Reject		Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.				This merits future consideration. Nearer term priority should be implementing FIP and auditor recommendations.
12	Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	No additional costs	N/A	Within six months of approval from City Council	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.					
13	BPD provide semi-annual reports to public (p. 32)	internal re-organization can achieve this goal without additional costs	N/A	First Report should be issued by July 1, 2022	Accept with Conditions	1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating.	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.		X		Agree with Task Force that real time data should be available and presented in an accessible platform for the community and analysis of trends completed by the Department.

NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report	Request Additional staff analysis?	No Action Necessary	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
14 Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST). The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies	Launch two years after City Council approval	Reject	RPSTF is focused on reducing BPD spending, not increasing. 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute.	The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other resources to provide citizens with resources and support.					In addition to the reasons outlined in the report, the benefits of a progressive academy include the opportunity to "export" Berkeley's model to neighboring jurisdictions and ensure regional alignment on training. However, the resources and coordination for this project would be significant. Moreover, resources will be needed for training for our SCU, dispatch and any additional community responders that would be part of a new model of public safety. It is therefore prudent to prioritize those projects and try to work with the County and other regional training agencies to seek improvements in their curriculum.
15 Increase diversity of BPD leadership (p. 36)				Accept with conditions	1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity?	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.			X		
16 Increase Standards for Field Training Officers (p. 36)				Needs more analysis	1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures?	What are steps required for implementation? Could this be integrated into the EIS policy? The threshold should be amended to focus on substantiated complaints.			X		Would not accept a 2 unsubstantiated complaint criteria. This should be considered by the PAB.
17 Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Training Costs	Savings from eliminating patrol positions through attrition	Within six months of approval from City Council	Reject	1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason.	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.		X			Agree with task force analysis. Use of Force policy was recently and comprehensively addressed by Council.
REINVEST											
18 Launch a guaranteed income pilot program (p. 37)	\$1,800,000	General Fund; federal funding already received or forthcoming from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities	Within six months of approval from Council	Accept with Conditions	1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc.	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.				X	This is an idea worth pursuing. The Council and staff should work to identify philanthropic and state grants to establish a UBI program. The focus in the near term should be the development of the alternative response system.
19 Launch a community beautification employment program (p. 39)	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents	Launch one year after approval from City Council	Accept with Conditions	1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.				X	Agree with the Task Force question as to why this is limited to just beautification? What other innovative models for jobs programs exist? Perhaps we can look at increasing jobs or apprenticeships in our parks department to focus on environmental design?
20 Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the infrastructure bill; and concerted efforts to increase philanthropic dollars	FY 22-23	Accept with conditions	1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.				X	Would prioritize a more targeted approach to upstream investment in community based orgs focused on the social determinants of health and safety.
21 Launch the Advance Peace Program	\$500,000	General Fund	Launch in first quarter of FY 2023, on going for at least 3 years	Recommendation was not in draft report, therefore task force did not vote	N/a	Appendix 6 provides a collection of resources on violence prevention programs. The task force informally voiced their support for these kinds of efforts repeatedly throughout their process.	Request an update on the status of the existing violence intervention referral. Are there significant differences on what the city is already working on and the advance peace model?		X		
Notes											
Grid is based on pages 39-40 of NICJR Final Report, titled Implementation Plan and the table on Pages 10-17 of the Task Force Final Report											
Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report											

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity	Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).		Staff should identify the resources required to take this on. See additional comment regarding expanding the effort to look at civilianizing the resources	X		This analysis could be expanded to review the municipal code to identify violations that currently require a police officer to enforce that could be changed to allow code enforcement. For example, our mask and smoking ordinances require police enforcement. In the spirit of reducing the need for police enforcement, we should review the B.M.C. with an eye toward civilianizing enforcement.
	Fully Fund the BerkDOT Planning Process	Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).	\$200,000	Staff confirm the budget required for the next phase.	X		
	Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works				X		Would also like to consider the potential for collision investigations and breaks that are not in progress to be handled by non-sworn personnel
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations	These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.		Request an update from BPD on the progress on implementing the Auditor's recommendations. Would like to better understand the steps required to add substance use to these recommendations	X		
	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges				X		Will be addressed when SCU is presented to Council
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System	From Page 65 of task force report..."Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020, 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020, 22).		Yes, Staff should review this recommendation and provide their input as to the best approach to establishing crisis stabilization center(s) in Berkeley, as well as realistic timeframe for doing so.			Establishing crisis stabilization centers should be a priority .
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible	"...an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community." Full rationale on pages 67-68 of Task Force report		See comment. Staff should provide feedback on this approach and a timeline that this could be implemented			Reviewing these policies for alignment makes sense. Could this be referred to a joint subcommittee of PAB and Mental Health Commission?
Gender-Violence Non-Police Response recommendations	Increase the capacity of community based organizations. Fund 3-4 organizations to provide services and resources mentioned on page 223 of NICJR Final Report Packet	Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management, legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.	\$500,000	Staff should connect with authors to understand their recommendation and build on their outreach to inform funding. Additionally, staff should work with county partners to clarify which services should be provided by county vs the city.	X		Refer to budget process
	Training and technical assistance for faith-based leaders	Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place[1] in Oakland, and Korean Family Services in Los Angeles[2]. The latter has trained over 1700 faith leaders in the last 10 years.	\$50,000	Staff should connect with authors to understand their recommendation and build on their outreach to inform funding.	X		
	Provide services for people who cause harm	While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.	\$150,000				Would like to connect further with authors and staff to better understand what this would look like and/or refer to a commission for further consideration
	Prevention education for K-12 to provide, and coordinate prevention work	Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.	\$125,000				Refer to the 2x2 commission to identify the best path for this recommendation
Gender-Violence Police Response recommendations	City Leadership to Host Regular Meetings and Coordinate Services	Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.[1] Outreach should be done to ensure that BIPOC leaders are at the table.	In-kind from the City	Staff input on the resources required to lead these convenings			
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws	Local courts are required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms or ammunition	In-kind from the City	Request staff coordinate with the District Attorney as well as the courts	X		
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials	California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.	In-kind from the City		X		This is a great suggestion, the PAB should assist in this review and consult with subject matter experts where possible and appropriate
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 and Non-Emergency Calls	Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.	\$5,000 for contracted speakers, in-kind from BPD	Staff input on budget and impacts to staffing			

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
	Publish Victim Resources in Plain Language and Multiple Languages	Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.	\$15,000 (one time investment with some funding needed to update resources)		X		This feels immediately actionable and urgent. Could be considered for a short-term referral
	Screen for Domestic Violence in All 911 and Non-Emergency Calls	This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.	in-kind from all responding agencies	Staff input required to understand what screening protocols already exist and whether this would be a matter of training or program and curriculum development	X		
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request	This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.	In-kind from police department	How many female officers exist on the force? What policies or changes in staffing structure would be required to ensure a female officer is always available? Could this be handled by non-sworn personnel in a co-response model?	X		
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate	This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).	\$125,000 (two advocates at .5FTE)	Could this be accomplished by establishing an on-call contract with DV Advocates? Are there other places where this is done? What is staff's budget estimate for this? How can this be folded into a community responder CERN-type model?	X		
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses	PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley. PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community—particularly for a non-police crisis response like a Specialized Care Unit (SCU).					
	Sufficiently Fund Behavioral Health Respite Centers	Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state. It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.		Need to understand what sufficient funding entails to develop a clear budget request and explore outside funding to support this			
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police	There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.					Could refer to the PAB the development of a policy or policies related to management of behavioral health crises and after-incident reconciliation
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health	There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about "public safety threats." It is not clear if the current protocol is designed to not only determine if someone is a "danger to themselves or others," or "gravely disabled" to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.		This feels directly tied to the SCU process, consider as part of implementation of SCU	X		This could be referred as an aspect of the priority dispatch work
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health	There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.					This could be addressed in part by having alternative responders with the SCU. Always strong support for de-escalation training
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges	There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.		Discuss with staff what this might entail.			
	Further Research Recommendations (in report)						
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQIA+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth	Currently, the LGBTQIA+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.		Confirm with staff what is already underway.			Support this collaboration.
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth	There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.		Confirm with staff what is already underway.			
	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients	There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.		Confirm with staff what is already underway. Where could additional capacity be developed?			
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute	This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, Berkeley personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report. Training topics are listed in appendix 5 of the task force report on page 126.		Analyze at a future stage once SCU/MACRO is more developed.			
	Develop Community Violence Prevention Programs	Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success: 1. Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation 2. Hiring of Credible & Trusted Responders 3. Transparency and Accountability 4. Allow Pilot Violence Prevention Programs to Grow			X		See Comments on Advance Peace Recommendation

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
	Support City Efforts to Establish the Office of Equity and Diversity 1. Develop the office in partnership with CBOs with listening sessions to inform office's direction/priorities 2. Integrate community oversight and community support body that works closely with the office in establishing community connections, evaluating the office's approach, and ensures ongoing success	The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups. An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups. This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.		Support staff in generating a community advisory component to the development of the Office of Equity and Diversity	X		
	Implement a Pilot Guaranteed Income Project	Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.					Agree with Task Force comments. See comments on NICJR recommendation
	Support the Police Accountability Board and Fair & Impartial Policing	We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.			X		
Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimagining Public Safety	Conduct Needs Assessment on CBO Capacity						
	Create Coordination and Communication Opportunities for CBO Staff	Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.					
	Improve Referral Systems	The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.					
	Remove City Funding System Inefficiencies and Duplication	Specific actions the City can take to decrease bureaucracy and increase efficiency include: a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs). b. Quarterly instead of monthly reporting. c. Increase baseline CBO salaries to improve their recruitment and retention.					
	Develop Additional Metrics for Community-Based Organizations	The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.					Refer to the commission of Human Welfare and Community Action
	Help CBOS Enhance Their Funding	1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. 2. Create an annual citywide fundraising campaign that would benefit all CBOS. 3. Train staff. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified. 4. Gather feedback from Consumers					
Notes	*Rationale was not consistently provided throughout the Task Force report. The language in the column reflects the Mayor's Office best effort to pull a descriptive paragraph for each recommendation from the report.						
	Sections highlighted in yellow did not make it into final task force report despite clear task force intention to include due to confusion in reconciling all documents and recommendations.						
	Sections highlighted in blue indicate the recommendation is a reiteration of a similar or existing recommendation that has already been made to City Council by staff, another commission or parallel process						



Reimagining Public Safety Task Force

REVISED AGENDA MATERIAL for Supplemental Packet 2

Meeting Date: March 10, 2022

Item Number: 1

Item Description: Consideration of the Reimagining Public Safety Task Force's Response to the National Institute for Criminal Justice Reform Recommendations

Submitted by: Reimagining Public Safety Task Force

A summary of the changes made:

- On page 2, "(current)" was added to commissioner Thompson's name to indicate that she is the current Youth Commission appointee
- On pages 33 and 34, respectively, one paragraph of text was edited/removed and a new paragraph was inserted
- On pages 79-80, the first four recommendations from the Gender Based Violence Subcommittee have been inserted
- On pages 80-83, the remaining 8 recommendations have been renumbered (from 1-8 to 5-12).
- On page 147, the word "should" was missing and has been added back in
- Finally, spacing has been adjusted throughout to make formatting work with these edits.

Response and New Recommendations
to NICJR's Report on Reimagining Public Safety
February 18, 2022



Reimagining



Public

Equity



Safety



Berkeley Task Force

Reimagining Public Safety Task Force Members

District 1 – Margaret Fine appointed by Councilmember Rashi Kesarwani

District 2 – Sarah Abigail Ejigu appointed by Councilmember Terry Taplin

District 3 – boona cheema appointed by Councilmember Ben Bartlett

District 4 – Paul Kealoha Blake appointed by Councilmember Kate Harrison

District 4 - Jamie Crook appointed by Councilmember Kate Harrison (current)

District 5 – Dan Lindheim appointed by Councilmember Sophie Hahn

District 6 – La Dell Dangerfield appointed by Councilmember Susan Wengraf

District 7 – Barnali Ghosh appointed by Councilmember Rigel Robinson

District 8 – Pamela Hyde appointed by Councilmember Lori Droste

Hector Malvido appointed by the Office of Mayor Jesse Arreguin

Youth Commission – Nayo Polk

Youth Commission - Nina Thompson ([current](#))

Police Review Commission – Nathan Mizell

Mental Health Commission – Edward Opton

Berkeley Community Safety Coalition – Todd Walker

Berkeley Community Safety Coalition - Jamaica Moon (current)

Associated Students of University California – Alecia Harger

At-large – Alex Diaz

At-large – Liza Lutzker

At-large – Frances Ho



City of Berkeley Mission Statement

Our mission is to provide quality service to our diverse community; promote an accessible, safe, healthy, environmentally sound, and culturally rich city; initiate innovative solutions; embrace respectful democratic participation; respond quickly and effectively to neighborhood and commercial concerns, and do so in a fiscally sound manner.

City of Berkeley Police Dept. Mission Statement

Our Mission is to safeguard our diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.

City of Berkeley Health, Housing and Community Services Mission Statement

Our mission is to improve the quality of life for individuals and families in the City of Berkeley through innovative policies, effective services, and strong community partnerships.

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Berkeley Task Force Response and New Recommendations to NICJR’s Report on Reimagining Public Safety

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The Reimagining Public Safety Task Force has reflected on the charge laid out in the George Floyd Act to take a fresh look at public safety in Berkeley, as well as NICJR's investigation into how a transition to a reimagined system could begin. We are proud to present a Report from a Berkeley community perspective to accompany the consultant's report.

Task Force members are united in the approach to implementing the revisioning of public safety that began publicly in 2020. At the same time, our Report provides a range of views on specific points of implementation. It is our hope that readers will appreciate both the broad strokes we propose and that within the group, in the vibrant tapestry that is Berkeley, there are diverse ideas about the exact programs, mechanisms, and levels of funding that will be appropriate to implement such complex changes in our system of public safety.

Civilianizing certain roles within the police department could lead to a reduction in the police budget as well as increased efficacy of said positions. Investigations and evidence handling for example do not need to be executed by uniformed and armed officers. Moreover, it is possible that community members may feel more comfortable assisting in investigations if the investigator were not a police officer. This was not researched by NICJR so more analysis is required but it is a promising idea that should be explored further.

NICJR Recommendations and Votes by Task Force

	<i>NICJR Recommendation</i>	<i>Vote by Task Force</i>	<i>Reason for vote</i>	<i>Proposed Narrative Summary for report</i>
1	Establish tiered dispatch/CERN model (p.14)	More analysis needed	<ol style="list-style-type: none"> 1. Need separate, non-police phone # 2. How will Dispatch be organized to take in calls for service from 911, BPD non-emergency, and SCU non-police line? 3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first two categories the same or different?), BPD, MCT, EMS, BFD, BerkDOT? 4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless certain conditions arise like a firearm appears, which naturally would require BPD)? 5. What training will all responders go through so there are clear and commonly understood protocols for all elements of a call for service? 6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city? 	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.
2	Contracting with local CBOS for Tier 1 CERN response	More analysis needed	<ol style="list-style-type: none"> 1. Which CBOS? (Where is the landscape analysis that was promised by NICJR?) 2. Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? 3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? 	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

			4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?	
3	Evaluate CERN (p. 19-20)	(did not vote on this)		
4	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?
5	Reduce BPD budget through attrition only and no layoffs (p. 20)	Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
6	End pretextual stops (p. 24)	Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. <i>(based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest</i>

				<i>Subcommittee's Feedback document posted January 6, 2022)</i>
7	BerkDOT (p.25)	Accept with Conditions	<p>1. This is in NICJR Report but is not mentioned in the Implementation Plan grid.</p> <p>2. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail.</p>	<p>While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD. Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.</p>

8	BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)	Reject	<ol style="list-style-type: none"> 1. Not credible that this change comes at "no additional cost" 2. RPSTF focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining police 	Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.
9	BPD join ABLE program	(Did not vote unless this is part of the HALO program)	1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.	Same analysis as item 8
10	Expand EIS to assess all Use of Force	Reject	<ol style="list-style-type: none"> 1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety 2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/ 	The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.
11	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau	Reject		Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.

12	Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.	
13	BPD provide semi-annual reports to public (p. 32)	Accept with Conditions	<ol style="list-style-type: none"> 1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating. 	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.
14	Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	Reject	<p>RPSTF is focused on reducing BPD spending, not increasing.</p> <ol style="list-style-type: none"> 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute. 	<p>The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other</p>

				resources to provide citizens with resources and support.
15	Increase diversity of BPD leadership (p. 36)	Accept with conditions	<ol style="list-style-type: none"> 1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity? 	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.
16	Increase Standards for Field Training Officers (p. 36)	Needs more analysis	<ol style="list-style-type: none"> 1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures? 	
17	Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Reject	<ol style="list-style-type: none"> 1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason. 	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.

18	Launch a guaranteed income pilot program (p. 37)	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.
19	Launch a community beautification employment program (p. 39)	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.
20	Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding 	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very

				interested in creating a city division that could continue this work and focus on issues of equity.
	Notes			
	Grid is based on Pg. 43 of NICJR Final Report, titled Implementation Plan; it's a 2-page, 4-column grid in blue.			
	Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report			

Commented [LL1]: I merged the cells here so they are only one line each.

Reduce, Improve, Reinvest Recommendations and Task Force Responses

A. REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.

➤ **Task Force Response: More Analysis Needed.**

Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the proposal by NICJR would not decrease the footprint of the police and, due to the use of the co-responder model, could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.

Questions and Issues for Further Analysis:

1. Need for separate, non-police phone number.
2. How will Dispatch be organized to take in calls from 911, BPD non-emergency, and SCU non-police line?
3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first 2 categories the same or different?), BPD, MCU, EMS, BFD, BerkDOT?
4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless conditions arise like a firearm appears, which would require BPD)?
5. What training will all responders go through so there are clear/commonly understood protocols for all elements of a call for service?



“...the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of.”

6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city?

NICJR recommends contracting with local Community Based Organizations (CBOS) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

➤ **Task Force Response: More Analysis Needed.**

The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

Questions and Issues for Further Analysis:

1. Which CBOS? Where is the landscape analysis from NICJR?
2. Has the City dialoged with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff?
3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the city set rates?
4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?

NICJR Recommends evaluating CERN

➤ **Task Force Response: The Task Force did not vote on this.**

NICJR recommends full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.

➤ **Task Force Response: More analysis needed.**

No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?

NICJR recommends reducing BPD budget through attrition only and no layoffs.

➤ **Task Force Response: Reject.**

This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.

NICJR recommends ending pretextual stops.

➤ **Task Force Response: Reject.**

The Task Force is in favor of the elimination of pretextual stops by BPD. However, this work is already underway and does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus "the basis for traffic stops on safety and not just low-level offenses" and "minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.

NICJR recommends creating a Berkeley Department of Transportation.

➤ **Task Force Response: Accept with Conditions.**

While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT only as a move of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for

pursuing this approach beyond simply reducing the staffing and budget of BPD.

Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. Further, the motivations for the creation of BerkDOT need to be clearly outlined in the NICJR report. The three goals for BerkDOT are: to reduce the threat of police violence and harassment during traffic stops, to invest in road safety, and to advance Vision Zero and mobility in Berkeley.



B. IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization (HALO).

➤ **Task Force Response: Reject.**

Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and disagreed with NICJR's indication that this recommendation would come at no cost. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Record keeping alone would be a cost. Some commissioners felt strongly that any programs that potentially increases funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.

NICJR recommends that BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

➤ **Task Force Response: Did not vote specifically on ABLE (except as falling under the HALO program).**

NICJR recommends that the EIS should be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.

➤ **Task Force Response: Reject.**

The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption

In general, recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends that BPD expand current Personnel and Training Bureau or create Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city. Again, recommendations requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends BPD should transfer 5 officers and 2 civilian staff to new Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

This rejection of this recommendation is related to the rejection of the creation QAT in the first place.

NICJR recommends: BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

➤ **Task Force Response: Accept with Conditions.**

Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality.

➤ **Task Force Response: Reject.**

The creation of a police academy would undoubtedly be very costly and would require giving large amounts of money to the police department, flying in the face of the enabling legislation's goal of decreasing the police budget. As was stated by Nikki Jones in her presentation to the taskforce, the Progressive Police Academy "is the least imaginative and transformative component of the draft report and one that is likely to be mired in political battles and a good deal of resistance on the ground. It would also have the impact of investing what is likely to be millions of taxpayer dollars into policing, instead of investing much needed funding in building up an infrastructure of care in the city."

The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students and the like.

The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute trainings and coursework will be created by experts at Berkeley's SCU and Mental Health departments, and tailored for other relevant audiences, e.g. BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money and other resources to provide citizens with resources and support.

NICJR recommends increasing diversity of BPD leadership.

➤ **Task Force Response: Accept with Conditions.**

The Task Force agreed that diversity in leadership alone, would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and recommends making diversity a priority for all employees, including leadership, and recognizing intersectionality.

NICJR recommends increasing Standards for Field Training Officers.

➤ **Task Force Response: Needs More Analysis.**

To efficiently implement this recommendation, numbers are needed on the percentage of officers who have had more than 2 complaints or 1 sustained complaint in a 12-month period, and how race and gender data map with complaints data. How will the Department assess whether implicit bias has played a role in complaint data figures?

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.

➤ **Task Force Response: Reject.**

This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.



C. REINVEST

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

NICJR recommends that Berkeley should launch a Guaranteed Income Pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000.

➤ **Task Force Response: Accept with Conditions.**

Members strongly support this type of program and notes that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, whether other groups like the AAPI or Indigenous communities should be included in this program, and how the program will be administered. Members want the program to address the root causes of inequity, with a strong preference for unconditional funds that puts trust in people to use the money as they see fit.

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated people to help beautify their own neighborhood: hire and train no less than 100 formerly incarcerated Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.

➤ **Task Force Response: Accept with Conditions.**

Members are very interested in increasing job skills and opportunities. However, programs should be centered on the interests of the target group. The Task Force therefore rejects the idea of a 'beautification' program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.

NICJR recommends increasing Funding for Community Based Organizations: CBOS that provide services to those who are unhoused, live in poverty, have behavioral health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ

should receive an increase in funding using Reinvest dollars. CBO funding could be increased through an across-the-board increase or through local departmental decision-making.

➤ **Task Force Response: Accept with Conditions.**

While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.



“Public Safety underlies the health and well-being of every neighborhood, every family, and every resident.”

Task Force Letter to the Community

The goal of *Reimagining Public Safety for Berkeley* is one of the highest priorities for our city: public safety underlies the health and well-being of every neighborhood, every family, and every resident. Policies and practices that protect Public Safety must recognize the equal value of every community member and must apply protections fairly and equitably – yet systemic and structural racism means this is not our current reality.

Berkeley, like so many other cities across the Country, initiated the current *Reimagining* process in response to a series of high-profile police brutality incidents that pulled the curtain back on this systemic racism and demanded a response. Police department-related issues (e.g., recruiting, training, hiring, procedures, and the mutation of the department’s role beyond public safety) are high on the list of systems that need to be reimagined and restructured. But they are not the *only* systems that impact public safety, and if this process focuses too narrowly on internal police policies and protocols – if it moves too quickly to implement highly complex new initiatives without adequate analysis and planning – if it neglects to address the multi-dimensional inequity that *creates* patterns of crime, violence, poverty, and social disconnection – then it will fail.

Across American cities, neighborhoods with high rates of poverty, health inequities, low rates of home and business ownership, unsafe/unhealthy housing conditions, food insecurity, failing schools, and inadequate job opportunity are the *same neighborhoods* that have higher rates of crime and higher concentrations of justice-involved residents: the connection is inescapable.

Moreover, those inequities are not random: they have been created by decades of disinvestment and neglect stemming from racially biased policies. And the cycle is self-perpetuating: communities with high levels of exposure to policing, criminal, legal and incarceration systems experience individual, family, and cultural trauma; they have a deep lack of trust in the police and the justice system; and they lack the resources and opportunities needed to escape and thrive.

Systemic inequity, and the uneven patterns of crime that result from it, is human-made harm created by bad policies can at least in part reversed and remedied by good policies. This is the goal of Berkeley's Reimagining Public Safety process. But for the process to succeed, the people who personally experience these inequities must be integrally and continually involved – not just through initial listening sessions but *throughout* the design, decision-making, implementation, evaluation, and follow up. This is the only way proposed solutions will truly see, understand, and address the reality of people's experiences, and the only way impacted communities will trust the changes being implemented.



We know that for many this effort feels like too little, too late: the hurdles feel insurmountable. And because of the pain experienced by communities of color and the urgent need for change, it can be tempting to move too quickly – but we must proceed with a cohesive vision at the foundation of all decisions (with equity as our guiding star), and with thorough analysis to ensure that the measures put in place are realistic, effective, and enact the long-term change we seek.

We believe this process is a beginning, and we look forward to continuing to work with all stakeholders on both short and long-term solutions that will make Berkeley a Public Safety model for other communities.

Repairing and Doing Less Harm

We recognize the harm policing has historically revealed, disproportionately negatively affecting Black, Brown, Indigenous, AAPI, LGBTQIA+, those who are differently abled, unhoused individuals, and other vulnerable groups. It is imperative that this harm be repaired to build sustaining trust and mutual respect between Berkeley residents/community, City Council, City Staff, Community Based Organizations (CBO) and the Berkeley Police Department. The safety of our people must come first and at times we must compromise and take the approach that produces the least harm.

We also acknowledge that policing is a challenging profession which can leave law enforcement officers traumatized, and we have compassion for their families.

Recommendations for accountability should look like but not be limited to these ideas:

- **Service satisfaction survey distributed after police interactions**
- **Regular evaluations of BPD from the greater community (quarterly or twice yearly)**
- **Answerability from BPD and adjustments made accordingly**

Another essential restorative measure which has not yet been discussed but may stand on its own is for offended parties (individuals and families subject to abuse by law enforcement) to be informed of the levels of discipline rendered, such as supervisor referral, written advice, written reprimand, suspension, or termination.



Overview

Policing & The Berkeley Police Department History

“The fault lines of our society have been exposed. The pressure points that we face in American society are the irrevocable products of its history. The brutality of the American experience for black people is incomparable and all efforts to curb the appetite for racist outcomes are indispensable to what comes next for our society. Policing is an anachronism precisely because it is incomplete and does not keep the entire society safe. The police have traditionally maintained the socioeconomic lines between white and non-white, rich and poor, the mainstream, countercultural and vulnerable communities. We must dismantle this system of oppression.”

– La Dell Dangerfield, Reimagining Public Safety Task Force

The summer of 2020 brought with it the largest wave of protests in the history of the United States. While the proximal reason for the protests was the murder of George Floyd, the unrest spoke to an underlying dissatisfaction with the place and the purpose of policing in our society. Cities across the country were lit with protests and community members packed city council meetings for weeks on end.

In response to these calls to action, the Berkeley City Council adopted Resolution NO. 69,501-N.S., to create a “Community Safety Coalition” - later renamed The Reimagining Public Safety Task Force (RPSTF). In doing so, City Council was not only responding to the George Floyd uprisings but recognizing that “decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.” The RPSTF was given the mandate to “Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change.”

To move forward, we must first consider the past. Since its inception, policing in America has been deeply instrumental in the oppression of marginalized people. In the South, policing began as Slave patrols, in the North as a force to control new immigrant populations and suppress labor organizing, and in the Southwest policing power was used to control indigenous populations and allow for the continued theft of indigenous land and resources.¹²³⁴ The use of policing as a tool for ‘law and order’ has been used

¹ Sally E Hadden, *Slave Patrols*, 2001

² <https://www.smithsonianmag.com/smithsonian-institution/long-painful-history-police-brutality-in-the-us-180964098/>

³ <https://www.loc.gov/classroom-materials/immigration/native-american/removing-native-americans-from-their-land/>

⁴ <https://ekuonline.eku.edu/blog/police-studies/the-history-of-policing-in-the-united-states-part-3/>

to justify police brutality during protests, harass unhoused and mentally ill community members, and enforce drug laws along class and race-based lines.



Since inception, policing has seen numerous reform eras, perhaps none more important than those launched by August Vollmer, the first police chief in the City of Berkeley and a champion of “progressive policing.” Vollmer, a veteran of the Spanish-American War, applied many tactics he learned from fighting in the Philippines to policing in the City of Berkeley, such as the mapping of insurgent attacks in an attempt to predict future attacks (later transmuted into hotspot policing).⁵

Vollmer also imported a racialized lens: the attempts of the “progressive policing” movement to regiment, professionalize, and reform the police were enacted to prevent crime that these ‘progressives’ felt was borne of poor people, people of color and immigrants.⁶ In Vollmer’s 1917 plan for the Berkeley School for Police he included “eugenics” and “race degeneration” in the course outline.⁷ Vollmer believed that “feeble-minded, insane, epileptic and other degenerate person[s]” should not be allowed to have children and that “Preventing the socially unfit from multiplying [is] ... vital to national welfare and would greatly reduce crime statistics.”⁸ Vollmer became a member of the American Eugenics Society in 1924.

Despite these beliefs, the City has hailed him as a shining example of positive reformism in police. The City’s website states that, “Chief Vollmer’s progressive thinking

⁵ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁶ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁷ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Vollmers-plan-for-UC-Berkeley-criminology-school-in-1917.pdf>

⁸ <https://www.berkeleyside.org/2020/09/15/berkeleys-first-police-chief-supported-eugenics-prompting-calls-to-rename-vollmer-peak>

and use of new innovations in law enforcement became the foundation that BPD has been built upon”⁹ – in other words, upon the legacy of a racist eugenicist.

The 1960s in Berkeley were marked by political protests and demonstrations. The Free Speech Movement of 1964, the Vietnam War protests and the struggles over People’s Park were all met with violent repression at the hands of police. As a response to this violence the 1971 Community Control of Police Initiative in Berkeley was penned. The initiative called for a complete reorganization of policing in Berkeley - splitting the department into three divisions, each covering a different section of the city, and requiring that officers live within their district. Additionally, the initiative called for the creation of councils and commissions to oversee the departments - allowing for more community control. Though this initiative failed, organizers regrouped and subsequent efforts led to the establishment of the Police Review Commission in 1973. The 1960s would bring a short lived period of social investment followed by a decades long period of police expansion. In response to 1960s uprisings, President Johnson created the Kerner Commission to address the causes and find solutions. The findings (“Our nation is moving toward two societies, one black, one white—separate and unequal”) detailed the inequality in lived experience, from police brutality to inadequate housing and municipal services, yet would be largely ignored, and the 1968 Omnibus Crime Control and Safe Streets Act would formalize the transfer of military equipment to the police department¹⁰.

The election of President Nixon would further solidify the pivot towards greater police spending, which increased by over 300 times (\$22 million to roughly 7 billion) from 1965 to the start of the Reagan Presidency¹¹. The 1980s would mark the beginning of mass incarceration and a further expansion of police funding. Today, yearly police spending in the United States equals roughly \$115 billion dollars yet most data shows policing to be generally ineffective at preventing crime, especially violent crime. While some data show policing can have short-term, non-permanent effects, this finding rarely considers the negative systemic impacts of policing or the opportunity to accomplish the perceived gains of policing through other means.

Though not common knowledge, the Berkeley Police Department has a vast history of misconduct and violence. In 2006, Former Sgt. Cary Kent pled guilty to tampering with as many as 181 envelopes of evidence from criminal cases dating back to 1998. In 2007 Officer Steve Fleming was suspected of having stolen money and other property

⁹ https://www.cityofberkeley.info/Police/Home/History_The_Earliest_Years_1905-1925.aspx

¹⁰ Elizabeth Hinton, “A War within Our Own Boundaries”: Lyndon Johnson’s Great Society and the Rise of the Carceral State, *Journal of American History*, Volume 102, Issue 1, June 2015, Pages 100–142, <https://doi.org/10.1093/jahist/jav328>

¹¹ Ibid

belonging to people that he was arresting or booking into the Berkeley jail though the D.A. decided not to prosecute, citing a lack of evidence. In 2013, the Department was called to the apartment of Kayla Moore, a Black trans woman living with schizophrenia, by a friend concerned for her safety. Though Moore needed behavioral health care, the police tried to place Moore under arrest, wrestling her to the ground and asphyxiating her to death under the weight of six officers. In 2014, the Department used force against protesters to such an extreme that the City later awarded \$125,000 to seven plaintiffs in



“Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of community safety.”

Yet by focusing on individual cases, one risks overlooking the day-to-day interactions that make up much of BPD’s operations. The Berkeley Police Department regularly harasses, detains, and displaces unhoused people in our city and has high levels of interaction with people who have behavioral health conditions, documented in contemporaneous reports dating back to the 1990s from Copwatch, a local organization that promotes grassroots police accountability. A study from Yale and Columbia University shows that there is a connection between interaction with law enforcement and behavioral health. We know anecdotally that many community members feel less safe in the presence of police officers, as is evidenced by the Peer Listening Session Report.

Every interaction that BPD has with the public has the potential to create harm, particularly for people who are Black, unhoused, or living with behavioral health challenges.

[We also have evidence that shows that the Berkeley Police Department regularly engages in racist policing. As is detailed in the section “Recommendations on Traffic Law and Traffic Safety,” Black people make up 8% of Berkeley’s population but account for 34% of police stops. The yield rate for traffic stops also shows great racial disparity. These racist disparities are high even in comparison to neighboring cities. Traffic stops can be deadly - as is evidenced by the killing of Duante Wright and Janoah Donald - particularly for Black and Indigenous people, and this disparity in policing is unacceptable. We also have evidence that shows that the Berkeley Police Department regularly engages in racist policing. Black people make up 8% of Berkeley’s population](#)

~~but account for 34% of police stops.¹² The yield rate for traffic stops also shows great racial disparity (20% and 40% for White and Black people respectively).¹³ Traffic stops can be deadly—as is evidenced by the killing of Duante Wright and Janoah Donald—particularly for Black and Indigenous people, and this disparity in policing is unacceptable.~~

The Berkeley Police Department's numerous presentations emphasized training and professionalism without any reflections on the failures of the department. Nor were there any tangible proposed solutions. The Berkeley Police Department budget will take up a proposed 33% of Berkeley's 2022 general fund budget expenditure, and the Department has outspent its budget for at least the last three successive fiscal years. This funding does nothing to address the underlying causes of criminogenic factors such as homelessness and poverty, not to mention repairing department-caused harms.

Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of "community safety": crime response can create a temporary impression of crime reduction, but it is cyclical and crime rates inevitably resurge when underlying causes are not removed: we must leave behind the hamster wheel and invest in programs that apply as great a response to the *why* as to the *what* of crime.

When community members poured into our city council meetings and public comment ran for hours it was not just because of the horrifying murder of George Floyd: it was decades of misconduct, brutality, and corruption coming to a boiling point. Resolution NO. 69,501-N.S was passed because our typical paths of reform were not delivering positive outcomes and after decades of reformism, we were still seeing deaths at the hands of the police. The Reimagining Public Safety Taskforce aims to help enact true transformational change.

¹² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/A.6_Police%20Data%20Presentation.pdf

¹³ [Fair & Impartial Policing Working Group - City of Berkeley](https://www.cityofberkeley.info/Documents/2-)<https://www.cityofberkeley.info/Documents/2->



Task Force Recommendations

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity
	Fully Fund the BerkDOT Planning Process
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor’s Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add ‘Substance Use’ to 911 Recommendations

	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible
Gender-Equity Response Systems	City Leadership to Host Regular Meetings and Coordinate Services
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 and Non-Emergency Calls
	Publish Victim Resources in Plain Language and Multiple Languages
Gender-Equity Response Systems	Screen for Domestic Violence in All 911 and Non-Emergency Calls
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses

	Sufficiently Fund Behavioral Health Respite Centers
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges
	Further Research Recommendations (in report)
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth
	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute
	Develop Community Violence Prevention Programs
	Support City Efforts to Establish the Office of Equity and Diversity
	Implement a Pilot Guaranteed Income Project
	Support the Police Accountability Board and Fair & Impartial Policing

Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimagining Public Safety	Conduct Needs Assessment on CBO Capacity
	Create Coordination and Communication Opportunities for CBO Staff
	Improve Referral Systems
	Remove City Funding System Inefficiencies and Duplication
	Develop Additional Metrics for Community-Based Organizations
	Help CBOS Enhance Their Funding

Synopsis of Community Engagement Research Findings, 2021

Diverse groups had challenges interacting with Police. Some avoided or did not call 911 Emergency Services.

Citywide research conducted in 2021 by the Brightstar Research Group (BRG) and Task Force Commissioners showed broad support for: reducing the policing footprint in Berkeley; using de-escalation strategies for calls relating to homelessness and mental health or substance use crises; and prioritizing programs/funding to help vulnerable community members meet basic needs. Many individuals, particularly those who did not identify as white and/or who face housing security, reported feeling unsafe in the presence of police and said they do not look to the BPD for protection.

Research included a survey widely distributed across Berkeley, and focus groups and listening sessions with Black, Latinx, LGBTQ+, people with behavioral health challenges, those who were formerly incarcerated, people experiencing food/housing

insecurity, vulnerable youth, and BIPOC students. The Task Force's Gender-Equity and Violence Subcommittee also conducted listening sessions with service providers focused on gender-based and intimate-partner violence. NICJR conducted focus groups comprising BPD command and line staff and members of the Berkeley Merchant Association. NICJR and the Task Force, with support from the City Manager's Office, conducted several citywide community meetings.

A. Citywide Survey for Reimagining Public Safety in Berkeley

The following summary seeks to highlight trends and preferences at a high level. More detailed summaries including more comparative analysis of results disaggregated by race are included in Appendix J to the NICJR report. The results of the communitywide survey may not be adequately representative of the community as a whole given the under-representation of people who identify as Black, Asian, Latinx, male, and younger people, and the over-representation of groups including people who identify as white, women, LGBTQ+, and people over the age of 45. Several wealthier zip codes were overrepresented as well.

Across groups, there is broad support for investment in mental health services. A majority of community members rated homelessness, sexual assault, shootings, and homicides as the most important public safety concerns. Drug sales and substance use are among residents' lowest public safety priorities.

Overall, a plurality reported feeling "somewhat safe" in Berkeley. White residents were more likely to perceive Berkeley as safe or very safe, and Black and other nonwhite residents were significantly more likely to perceive Berkeley as unsafe or very unsafe.

A majority of community members are likely to call 911 in response to an emergency that does not involve mental health or substance use compared to an emergency that does relate to mental health or substance use. Across groups, a majority preferred a response to emergency calls related to mental health and substance use from "trained mental health providers with support from police when needed." A large majority similarly preferred that homeless service providers respond to calls related to homelessness, with police support available when needed.

Black, Brown, unhoused, and young people frequently reported feeling that the BPD and/or city leaders prioritize the safety of wealthy and/or white community members at the expense of their own safety. Black people and students believe gentrification is detrimental to community safety and community cohesion and negatively impacts their

sense of belonging in their own neighborhoods. These groups were more likely to report feeling unsafe.

Respondents identified themselves as other than white were more likely to believe that the BPD is not very effective or not effective at all.



B. Community Focus Groups & Listening Sessions

Black Identified Community Members, Latinx Identified Community Members, Justice-System-Impacted Students, and Low-Income Community Members Including Unhoused, Housing Challenged, and Formerly Incarcerated People

Overall, the participants in these focus groups conducted by Brightstar Research do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Two Latinx students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. Brightstar research conducted these focus groups with the populations above, and these are their findings and recommendations.

In addition, the youth who participated in the focus group said they had witnessed the police harassing homeless people and immigrants working as street vendors. Individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. As a result of harassment and targeting, many members of the Black, housing insecure, student, and youth focus groups attempt to avoid the police whenever possible.

At the same time, members of these groups often feel overlooked by those charged with keeping Berkeley safe, sensing that safety for some (whiter, wealthier) comes at their expense. They question the city's priorities, e.g., installing speed bumps and enforcing quality-of-life issues instead of improving police response times to emergency calls and building relationships with communities who experience racial disparities in both policing and crime. Youth especially voiced a desire for the BPD to use the power it has to support their communities, to be part of and live in their communities, and to engage in activities such as youth sports and mentoring.

These groups identified homelessness and the housing crisis as among the most pressing public safety issues in Berkeley and urged the city to provide for residents' basic needs. These groups shared a vision of community public safety defined less by the absence of crime and more by equitable access to a higher quality of life for low-income, unhoused, and Black and Brown residents.



Latinx participants also emphasized a desire for increased maintenance of public spaces, increased neighborhood lighting, traffic control, and addressing homelessness.

It bears noting that Brightstar's findings and recommendations are derived from amalgamating their qualitative data from these focus groups without necessarily attributing a finding to a particular group. Because there were so few Latinx respondents, Brightstar analyzed the citywide survey research. The results indicating the views of this group in particular may not be representative of Berkeley's Latinx population overall.

C. Community Members with Behavioral Health Challenges (PEERS)

PEERS listening session participants primarily expressed their fears of interacting with police during a health crisis in the community - fears that were frequently tied to lived experiences of a policing response negatively impacting their ability to feel “safe” in Berkeley.

During the community engagement listening session, participants identified

- 1) feeling stigmatized as “public safety threats” by officers
- 2) feeling that officers felt uneasy about connecting with them during a crisis
- 3) the role of de-escalation if any
- 4) feeling traumatized or re-triggered by police during a mental health crisis.

Participants explained that police presence may exacerbate personal distress and create terror, rather than emotional “safety.”

PEERS discussed their perceptions and feelings about being seen as “public safety threats,” and generally something to be controlled rather than as human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.

Further one participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Yet another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.”

Participants talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment people shared, especially in the context of de-escalation.

Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with

appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”

Lastly, one participant underscored that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underpinned by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”



“QTBIPOC people may be resistant to a police response because of trauma.”

D. LGBTQIA+ Staff—The Pacific Center for Human Growth

A listening session the LGBTQIA+ Queer/Trans provider, the Pacific Center for Human Growth, which serves LGBTQIA+ Queer/Trans people with behavioral health challenges, identified hate crimes against the group they serve, as well as the need for police and other first responders to have a more nuanced understanding of the experiences of QTBIPOC (Queer, Trans, Black, Indigenous, People of Color) people, including trauma. For example, one provider noted that QTBIPOC people may be resistant to a police response because of trauma.

Specifically, a participant provider discussed how a police presence is traumatic for everyone when they show up as it creates a “huge scene for the neighborhood, flashing lights” and then as a mental health professional having to unpack the trauma with families and clients later.

Another participant, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.” There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

The Pacific Center staff emphasized the need for an intersectional understanding that includes race, ethnicity, gender identity and expression, sexual orientation, disability, age, and class to fully understand the impacts of policing on diverse LGBTQIA+ and Queer/Trans people and groups, as well as their perceptions of public safety in the Berkeley

E. Providers of Gender-Based Violence Services

The Task Force’s Gender-Based Violence Subcommittee conducted two listening sessions with providers who serve domestic violence, human trafficking, and sexual abuse survivors, who reported that victims of such violence may experience barriers in accessing help and justice, including language barriers, the impact of trauma, racism, discrimination, fear of immigration consequences, and an inability to meet basic shelter and other needs. Some victims will not look to police for help, and providers offered recommendations to provide alternative services and to invest in prevention efforts.

F. Recommendations Arising Out of Community Research



The culmination of the community engagement research indicates that the following recommendations would have strong, broad community support with an emphasis on increasing the safety of Berkeley's most vulnerable residents:

1. Increase investment in community-based and peer-led violence prevention programs
2. Create Black-centered and Black-led mentorship interventions to help young BIPOC resist gang recruitment.
3. Establish programs to help economically vulnerable residents meet their basic needs and invest more money in housing, health care, youth programs, and wraparound services
4. For Berkeley's unhoused residents, establish 24-hour street teams to provide medical and mental health care; provide more safe, indoor public spaces that stay open late; provide more drop-in programs to meet basic needs; and increase access to education, job training, and healing arts
5. Employ a first-responders team with diverse crisis members
6. Increase the capacity of community-based organizations to provide services and violence prevention, including in K-12 settings
7. Provide services for people who cause harm
8. Regularly update domestic violence policies and training for officers
9. Assign female officers to interview and examine female victims of gender-based violence
10. Police responses should include, when possible, a domestic violence advocate, a homeless service provider, a mental health professional, a social worker, etc. depending on the type of situation necessitating a police call
11. Train police in relationship building, cultural competency, de-escalation, and restorative justice
12. Employ safety ambassadors to act as a bridge between victimized communities and the BPD



Task Force Recommendations on Traffic Law Enforcement and Traffic Safety

The Berkeley Police Department dedicates an enormous amount of time initiating and responding to a wide variety of traffic-related activities. This wide reach of policing into transportation is neither effective with respect to traffic safety¹⁴ nor crime

¹⁴ Sarode, AL, Ho VP, Chen L, Bachman KC, Linden PA, Lasinski AM, Moorman ML, Towe CW. Traffic Stops Do Not Prevent Traffic Deaths. *Journal of Trauma and Acute Care Surgery*, Vol. 91, No. 1, 2021, pp. 141–147. <https://doi.org/10.1097/TA.0000000000003163>.

prevention,^{15,16} and significant racial biases have been observed in Berkeley's traffic stop data, harming many in our community. To address these issues, City Council approved the creation of a Berkeley Department of Transportation (BerkDOT) to depolice transportation and called for the reduction or elimination of pretextual stops.

The Task Force recommends the following three immediate actions to improve safety and mobility:

1. Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works.
2. Review Transportation Laws, Fines and Fees to Promote Safety and Equity
3. Fully Fund the BerkDOT Planning Process (at an estimated \$200,000)

Importantly, transportation and mobility tie in heavily to broader inequities, social determinants of health, and resident well-being. For greater context and a more extensive discussion of these intersections, as well as a summary of community engagement findings around police transportation work in Berkeley, see Appendix 2.

A. Berkeley City Council's Direction: Reduce/Eliminate Pretextual Stops and Create BerkDOT (A Berkeley Department of Transportation)

To address the stark racial disparities and risks of harassment and violence associated with traffic stops, as well as to enhance traffic safety, Berkeley City Council approved a measure in July 2020 to: "Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations."

Council's recommendation to reduce or eliminate pretextual stops is well underway. After multiple meetings throughout 2020, the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus "the basis for traffic stops on safety and not just low-level offenses" and "minimize or de-emphasize as a lowest priority stops for low-level offenses." In February 2021, Council unanimously approved the Working

¹⁵ Chohlas-Wood, Alex, Sharad Goel, Amy Shoemaker, and Ravi Shroff. An analysis of the Metropolitan Nashville Police Department's traffic stop practices. Technical report, Stanford Computational Policy Lab, 2018. http://www.law.nyu.edu/sites/default/files/upload_documents/Shroff_nashville-traffic-stops.pdf

¹⁶ Fliiss, Mike Dolan, Frank Baumgartner, Paul Delamater, Steve Marshall, Charles Poole, and Whitney Robinson. "Re-prioritizing traffic stops to reduce motor vehicle crash outcomes and racial disparities." *Injury epidemiology* 7, no. 1 (2020): 1-15. <https://injejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

Group’s recommendations for adoption.¹⁷ Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.



Alongside the overall process of Re-Imagining Public Safety, the creation of a Berkeley Department of Transportation (BerkDOT) is moving forward as a parallel process. The purpose of BerkDOT is to significantly increase safety and enhance mobility in Berkeley, while reducing the potential for violence, humiliation, and harassment during traffic stops. The vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. We can begin



“Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving.”

B. Racial Disparities in Traffic Stops by BPD

¹⁷ City of Berkeley, City Council Special Meeting, February 23, 2021. Motion, Item #1: “Report and Recommendations from Mayor’s Fair and Impartial Policing Working Group” <https://www.cityofberkeley.info/uploadedFiles/Clerk/Motion%20Item%201%20Fair%20and%20Impartial%20Policing.pdf>

The Berkeley Police Department has a consistent and long-running history of racial disparities in the traffic stops it conducts. In May 2018, the Center for Policing Equity (CPE) released a report documenting these disparities by analyzing vehicle stops from 2012 to 2016 and pedestrian stops from 2015 to 2016. CPE found that “Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot.”¹⁸ The report also found that “Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving.” Notably, the CPE report found that, among both drivers and pedestrians stopped by BPD, when compared to White persons, Black persons were 4 times more likely and Hispanic persons 2 times more likely to be searched.

Despite these disparities in both stop and search rates, the CPE report found that “Black and Hispanic persons who are searched are less likely to be found committing a criminal offense than their White counterparts are. Searches of Black individuals yield arrests only half as often as searches of White individuals do; searches of Hispanic individuals yield arrests 39% less often than searches of White individuals do.” This underscores the idea that many of these stops are pretextual and biased in nature - Berkeley police are making stops in a racially disparate manner that is not backed by underlying rates of criminal offenses.

In July 2021, using updated data from 2015 to 2019, the City of Berkeley’s Auditor released a report on police response and performed similar analyses.¹⁹ The Auditor’s investigation showed similar disparities for Black persons as the CPE report: Black people in Berkeley were about 4.3 times more likely per capita than White persons to be stopped across all stop types – 4 times greater for vehicle stops, 4.5 times greater for pedestrian stops, 4.6 times greater for bicycle stops, and 6.3 times greater for “suspicious vehicle” stops. Notable disparities in stops for Hispanics were not observed.

The Auditor’s report also showed that, once stopped by BPD, there were significant disparities in search rates: Black people were more than twice as likely to be searched when compared to white people (25% vs 11%) and Hispanic people were about 50% more likely to be searched (17% vs. 11%). Yet the yield rate once searched (i.e., the percent of those searched who are then arrested) is about a quarter lower for both Black and Hispanic people compared to their white counterparts (19% for Black people and 20% for Hispanic people vs 25% for white people).

¹⁸ Buchanan JS, Pouget E, Goff PA (2018). The science of justice: Berkeley Police Department. Center for Policing Equity. https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

¹⁹ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley’s Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

While racial bias in stop data is not a problem unique to Berkeley, Berkeley's traffic stop disparities for Black people are much higher than in many other jurisdictions in California: the stop-per-capita disparity shown in the CPE (4.5 times higher) and shown by the Berkeley Auditor (4.3 times higher) dwarfs the disparities seen in Oakland (disparity of 2.1)²⁰, San Francisco (disparity of 2.6)²¹, Fresno (disparity of 1.9)²², San Jose (disparity of 2.6)²³, San Diego (disparity of 2.4)²⁴, Sacramento (disparity of 2.9)²⁵ and Los Angeles (disparity of 3.0)²⁶.

Because the stop percentages are compared to population percentages to examine disparities, questions have been raised by BPD and others as to whether Berkeley's stark disparities could be accounted for by the presence of Black non-Berkeley residents driving through the city. Starting in October 2020, Berkeley began collecting traffic stop data in accordance with the Racial and Identity Profiling Act (RIPA), which requires the collection of data on city of residence for all persons stopped by BPD, thus allowing this hypothesis around residence to be tested. Using 2021 RIPA traffic stop data, the disparity for traffic stops remains virtually unchanged - among Black Berkeley residents only, the per capita disparity in traffic stops is 4.1 (31% of traffic stops were Black people while the Black population in Berkeley has dipped to 7.6%).^{27, 28}

C. The Drain of Traffic-Related Duties on Berkeley Police Department

Traffic stops are the single most common interaction people have with the police in the US,²⁹ and BPD performs an outsized number of traffic stops. In 2019, Berkeley police

²⁰ Hetey RC, Monin B, Maitreyi A, Eberhardt, JL (2016). Data for change: A statistical analysis of police stops, searches, handcuffings, and arrests in Oakland, Calif., 2013-2014. Stanford SPARQ. <https://stanford.app.box.com/v/Data-for-Change>

²¹ Khogali M, Graham M, Tindel J, Rau H, Mulligan K, Mebius C, Dunn K, Johnson-Ahorlu RN, Martin D, Beckles C, Weintraub SB, Goff PA (2020). The science of justice: San Francisco Police Department. Center for Policing Equity. https://www.sanfranciscopolice.org/sites/default/files/2021-03/SFPD_CPE_Report.20210304.pdf

²² Reis Thebault and Alexandria Fuller. "Justice for Who? Unequal from Birth." <https://unequalfrombirth.com/revised/justiceforwho/>

²³ Smith MR, Rojek J, Tillyer R, Lloyd C (2017). "San Jose police department traffic and pedestrian stop study." El Paso, TX: University of Texas at El Paso, Center for Law and Human Behavior. https://www2.sjpd.org/records/UTEP-SJPD_Traffic-Pedestrian_Stop_Study_2017.pdf

²⁴ Justice Navigator, San Diego City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sandiego-city-ca-2021/vs>

²⁵ Justice Navigator, Sacramento City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sacramento-city-ca-2021/summary>.

²⁶ Los Angeles Police Commission, Office of the Inspector General. Review of Stops Conducted by the Los Angeles Police Department In 2019. https://a27e0481-a3d0-44b8-8142-1376cbb6e32.filesusr.com/ugd/b2dd23_d3e88738022547acb55f3ad9dd7a1dcb.pdf

²⁷ City of Berkeley Open Data, Berkeley PD - Stop Data (October 1, 2020 - Present). <https://data.cityofberkeley.info/Public-Safety/Berkeley-PD-Stop-Data-October-1-2020-Present-lysvs-bcge>

²⁸ 2020 Decennial Census. Table P2: Hispanic or Latino, and Not Hispanic or Latino By Race.

<https://data.census.gov/cedsci/table?q=Berkeley%20city,%20California&tid=DECENNIALPL2020.P2>

²⁹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Traffic Stops. <https://www.bjs.gov/index.cfm?tid=702&ty=tp>

conducted nearly 11,000 traffic stops,³⁰ while Oakland, a city 3.5 times larger, had only 14,600 stops that same year (note: Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy).³¹

According to the Berkeley City Auditor's report analyzing 2015-2019 calls for service,³² vehicle stops are the single most common type of police activity in the city, accounting for 13% of all police "events." After the 2nd most common type (disturbing the peace), vehicle stops are 2-4 times more common than any of the other top ten events. Adding in bicycle stops, the total number of stops over the 5-year period was 47,579 (for an average of 9,516 per year).³³ Vehicle and bicycle stops, in particular, stand apart from other calls for service in that the majority are officer-initiated (i.e., they are not initiated as a response to a community call to dispatch), making them attractive targets for how we might re-imagine policing. Officer-initiated responses represented 26% of police calls for service, and together, vehicle and bicycle stops represented a full 85% of these officer-initiated responses.

Beyond traffic stops, BPD dedicates a significant amount of time to multiple other traffic-related functions, including collision response, parking violations, vehicle abatement, and management of traffic flow during events. In fact, events characterized as "Traffic" in the Auditor's report account for nearly one-fifth (18%) of personnel time.³⁴ Not included in this 18% is time spent by sworn officers processing collision reports or managing the school crossing guard program, or time by non-sworn BPD employees such as parking enforcement officers or school crossing guards.

And finally, while BPD has its own Traffic Bureau, staffed with 3-4 officers, we still see that a full 25% of all events that patrol (i.e., non-traffic) officers respond to fall into the Auditor's "Traffic" category. Time spent responding to these traffic events represents patrol time not spent preventing serious crime and building community trust.

³⁰ Kate Gosselin. Traffic enforcement and collisions in Berkeley, CA from 2015 to 2019.

<https://sites.google.com/view/saferstreetsberkeley/home>

³¹ ³¹ Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy. Oakland Police Department, Office of Chief of Police. 2019 Annual Stop Data Report. <https://cao-94612.s3.amazonaws.com/documents/2019-Stop-Data-Annual-Report-6Oct20-Final-Signed-1.pdf>

³² Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

³³ While considered in the Auditor's report, pedestrian stops were not included here, as a review of the descriptions shows that few relate to actual traffic-related violations. Instead, many "pedestrian" stops relate to "quality of life" violations such as blocking the sidewalk or having an open container in public.

³⁴ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf



TASK FORCE RECOMMENDATIONS

1. Review Transportation Laws, Fines and Fees to Promote Safety and Equity

Numerous laws, fines and fees are in place in Berkeley that do nothing to promote public safety but instead disproportionately punish poverty and trap people in an inescapable cycle of debt. These laws, fines and fees actually undermine true public safety.

Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).

Several transportation regulations within the BMC criminalize behavior that exists only because inadequate transportation infrastructure exists - individuals should not be penalized in these cases, but instead, the insufficient infrastructure should be addressed. One example is BMC 14.32.050, which requires pedestrians to obey “special traffic signals installed for pedestrians” even if vehicular traffic signals indicate it is safe for them to cross. These pedestrian signals are activated by “beg buttons,” or push buttons that only give a “WALK” signal if pressed before the traffic light turns green. But if pressed even fractions of a second after the light turns green, a pedestrian must wait a full light phase before being able to cross, even when there is ample time for a pedestrian to proceed.³⁵ Here, it is clear that safety is not the issue, yet this law allows BPD discretion to stop and cite individuals in violation, opening the door to racial and other forms of bias. Instead, Berkeley could easily reset all signals to automatically give pedestrians a “WALK” signal when the vehicular traffic light turns green, without no need to press a button.³⁶

Another example of a law that should instead be addressed by changes in infrastructure is BMC 14.68.130, which bars riding bicycles on the sidewalk (except by juveniles and police officers). This law may be enforced regardless of whether safe bicycling infrastructure exists on a street, and its existence asks bicycle riders to weigh their personal safety and risks of being hit by a car driver with violation of a law that has not been shown to increase safety. Again, this law fails to address the root problem (inadequate infrastructure) and opens the door to discretionary and biased police stops.³⁷

Other BMC laws aren't easily addressed by infrastructure fixes but simply have no



“...significant further research on alternatives to armed traffic law enforcement by police is needed.”

³⁵ Charles Siegel. (2018) “Opinion: ‘Beg buttons’ make Berkeley’s pedestrians less safe” Berkeleyside. <https://www.berkeleyside.org/2018/09/17/opinion-beg-buttons-make-berkeley-pedestrians-less-safe>

³⁶ The City did this at many intersections during the COVID-19 pandemic and could easily make those changes permanent alongside revising the code.

³⁷ A recent study in Chicago demonstrates this well - the study found that tickets for sidewalk riding were issued 8 times more often per capita in majority Black census tracts and 3 times more often in majority Latino tracts (compared to white tracts), but that across neighborhoods, tickets were issued 85% less often on streets with adequate bike infrastructure than on those without this infrastructure. Further, the issuance of tickets was not associated with increased collisions. Barajas, Jesus M. “Biking where Black: Connecting transportation planning and infrastructure to disproportionate policing.” Transportation research part D: transport and environment 99 (2021): 103027. <https://www.sciencedirect.com/science/article/pii/S1361920921003254>

presence of this absurd law in the BMC provides a pretextual reason for BPD to target some bicycle riders, while providing absolutely no benefit to public safety.³⁸

Another issue is the matter of how Berkeley approaches fines and fees for violations issued. One example relates to our penalties for parking tickets, which can be devastatingly expensive to those experiencing poverty. While the city does offer an Indigent Payment Plan for Parking Citations³⁹ where late fees are waived and payments can be spread over time, there are substantial administrative hurdles to jump through to apply to this program and there are still fees to be paid. In instances in which a vehicle is towed,⁴⁰ the spiraling fines and fees could lead to the loss of a car or license, and this loss of mobility can further lead to loss of access to employment, education, or medical care.⁴¹ Ensuring that cars are parked properly often does have an important public safety component, but not always, and punitive fines and fees certainly do not improve public safety.

Finally, Berkeley should reconsider how we issue tickets for equipment violations that do have a clear relationship to safety. Under California Vehicle Code (CVC 40303.5), certain vehicle equipment violations are eligible to be "corrected" within 30 days of the date of the notice of violation so that, with proof of correction, the penalty amount will be reduced to \$10. However, vehicle repair is very expensive, and repair of an essential safety feature may be financially out of reach of many low-income individuals.

To address this, for those equipment violations that are absolutely critical to ensuring public safety (e.g., if both headlights are non-functional), Berkeley should put in place policies and procedures directing BPD to issue such violations as "correctable" on the ticket, and further, should explore a program to provide loans or vouchers for vehicle repairs for low-income drivers. Equivalently, bicyclists should never be ticketed for lacking lights on their bike - instead BPD should hand out bike lights to anyone who doesn't have one. This approach will reduce unnecessary fines and fees while at the same time ensuring that critical safety fixes get addressed regardless of someone's ability to pay.

³⁸ In early 2021 in Perth-Amboy, NJ, a similar law provided cover for police to approach a group of Black and Latino youth on their bikes, harass and handcuff them, and ultimately confiscate their bikes. Sarah Holder. "Bike License Laws Have a Racial Profiling Problem" Bloomberg City Lab. <https://www.bloomberg.com/news/articles/2021-04-23/the-biggest-problem-with-bicycle-licensing-laws>

³⁹ City of Berkeley. Indigent Payment Plans for Parking Citations: Frequently Asked Questions. https://www.cityofberkeley.info/uploadedFiles/Customer_Service/Level_3_-_General/Indigent%20Payment%20Plan%20FAQ's.pdf

⁴⁰ If a vehicle is towed, for example, due to the 72-hour rule (BMC 14.36.050) or parking improperly during UC Berkeley football games, individuals must pay extremely expensive towing and storage charge plus an additional \$75 release fee.

⁴¹ Jorge Alvarado, Public Law Center, et al., Towed Into Debt: How Towing Practices In California Punish Poor People (2019). <https://wclp.org/wp-content/uploads/2019/03/TowedIntoDebt.Report.pdf>

2. Fully Fund the BerkDOT Planning Process

As described in detail above, widespread systemic inequities plague Berkeley's traffic laws and traffic law enforcement. The City of Berkeley is leading the country in this effort to de-police transportation, with an approach that has been heralded nationwide as a model to follow. After Berkeley City Council passed BerkDOT, cities around the

country (including, but not limited to, Oakland, San Francisco, Los Angeles, Seattle, Philadelphia, and Cambridge) have been discussing similar efforts, citing Berkeley's leadership on the issue. These cities, and others, are looking for Berkeley's leadership on this important issue. It is critical that the groundbreaking work that City Council has launched on BerkDOT continue to progress, with appropriate resources, community engagement, and clear communications about the intent of the work.

The BerkDOT exploration and planning process is moving forward in parallel with the bulk of the Re-Imagining Public Safety Process. To date, Council has allocated \$175K to this process, an initial \$75K in October 2020 allocated as a result the City Manager's evaluation of Council's July 2020 BerkDOT referral⁴² and an additional \$100K allocated in December 2021 to "continue the study of potential BerkDOT or alternate organizational structure."⁴³

Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).

To move this important and groundbreaking work forward, significant further research on alternatives to armed traffic law enforcement by police is needed, as is additional community engagement. Currently, Public Works staff estimates that an additional \$200-250K would provide the adequate amount of funding needed to complete the BerkDOT planning process. Without this funding, the BerkDOT process cannot move

⁴² City of Berkeley, Office of the City Manager, Update on Re-Imagining Public Safety, October 14, 2020. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Reimagining%20Public%20Safety%20101420.pdf

⁴³ City of Berkeley, City Council: Supplemental Agenda Material for Supplemental Packet 2. FY 2021 Year-End and FY 2022 First Quarter Budget Update. December 14, 2021. https://www.cityofberkeley.info/Clerk/City_Council/2021/12_Dec/Documents/2021-12-14_Supp_2_Reports_Item_44_Supp_Mayor_pdf.aspx

forward with any degree of success, and the City absolutely needs to provide this funding.



Task Force Recommendations on 911 Call Processing and Alternative Call-for-Service Systems

A. The Emergence of 911 - “The Little Known, Racist History of the 911 Emergency Call System”

Excerpts below from: Katrina Feldkamp and S. Rebecca Neusteter, “The Little Known, Racist History of the 911 Emergency Call System,” In These Times, January 26, 2021. Rebecca Neusteter is a first author for the renowned Vera Institute studies on 911 call processing and dispatching. Katrina Feldkamp is a public service lawyer.

“Telephoning an emergency service was a thorny process until the late 1960s. Local jurisdictions (which often overlapped) all had their own local telephone numbers. When a person called the police, for example, first they had to figure out the relevant jurisdiction they were in, then dial the department directly and hope someone was there to answer.

President Lyndon Johnson’s administration is credited with “solving” these problems of responsiveness and efficiency with the creation of the centralized 911 system we know today. But the Johnson administration’s motives were less than benevolent, aimed at quickly suppressing what it saw as harmful civil disorder — namely, protests by Black communities against segregation and police brutality.

In the summer of 1967, following several years of civil rights protests (159 across the country that summer alone), Johnson appointed a National Advisory Commission on Civil Disorders, better known as the Kerner Commission. The Kerner Commission was tasked with studying 24 so-called disorders that had occurred in 23 cities that summer. The commission’s 11 members (almost entirely white, male, moderate politicians) and 118 staffers and assistants issued recommendations for preventing future “riots” in the Kerner Report, released Feb. 29, 1968.

The report is most remembered for condemning white America’s racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism.”

“Tellingly, in the report’s ‘Supplement on Control of Disorder’ — a section left out of nearly all published copies of the report but eventually converted into a training program administered by the Department of Justice — the Commission recommends expanding police capacity to suppress protests. The section advises state and federal law

enforcement to intervene in civil disorders, recommends local police departments adopt militaristic riot control training and equipment (including tear gas) and encourages police departments to infiltrate Black communities.”

“In February 1968, Johnson argued to Congress that the 911 number would decrease emergency response times, increase arrests and provide a “more immediate” solution to crime. Though [FCC Commissioner Lee] Loevinger warned Johnson it would likely attract calls that did not involve crime nor emergent harm, Johnson moved the project forward. In the 52 years following Loevinger’s warning, countless 911 calls, dialed because of racial biases, have resulted in police violence and the murder of civilians, and funneled millions of Black, poor and oppressed individuals into the criminal justice system.”

The report is most remembered for condemning white America’s racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism.”



B. Berkeley City Council’s Direction: Have City Auditor Perform an Analysis of the City’s Emergency 911 Calls for Service and Police Response

The Berkeley City Council directed the elected City Auditor to perform an analysis of the 911 (and non-911) calls for service and

police responses for Berkeley as one of the fundamental components of the Reimagining Public Safety Initiative. The City Auditor analyzed the Berkeley Police Department’s Computer Aided Dispatch system (CAD) data reflecting the City of Berkeley’s 911 and non-911 calls for service from 2015-2019 (358,000+ calls).

The City of Berkeley further directed the commissioned consultant, the National Institute for Criminal Justice Reform, to analyze these calls for service in its contract for

reimagining public safety for Berkeley. Neither the City Auditor nor the consultant provided demographic or geographic population analysis. The City Auditor analyzed the total calls data from 2015-2019 for mental health and homelessness components of total calls for service, while the consultant divided the calls between penal and non-penal codes.

C. Berkeley City Council’s Direction: Develop Alternative Non-Police Responder Program to Reassign Non-Criminal Police Service Calls to a Specialized Care Unit (SCU)

The City of Berkeley has directed analysis and initiated development of a Specialized Care Unit consisting of trained crisis response field workers who will respond to calls from the Public Safety Communications Center. The City of Berkeley contracted with a health, behavioral health, and social services nonprofit organization, Research Development Associates (RDA), for community engagement research and a feasibility study to implement the SCU.

RDA produced 3 reports, including:

- 1) USA and international non-police response models
- 2) an evaluation the current City of Berkeley’s co-responder mobile crisis unit with the Berkeley Police Department and deep community engagement research in Berkeley; and
- 3) Final Recommendations and rationales for the Specialized Care Unit.

The stakeholder perspectives reflecting the community engagement research are designed to underpin RDA’s final recommendations for the SCU program.

It is noteworthy that the commissioned consultant has proposed a separate telephone line for the SCU as this local community engagement research and scholarship show diverse and marginalized people are extremely reluctant, avoid or do not use 911 for fear of a police response. RDA further provided a thorough implementation plan for moving towards developing a comprehensive 24/7 behavioral Health crisis response model for the City of Berkeley.

D. Introduction to Berkeley’s Public Communications Center

The City of Berkeley has a Public Communications Center that is staffed by 911 professionals, managed under police leadership, and located in the Berkeley Police Department. In Berkeley, these professionals include call takers and dispatchers. In

recognizing the importance of our 911 professionals, it is noteworthy that there are national and international associations such as the National Emergency Number Association (NENA) and the Association of Public Safety Communications Officials (APCO International, est. 1935), including for providing individual certifications and organizational accreditation.

E. City of Berkeley’s Public Communication Center and 911 Professionals’ Duties

Per the City Auditor’s report, the 911 professionals—call takers/processors and dispatchers—answer emergency and non-emergency calls and dispatch police officers to events; they also accept, and process inbound 911 and administrative calls for police, fire, and medical services in the City of Berkeley (Auditor, 2021; 8). The City of Berkeley’s call takers/processors further input call information into the Computer Aided Dispatch (CAD) systems and transfer the information to fire and police dispatch staff (Ibid.). Dispatchers coordinate all police-related calls requiring a response from law 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 (Ibid.). The term “processor” is used to further encompass the range of 911 professionals’ duties, in addition to taking and answering the call.

F. Berkeley City Council Direction: Equitably Reduce Policing and Improve Wellbeing Using Calls for Service Data

For purposes of reimagining public safety, there must be an approach to analyzing 911 and non-911 and non-911 calls for service that results in reducing reliance on policing and equitably improving well-being for diverse and vulnerable communities who need emergency and nonemergency services: Black, Latinx, AAPI, immigrant, LGBTQIA+, people with disabilities, young, seniors, unhoused, formerly incarcerated and people with multiple identities. It is noted the City Auditor and the commissioned consultant did not analyze the CAD data by demographic populations or geographic areas such as zip codes or council districts.



and
ealth

However, the City Auditor's CAD data analysis assessed the available CAD data about the number of events that related to mental health and homelessness in Berkeley from 2015-2019. This 911 analysis is important for potentially reducing reliance on policing to meet the needs of diverse and vulnerable people experiencing distress in the community in an equitable manner that improves well-being, although it is recommended here to further include a substance use component.

Specifically, the City Auditor's analysis identified 42,427 unduplicated events with a mental health component, or 12 percent of all events from (Auditor, 2021, 55). This analysis also identified 21,683 events involving homelessness, which represent 6.2 percent of all events during the same time period (Auditor, 2021; 57). While the data analysis reported that these events are "significantly undercounted" as the Berkeley Police Department does not identify all calls related to mental health and homelessness (Auditor, 2021; 53-54).

The commissioned consultant, on the other hand, analyzed 911 and non-911 calls for service by dividing call types into penal and non-penal categories in order to recommend 10 call types for non-police or civilian first responders (NICJR, 2021). Eight of these 10 call types recommended by this consultant appear to include administrative duties that BerkDOT or another municipal government agency may address: abandoned vehicle, found property, inoperable vehicle, lost property, non-injury accident, vehicles blocking driveway, vehicles blocking sidewalks, vehicle double parking. Further the other call types such as disturbance and suspicious circumstance can be cross-referenced to the top 10 call types identified by the City Auditor with a mental health and homelessness component.

Further the City Auditor's Data Analysis identified areas for improvement in call taking/processing and dispatching for entering CAD data into the system. As it stands, call takers/processors are trained to assign call types for the primary reason for the call, and currently they only have call types such as "suicide attempt" and "5150" as primary call types for someone experiencing a mental health crisis in the community (Auditor, 2021; 53). Further if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type (Ibid.). Thus, if a police officer arrives at the scene and there is no crime in progress, then the information may not reflect a mental health issue and moreover, may be assigned to another general call type such as welfare check or person down (Auditor, 2021; 53-54).

Moreover, the narrative descriptions entered by call takers and dispatchers, and the disposition codes used to reflect the actual event, do not necessarily capture a mental health or homelessness issue (Auditor, 2021; 54). The City Auditor's research reflected

that out of 28,959 events with a mental health term, only 23 percent assigned to a mental health disposition code and showed officers further do not use disposition codes consistently (Ibid.). Additionally, the CAD system does not have a disposition code that indicates an event where an individual is experiencing homelessness (Ibid.). Moreover, the Public Safety Communications Procedures used by City of Berkeley's 911 professionals and the Berkeley Police Department are general and not specifically tailored for behavioral health call processing and dispatching.

G. TASK FORCE RECOMMENDATIONS ON CALLS FOR SERVICE

1. Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations

At this stage the 911 call processing and dispatching research data on mental health and homelessness offers one of the most direct approaches to reducing reliance on policing and improving well-being for our most diverse and vulnerable communities and overall, for reimagining public safety. Given that alternative hotlines such as the national 988 mental health hotline (which will be live in July 2022) and alternative non-police responders such as the Specialized Care Unit will soon be options for 911 professionals in Berkeley, we can have keen foresight and effectively plan for these changes by implementing these recommendations:

1. To identify all calls for service that have an apparent mental health, substance use, and homelessness component in a manner that protects the privacy rights of individuals involved. (Auditor, 2021; 5—substance use added)
2. To create clear mechanisms for identifying mental health, substance use, and homelessness call types and to use them consistently during 911 call processing and dispatching including when they are not the primary reason for the call.
3. To consistently follow standardized language to describe mental health, substance use, and homelessness-related events in the narrative descriptions for every call.
4. To consistently use disposition codes for mental health and substance use events, and to create a disposition code for events that have a homelessness component.
5. To record any requests for a Mobile Crisis Team from the Division of Mental Health regardless of if this team responds to an event.

6. To establish quality assurance standards to create and measure clear, consistent use of call types, narrative descriptions, and disposition code for mental health, substance use, and homelessness (recommendation made in addition to Auditor's Report).
7. To expand the current calls for service data available on the City's Open Data Portal to include all call types and data fields (Auditor's Report, 2021; 5).

These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.

2. Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs for People Experiencing Behavioral Health Challenges in Berkeley

On July 14, 2020, Councilmembers Ben Bartlett and Mayor Jesse Arreguin and Councilmember Rigel Robinson proposed allocating general municipal funding to develop a Specialized Care Unit (SCU). The Specialized Care Unit (SCU) will be a non-police crisis response program for providing mental health and substance use services to distressed people in the community.

Councilmember Bartlett is the co-author of the Safety for All: The George Floyd Community Safety Act and Mayor Arreguin and Councilmember Rigel Robinson co-sponsored the municipal legislation. In the municipal legislation, they stated the SCU would "allow the police to focus on investigating and solving crimes while reducing the problem of over-policing black communities" and further that "More residents will experience better outcomes in public safety and community health." They cited these types of crisis assistance in other areas such as Eugene, Oregon where a "program known as CAHOOTS has been in place for 30 years."

In January 2021, the City Manager designated the Director of Health, Housing, and Community Services, Dr. Lisa Warhuus, as the project manager for the Specialized Care Unit program. Dr. Warhuus further established an SCU Steering Committee to work with the commissioned consultant, Research Development Associates, on the

SCU program. The SCU Steering Committee is composed of municipal and community stakeholders: Fire, EMT, Mobile Crisis Unit for the Division of Mental Health, Mental Health Commission, and community leaders including from the Berkeley Community Safety Coalition (BCSC).

The City of Berkeley contracted with Research Development Associates to conduct three distinct reports in order to initiate the process to establish an SCU for Berkeley. For the past year, the SCU Steering Committee met bi-weekly including to work extensively with the commissioned consultant on the reports. The reports are available on the Reimagining Public Safety Task Force website.

The first report, “Crisis Response Models Report,” presents a summary of crisis response programs in the United States and internationally. The second report, “Mental Health Crisis Response Services and Stakeholder Perspectives Report,” is the result of extensive community engagement with stakeholders of the crisis system. These stakeholders include City of Berkeley and Alameda County agencies, local community-based organizations (CBOS), local community leaders, and utilizers of Berkeley’s crisis response services. The report also presents a summary of key themes to inform the Specialized Care Unit model.

The third report, “City of Berkeley Specialized Care Unit Crisis Response Recommendations,” proposes the consultant recommendations and guide implementation of the SCU model in the City of Berkeley. This report includes core components and guiding aims of the SCU model; stakeholder and best practice-driven design recommendations; considerations for planning and implementation; a phased implementation approach; system level-recommendations; and future design considerations. It is noteworthy that each recommendation put forth is deeply rooted in the stakeholder feedback of the two previous reports.

3. Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges in Berkeley and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System

The Substance Abuse and Mental Health Services Administration defines crisis stabilization services as:

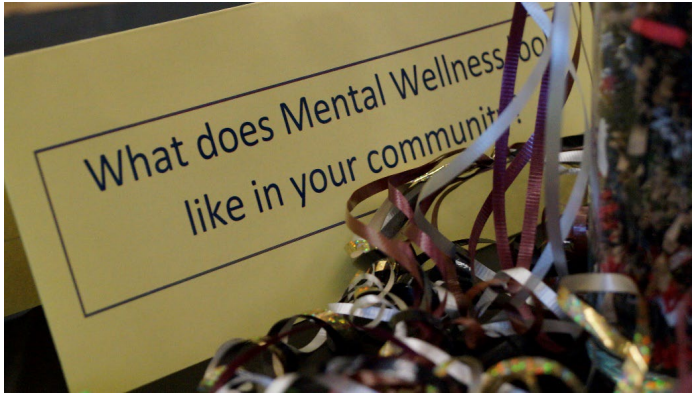
A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services.” (SAMHSA, 2014; 9) (SAMHSA, 2020; 23).⁴⁴

Over the last two decades, crisis centers have been expanding across the country, evolving to become more comprehensive, recovery-oriented, and welcoming to individuals, first responders, and referral sources (NASMHPD, 2020; 10). Key components for crisis stabilization centers often include 24/7 staffing with a multidisciplinary team of behavioral health (mental health and substance use) specialists, including peers, clinicians, and psychiatrists or nurse practitioners (via telehealth) (NASMHPD, 2020; 10).⁴⁵

Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020; 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020; 22).

⁴⁴ National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Knowledge Informing Transformation. SAMHSA (2020). [online] Available at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> and Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies. SAMHSA. (2014). [online] Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf>

⁴⁵ Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit. (2020). [online] Available at: <https://www.nasmhpd.org/sites/default/files/2020paper4.pdf>



Additionally, in areas where methamphetamine use is prevalent such as California, crisis providers have further become skilled in addressing methamphetamine induced psychosis, recognizing the need to treat the psychosis first and then connect individuals to the right level of care (NASMHPD, 2020; 10). Further crisis stabilization centers have addressed individuals who may need withdrawal management services (detoxification), including to offer services or provide immediate linkages and referrals, and to arrange transport to detoxification programs for crisis center clients who require that service (Ibid).

Crisis Stabilization Centers can thus represent a clear opportunity for improving the crisis response system to better meet the needs of distressed individuals from mental illness and/or substance use. These centers are designed to address the behavioral health crisis, reducing acute symptoms in a safe, warm, and supportive environment while observing for safety and assessing the needs of the individual (NASMHPD, 2020; 10). They can further reduce trauma and costs as a more appropriate level of care for people who do not require involuntary commitment to address their behavioral health needs (Ibid.).

4. Implement A Behavioral Health General Order for the Berkeley Police Department that Emphasizes Diversion Away from Policing Whenever Possible

For purposes of reducing policing and improving well-being, the aim of a Behavioral Health General Order is to address behavioral health—both mental health and/or substance use—for people experiencing distress in the community, to address 5150 involuntary commitments, de-escalating behavioral health crises, and divert people

towards an appropriate level of care and away from arrest, detainment, criminal case processing, and incarceration whenever possible.

An appropriate level of behavioral health care needs to be trauma- and harm-reduction informed, culturally safe, equitable and inclusive to meet the needs of Berkeley populations: Black, Latinx, AAPI, immigrants, LGBTQIA+ and Queer/Trans, people with disabilities, young, old, formerly incarcerated, historically or currently marginalized—those groups delineated in the Berkeley City Council’s reimagining public safety referrals, resolutions, and directives in the omnibus packaged dated July 14, 2020.

Currently the BPD General Orders related to behavioral health are focused on: 1) CIT (Crisis Intervention Training), 2) Mentally Disordered Persons, 3) Intoxicated Persons.⁴⁶ Initially it is important to evaluate the language contained in these orders to ensure they do not use stigmatizing language. Moreover, there are a significant number of people who may experience distress resulting from the impacts of both mental illness and substance use, and the general orders need to account for this prevalent reality.

Symptoms can manifest from a mental health condition such as schizophrenia that mirror those from substance use such as methamphetamine. Symptoms of both mental illness and substance use can further manifest simultaneously and they may not be decipherable unless, for instance, the impacts from substance use diminish in intensity over time. Consequently, this reality means evaluating both mental health and substance use issues and conditions or potentially missing key considerations of critical needs for determining an appropriate level of care treatment and diverting people away from criminal case processing and incarceration.

As it stands, the Berkeley Police Department has a "Crisis Intervention Team" General Order that provides four primary objectives for their CIT Program, including de-escalating crises, reducing the necessity for use of force, reducing recidivism, and collaborating with behavioral health providers and consumers to meet these goals. However, this General Order indicates dispatching CIT officers when possible and as an ancillary duty. Thus, it is possible Berkeley police officers may respond to crisis who are not trained to de-escalate mental health crisis and potentially if CIT trained, they may not have received substance use training.

⁴⁶ The Berkeley Police Department (BPD) General Orders are located on the City of Berkeley webpage for Training and Policy. They are available at: https://www.cityofberkeley.info/BPD_General_Orders.aspx The BPD CIT General Order is C-66; the BPD Intoxication General Order is I-15; and Mentally Disordered General Order is I-16.

The "Mentally Disordered Person" General Order defines a "mentally disordered person" as a "person who is a danger to him-/herself, others, or is gravely disabled as a result of a mental disorder." This General Order is designed to define the state law language under the Welfare and Institutions Code, Sec. 5150, and the legal requirements to implement it, as opposed to providing a Behavioral Health General Order that addresses persons in crisis from the impacts of mental illness and/or substance use and when it rises to the level of a 5150 involuntary hold for purposes of diverting people away from involuntary treatment when possible and only using 5150 holds as a last resort. It is noted that the terms "mentally disordered" may be stigmatizing and that potentially using a person experiencing a mental health crisis may improve the language.

The "Intoxication" General Order defines "Intoxicated person" as any person who, by reason or his/her ingestion of an alcoholic beverage and/or drug use, loses the ability to provide for his/her immediate safety and/or welfare needs. In addition, the BPD "Intoxication" General Order states that it is designed to "permit dispositions other than incarceration for intoxicated persons to provide for the welfare of the subject and maintenance of peace."

It is noteworthy that the "Intoxication" General Order discusses "custody" and the basis for detaining a person, but also eligibility for release and non-criminal disposition, and sets forth options for police officers such as driving the "intoxicated" person home if not subject to physical arrest and booking. Generally, this "Intoxication" General Order appears to be framed more in terms of meeting safety and welfare needs and diversion from punitive measures such as criminal case processing and incarceration.

Overall, the BPD CIT General Order uses a de-escalation approach for people in a mental health crisis, while the BPD "Mentally Disordered Person" General Order for 5150 involuntary holds states that it is designed to "establish policy and procedure for the custody and transportation of mentally disordered persons to designated treatment facilities, and other processes." It does not provide for persons who do not meet the 5150 standard and diverting them to an appropriate level of care and not criminal case processing and incarceration. It is also framed in terms of people experiencing mental illness as generally dangerous, and not necessarily as vulnerable individuals deserving of treatment and services. Thus, an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community.

Additional Information for Proposed Tiered Dispatch and CERN (Community Emergency Response Network)

A. Introduction to Tiered Dispatch

The commissioned consultant for the City of Berkeley, the National Institute for Criminal Justice Reform, has proposed alternative non-police first responder program referred to as “CERN”—Community Emergency Response Network. As previously discussed, the consultant looked at the Auditor’s calls for service analysis of 358,000 calls from 2015-2019 and re-classified those calls into penal and non-penal calls. Based on their analysis of non-penal calls, they determined 10 call types that an alternative first responder, their proposed CERN, could respond to in the community. The call types, as formerly discussed, focus primarily on traffic and property related calls, and those calls that may likely have a mental health or homelessness component such as disturbance or suspicious person.

In addition, the commissioned consultant recommends a 911-tiered dispatch program whereby the City of Berkeley’s Public Safety Communications Center would have 4 tiers for dispatching first responders to people in the community. Tier 1 would only dispatch CERN responders in response to the non-criminal calls for service. For Tier 2, CERN responders would lead, and officers would be present. The calls for service would have a low potential for violence where arrest is unnecessary or unlikely, although the consultant did not recommend specific call types for Tier 2. Tier 3 refers to officers leading and CERN present for non-violent felonies where there is a low potential for violence, and arrest is unnecessary or unlikely. Again, the consultant did not recommend specific call types for Tier 3. For Tier 4, only officers would respond as these calls for service would involve serious violent felonies.

Under their Reduce construct, the consultant NICJR states: “To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the Implementation of the Tiered Dispatch/CERN model.”

An underlying premise of the Reimagining process was that many current calls for service do not require a badge or a gun and can be better handled by non-police response. This is the view of both the Task Force and the NICJR consultant. Further, there is agreement that most mental health and homeless related calls for service, and most officer-initiated traffic stops, fit into this category, as do various other call types. There is also general agreement that there is a continuing role for police – primarily to

focus on prevention of community crime and violence and responding to calls for service involving crimes and/or violence.

B. General Questions on 911 Call Processing and Dispatching First Responders

The general agreement described above masks many complex questions that are either not, or inadequately, discussed by the consultant in their discussion of their CERN proposal.

Questions include:

1. Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)?
2. What is the system (or multiple systems) for both receiving calls and routing the responses?
3. How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)?
4. Who will provide and staff these non-police responses (i.e., City staff or contractor, professional credentialed or community responders) and if contractors, under what color of authority will they provide City service?
5. When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service -- whatever the merits of replacing police, we cannot replace something with nothing?
6. What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)?
7. Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses?
8. What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence?



“It was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch.”

C. Inquiries

Inquiry 1 – Determining What a Tier 1 Call Is

The basic premise of the CERN model is that the only appropriate use of police is in responding to criminal or violent calls for service and that CERN would handle 50% of “Tier 1” calls (calls for service that are neither criminal nor violent.) CERN assumes that the current 911 Dispatch would refer certain Tier 1 calls to a CERN dispatch (i.e., that meet certain criteria regarding call for service call type).

There is no clear agreement between Berkeley Dispatch and NICJR as to how to interpret or dispatch many types of calls. Many calls considered CERN-referral calls by NICJR (e.g., Disturbance) may be considered BPD calls by Dispatch. This is because very frequently the call provides insufficient information to know what is actually happening.

In Task Force meetings, and in “sit-alongs” with Dispatch, it was clear that very little was known until someone was dispatched to the scene. Moreover, Dispatch seemed reluctant to send police officers to some (apparently non-criminal) calls without available officer back-up. Whether they would refer these, and other, calls to a CERN unit is unknown. Currently the BPD uses general communications procedures that are not tailored for behavioral health call processing and dispatching, and there is a need to improve the CAD system for handling behavioral health calls at the BPD Public Safety Communications Centers. Potentially these deficits contribute to the resistance by call takers and dispatchers to support alternative responders.

While these issues might be resolvable through actual implementation, it was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch. Moreover, when discussing the NICJR proposals with the Task Force, senior Dispatch officials took serious objection.

Note: It is the view of BPD that while they agree that many calls for service may ultimately not require police intervention, they argue that until the officer is dispatched to the scene to assess the situation, that this determination cannot be made.

It should be noted that various SCU type programs addressing mental health and substance use calls for service divert some calls to their SCU version without sending police to the scene. There are SCU type programs in Eugene, Portland, Olympia, Seattle, Sacramento, Oakland, San Francisco, Santa Cruz, Los Angeles, Albuquerque, Houston, Austin, Denver, Chicago, and New York City. Some 911 centers also use behavioral health call scripts to screen for low level mental health and substance use calls that can be handled by alternative non-police responders. It is also well-established that the majority of 911 calls are not police related.⁴⁷ It is important to further consider how we can move forward to ensure equitable 911 service delivery for diverse groups of people. The SCU consultant has proposed training for Dispatch in the Final Report and Recommendations, including with other cities that have these programs.



Inquiry 2: Defining the Relationship between CERN, SCU and BerkDOT

It is unclear how CERN would relate to whatever SCU dispatch system is forthcoming or whether a successful build-out of the SCU would reduce demand for CERN. While the Reimagining and SCU processes were distinct, they were occurring at the same time and the NICJR proposals did not seem informed by the SCU process or recommendations. There could be substantial confusion and complexity in piloting both SCU and CERN at the same time.

⁴⁷ See Vera Institute studies and the Community Responder Model Report by the Center for American Progress and the Law Enforcement Action Partnership. The later report has further shown substantially adverse outcomes for communities of color, people with behavioral health disabilities and others from sending police unnecessarily in response to these calls for service (see report, 2020, p. 3).

The BPD Public Safety Communications Center handles 911 calls for service and will presumably continue to do so, including for CERN and other calls. The consultant, RDA, has proposed a separate line for SCU as many diverse and marginalized groups do not use 911 for fear of police response.

Also unclear is how CERN would relate to numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury “accident,” vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Using 2019 data in NICJR’s report, these future BerkDOT activities represent ~12% of calls for service to be covered in the CERN pilot. To include transportation calls for service as a part of CERN when they would clearly fall under the BerkDOT framework represents a problematic proposal, and inclusion of these call types within CERN requires more analysis as it relates to BerkDOT.

Overall, the proposed 10 call types for the CERN pilot can generally be divided between BerkDOT and SCU. Seven of 10 call types are either property or traffic related reporting/administrative duties. Two call types for disturbance and suspicious person may include a mental health or homelessness component. Ultimately there may be no reason for establishing a CERN if other alternative responders can take on the work.

The 911 recommendations above in this Reimagining Report include specific items to improve call processing and dispatching for mental health and substance use calls, including addressing call types, narrative descriptions, disposition codes that allow for appropriately categorizing calls.

Inquiry 3 – The Role of Back-up by Police for Alternative Responders

There was no NICJR discussion as to whether CERN (or SCU or BerkDOT) staff would have back-up from BPD should that become necessary or requested. This is important for two reasons: (i) for the security of the non-police responders; and (ii) the strongly held view of both SCU and Task Force members that it is important for callers to be assured that their call for assistance will not result in any possibility of referral to police and the criminal justice system. The future of any non-police response system depends on the continued security of non-police responders. Protecting callers for service from any police involvement for certain types of calls was considered of major importance.

Inquiry 4 – Staffing and Organizational Capacity for Piloting Programs

NICJR indicates that CERN responses would be provided under contract to local non-profits. Some non-profits were briefly identified, though there was no analysis of their capacity to handle the CERN work. Assuming for the sake of argument that a CERN system makes sense, there is an important debate as to whether this should be staffed by City staff or outside contractors. For some calls for service, particularly the behavioral health ones to be handled by the SCU, contract responders may provide excellent service. For other calls for service within the CERN Tier 1 list, there is a question as to what staffing qualifications and capabilities are required and whether responses might be better handled by City staff as opposed to non-profit contractors. In particular, there is a question whether non-City staff responders would have the legitimacy or authority to address conflicts between residents.

The NICJR report provides examples of Tier 1 CERN-related issues (e.g., a noisy party or blocked driveways). NICJR states that the mediation skills of the non-profit team would be sufficient to gain resolution. This may not be the case. Resolution may not necessitate the police, but it might require the possibility of some form of citation (e.g., by code enforcement officials).

These are not irreconcilable issues, but they need to be thought through. In both cases, a code enforcement model might be applicable using their authority to issue citations. This will not work if staffing is with non-profit employees. If staffed with City employees, it will require increasing code enforcement staffing. The issue of responder qualifications or whether color of City authority may be necessary, or how often, is not discussed or analyzed by NICJR.

It is worth noting that for the SCU, the SCU consultant, RDA, has recommended an EMT, behavioral health clinician, and peer specialist as their staffing model.

Inquiry 5 – Screening, Triage, and Dispatching Calls for Service

Dispatch issues are at the core of the implementation of any Reimagining process. Whatever changes are recommended or approved must consider the realities faced by Dispatch.

Dispatch currently has limited triage responsibilities. It essentially dispatches officers to respond to calls for service. If a call seems to be a behavioral health call, and when the

MCT is on duty (roughly 25% of the time), Dispatch also sends the MCT. Dispatch has no other triage responsibilities (other than to counsel the caller themselves). If behavioral health, homeless, or other Tier 1 calls continue to get routed through Dispatch, this will require a major change for Dispatch. Dispatch will now have to determine who to send the call to: BPD or some other responders. In addition, if dispatching to other non-BPD, to what extent will these calls require some form of back-up.

Questions requiring consideration and not analyzed by consultant:

1. How do we coordinate 911 calls for police, SCU, CERN?
2. How will the community know who to call for which services, especially if want no BPD involvement?
3. How will responses be coordinated if some calls go to Dispatch and others go to a separate dispatching phone number?
4. What is the process for resolving these issues?

The City of Berkeley has executed a contract for a public safety consultant to work with the Fire/EMS Department in order to address 911 call processing and dispatching for fire/EMS calls for service. The City's contract provides some \$100,000 for up to 3 years for this purpose. We do not know the full scope of this project, but it intends to enhance triage responsibilities outside BPD. In addition, there is a possibility of placing a behavioral health clinician outside of the BPD dispatch including at the CBO for SCU.



Inquiry 6 – Effects on Patrol Staffing and Potential Police Savings

NICJR recommends that by removing 50% of non-violent, non-criminal calls for service from BPD that BPD Patrol staffing could be reduced by 50%. NICJR explicitly maintains a BPD role to focus on crime and violence, but NICJR does no analysis of the Patrol staffing levels necessary to perform the new BPD Patrol role.

This issue merits further discussion. The belief that removing some calls for service from BPD will have a corresponding reduction in BPD Patrol staffing needs, and that these reductions can finance the build-out of the SCU and whatever form of CERN-like entity the City ultimately pursues, was not analyzed by the

consultant.

(a) Consultant Recommendation of 50% Patrol Reduction

The consultant reviewed the Auditor’s report regarding calls for service (CFS) and determined that a large percentage of types of calls for service need not be handled by BPD. The consultant also stated that some types of calls for service do need to be responded to by police.

From this “analysis”, the consultant asserts that half of BPD “patrol” officers could be removed from Patrol. However, there is nothing in the consultant report that would lead to this conclusion. The consultant did not study the personnel resources it takes to respond to each type of service and made no analysis of the police resources needed to respond to those calls for service the consultant states should remain with police. The consultant just assumed, not based on analysis, that all calls for service are roughly identical in terms of staffing demands.

The major question regarding the potential for reducing police patrol staffing is analyzing the number of officers on duty at any point in time (not on average across a year) that are needed to respond to that set of calls for service deemed to require BPD (calls involving crime, violence, and other requisite BPD responses). Currently, Patrol is

staffed at 22-24 officers for most shifts (1 per each of the 18 Patrol beats with some minor additional coverage) and roughly 9 officers during the “dog-watch” hours of the early morning in which each officer covering 2 of the 18 Patrol beats).

Key questions:

1. Regardless of how many Tier 1 calls for service are taken from BPD, how many fewer Patrol officers on duty at any particular time are sufficient to provide adequate coverage for those calls for service deemed to require police responses?
2. Would two-thirds of this staffing be sufficient (i.e., 14-16 officers on duty during major hours and 6 officers in the wee hours)?
3. Would half of this staffing be sufficient as stated by the consultant (i.e., 11-12 officers on duty per principal shifts and 4-5 officers for the entire city during the wee hours)?

We could imagine that BPD could adequately cover Berkeley Patrol needs with fewer beats and hence fewer officers to cover these reduced number of beats but determining the magnitude of such reductions and creating a reduced number of police beats requires analysis and this was not studied by the consultant.^[1]

The Task Force attempted to elicit information from the Acting Police Chief during her many presentations to the Task Force, but she was not forthcoming (presumably not wanting to negotiate Patrol staffing reductions in public).

Bottom line: the operational question is not the number of calls for service of different types as per the consultant approach; rather, it is the minimum police staffing, at any point in time, that is required to respond to those calls for service that the City deems should be responded to by BPD as well as any other BPD Patrol duties. This remains to be analyzed.

(b) Patrol staffing vs. BPD staffing

In analyzing potential reductions to BPD staffing, it is important to differentiate Patrol staffing (about 60%) and all other BPD sworn staffing. In Berkeley, non-Patrol staffing includes Investigations (investigating crimes), Traffic Bureau, Community Services, Administration, among other functions. Many proponents of reducing Patrol (including the consultant), believe it is important to maintain or increase Investigations. (*Note: the consultant called for an increase of 5 officers in Investigations.*)

Assuming that many Patrol functions can be better handled by non-BPD does not lead to a corresponding reduction in non-Patrol staffing. As such, the consultant recommendation to reduce Patrol by 50% (the lack of consultant analysis to support that recommendation notwithstanding) would only reduce total BPD sworn staffing by 50% of the 60% of BPD sworn or a total of 30% reduction. Moreover, the consultant recommended that 5 of those reduced from Patrol should be re-assigned to Investigations. This would lead to a reduction of 35 officers or about \$7-8M per year. These 35 officers compare with that total BPD sworn staffing of or about 22%.

(c) Potential Unintended Consequences of Reduced Patrol Staffing

BPD “de-escalation” is based on controlling situations by responding in numbers with multiple officers. It is important to note that the efficacy of this mode of de-escalation has not been proven and bringing multiple officers on scene can escalate some instances such as behavioral health crises. This compares with the Oakland approach of using fewer officers to “control” incidents, but with a more aggressive use of weapons. Reduced Patrol staffing may make current de-escalation strategy difficult.

Query: Will reductions in Patrol officers on duty lead to arguments for additional uses of force? This was not analyzed by the consultant and will bear close monitoring.

Inquiry 7: CERN and BerkDOT

Among other concerns with NICJR's recommendation to establish a CERN Pilot Program is the presence of numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury “accident,” vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Just taking the 2019 data presented in NICJR's report, these future BerkDOT activities represent ~12% of pilot calls for service to be covered in the CERN pilot. To move forward with these responses are part of CERN, when they should clearly fall under the BerkDOT framework, represents a problematic proposal and these suggestions were made without reference to the separate and parallel BerkDOT development process. Inclusion of these transportation-related calls for service within CERN requires more analysis as it relates to BerkDOT.

Inquiry 8: CERN Staffing and its Sufficiency

NICJR proposes staffing their CERN pilot as follows: “NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOS to cover each district. Each CERN district should have three teams (one team per shift) of two CERN

responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation.” Whatever the merits of CERN, this staffing model seems insufficient. It claims to cover 3 shifts per day with 3 teams but seems to ignore weekends. It mentions some coverage for vacation, but there will be sickness, training, and other drains on staffing. As indicated above regarding policing, it roughly takes 5x staff to cover one full staff slot 24/7. NICJR is only indicating coverage at 3x. This is a minor concern but seems to substantially understate the requisite staffing and the consequent costs.

[1] Technical note: To staff one shift 24/7, requires a minimum of 4.2 staff, just to cover the hours – i.e., 7 days x 24 hours = 168 hours/week; this requires 4.2 x 40 hour shifts. Taking into account vacation, sick leave, training, court time, etc., this 4.2 rises to approximately 5x.

[1] “The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department’s budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.”

“This analysis suggests that under any scenario, officer time associated with responding to all calls for service result suggests that most costs are NOT

Task Force Recommendations on Gender-Equitable Response Systems

A. Improving Gender Equity in Berkeley

Investments by the City to address gender-based violence could have a profound impact not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. The Task Force hosted two listening sessions for providers of gender-based violence (domestic abuse, sexual assault, human trafficking) to identify ways responses could be improved, enhanced, and reimagined. Input gathered from these sessions as well Task Force members’ expertise form the basis of the recommendations listed below. It is estimated that implementation of these recommendations would cost just under one-million dollars.

Task Force Recommendations on Gender Equity

1. Increase the capacity of community-based organizations serving Berkeley residents, students, and employees by providing additional funding.

The City should consider providing grants to various organizations. Funding should be flexible so providers can decide the best way to support victims and survivors. This would include using funds for housing, childcare, transportation, and other crucial resources.

Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.

2. Train and provide technical assistance to faith-based leaders on domestic and family violence issues.

Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place⁴⁸ in Oakland, and Korean Family Services in Los Angeles⁴⁹. The latter has trained over 1700 faith leaders in the last 10 years.

3. Provide services for people who cause harm.

While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.

⁴⁸ <https://www.asafeplace.org/>

⁴⁹ <https://www.kfamilia.org/upage.aspx?pageid=u06>

4. Prevention education for K-12 to provide and coordinate prevention work

Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.

4. 5. Provide City Leadership to Host Regular Meetings and Coordinate Services

The City should create a forum for service providers, advocates, community members and response teams (police department, behavioral health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City leadership should also participate in County efforts, like the Family Violence Council in Alameda County.^{50-††}

Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.^{51†‡} Outreach should be done to ensure that BIPOC leaders are at the table.

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⁵⁰ The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information:
[http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

⁵¹ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>



2. 6. Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws

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Countywide coordination will be needed to implement Senate Bill 320⁵²[3], which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders. Safely removing firearms in these situations is crucial, as research shows a strong association between domestic violence and mass shootings.[4]

Local courts are now required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms/ammunition.

3. 7. Annually Update the Police Department’s Domestic Violence Policies and Victim Resource Materials

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California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

⁵² https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

4. 8. Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 or Non-Emergency Calls

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These trainings should be designed in partnership with community-based providers so that the information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim when family members may be related to the abuser. This recommendation is consistent with NICJR’s recommendation that the department increase its use of local community members to provide training.

5. 9. Publish Victim Resources in Plain Language and Multiple Languages

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Victim resources must reach the widest possible array of people, in easy-to-understand language for those with limited language proficiency or low literacy. Languages should include but not be limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.^{53[5]} Other languages that are spoken in Berkeley should also be included.

6. 10. Screen for Domestic Violence in All 911 and Non-Emergency Calls

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To reach individuals experiencing domestic violence who are unwilling or unable to come forward, domestic violence should be screened for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect’s relationship to one another.



“Providers report that advocates sometimes must act as a safe middle person between the victim and police.”

⁵³ [These languages represent the top five languages spoken in California, and also the Bay Area. At a minimum, victim resources should be translated into these languages.](#)

This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.

7. 11. Assign a Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim’s Request

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This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g., not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. 12. Police Response to DV Calls Should Be Accompanied by or Coordinated with DV Advocate

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This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response. This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized.

Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Brightstar Research).

[1] The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: <http://www.alameda.courts.ca.gov/Resources/Documents/2020-04/2020FamilyViolenceCouncil.pdf>

[ativefactors.html](#)
[220SB320](#)
[ent/early/2020/02/05/JAAPL.003929-20](#)

and California. At a minimum, victim resources should be translated into these languages

Task Force Recommendations on Disability from People with Behavioral Health Challenges (PEERS) Listening Session

1. Include PEERS in Developing Behavioral Health Responses

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community-particularly for a non-police crisis response like a Specialized Care Unit (SCU).

2. Sufficiently Fund & Support Behavioral Health Respite Centers

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

3. Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

4. Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.


5. Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

6. Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed

how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.



Task Force Recommendations from LGBTQIA+ and Queer/Trans Listening Session with Pacific Center for Human Growth Staff

1. Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and Pacific Center for Human Growth

Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.




2. Establish Partnership between Division of Mental Health and Pacific Center for Human Growth

There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

3. Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients

There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.



Task Force Recommendations on Addressing Underlying Causes of Inequity, Violence and Crime

Along with addressing police, communications, and city response systems and practices, the Task Force firmly believes that the goal of reimagining public safety would be incomplete and ineffective if the City does not address the root causes of inequity, violence, and crime. Following are specific recommendations to address those root cause issues.

1. Public Safety and Community Solutions

This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, BerkDOT personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report.

First responders have specific training by profession, but there is a wide variety of procedures among EMS, BPD, Street Ambassadors, Social Workers, CBOS and Berkeley's Mental Health professionals. The Public Safety & Community Solutions Institute can offer a streamlined curriculum that is based on Berkeley's SCU training and broadens its utility throughout our City.

A crucial element of this training will be to provide responders with tools and practices to support their own mental health and tend to vicarious trauma that occurs inevitably and regularly on the job. Many MACRO (Mobile Assistance Community Responders of Oakland) training topics are incorporated into these recommendations. The structure and content of public safety training is currently being developed by experts for Berkeley's SCU. Training topics and modules are subsequent to what will be codified by SCU. A list of training topics and other resources is available in the Appendices.



“For too long, the response to incidents of community violence have fallen on the hands of trusted community members.”

2. Community Violence Prevention Programs

The Task Force urges Berkeley City Council to research and robustly invest into programs that curb community violence through prevention, education, mentorship, trauma stewardship, and economic opportunity. Community violence is a symptom of historically resource deprived communities, intergenerational trauma, over-policing, lack of opportunity and many other factors that impact Black, Indigenous, and other communities of color, especially those that are proximally or currently experiencing poverty.

Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success:

Center the families, youth, and individuals the most impacted by community violence. It is crucial to the response to any incident of community violence that there are trauma-informed resources and counseling available to support victims and their community. In what can be the most difficult moment in their lives, our City should have the tools necessary to respond and support them in their time of need.

Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation. For too long, the response to incidents of community violence have fallen on the hands of trusted community members and leaders who leverage their love and compassion to de-escalate further instances and

begin the process of healing. Communities have been left to fend for themselves and “new models or approaches” are met with skepticism.

Hiring of Credible & Trusted Responders: Programs must hire workers who share the same background and come from the same community as those who they intend to serve. Trust from the community is critical to the success of these programs.

Transparency and Accountability: In order to build and maintain trust with communities, it is critical that its work remains visible to the community it serves. The program should interface regularly with the community through education, listening sessions, and other means of intentionally engaging Berkeley residents.

Allow Pilot Violence Prevention Programs to Grow. New programs or approaches to community violence must be allowed a runway to adapt, evaluate, and assess their impact when launched and funding for them should not be tied to arbitrary metrics. The success of these programs comes from a long-term vision of investment, experimentation, and trust in our communities to thrive.



3. Support City Efforts to Establish Office of Equity and Diversity

Racial equity is a set of social justice practices, rooted in a solid understanding and analysis of historical and present-day oppression, aiming towards a goal of fairness for all. As an outcome, achieving racial equity would mean living in a world where race is

no longer a factor in the distribution of opportunity. As a process, we apply racial equity when those most impacted by the structural racial inequities are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives. - adapted from Anti-Oppression Resource and Training Alliance (AORTA)

The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups.

An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups.

This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.

For the formation of this Office of Equity & Diversity, the Task Force advises that the City take the following steps to ensure it is done with integrity and the community's input.

Partner with trusted Community Organizations and Leaders to lead listening sessions across all of Berkeley's Districts that inform folks of the desire to establish such an Office and solicit feedback and direction on what this Office should prioritize in its work. Listening sessions should be made available in languages other than English and at times that work for a wide variety of schedules. All printed material should also be made available in other languages as well.

Integrate a community oversight and support body that works closely with Office of Equity & Diversity staff in making connections to community members and issues, evaluating approach, and ensuring ongoing success of Office's work.

We look forward to seeing the continued development of this Office of Equity & Diversity and strongly endorse that its process is transparent, community-centered, and a vital part of the foundation of Berkeley's racial equity and social justice work.

4. Implement Pilot Guaranteed Income Project

At least 20 guaranteed income pilots (often referred to as Universal Basic Income/UBI programs) have launched in cities and counties across the U.S. since 2018, and more than 5,400 families and individuals have started receiving between \$300 and \$1,000 a month, according to a Bloomberg CityLab analysis. These cities include Stockton, Compton, Los Angeles, Marin and Santa Clara Counties, and Oakland in California; Denver, CO; Gainesville, FL; Atlanta, GA; Chicago, IL; Gary, IN; Chelsea, Lynn, and Cambridge in MA; St. Paul, MN; Jackson, MI; Newark and Paterson, NJ; Hudson, NY; Pittsburgh, PA; Columbia, SC; Richmond, VA; and Tacoma, WA.

Cities and counties have designed their programs based on similar metrics – local/regional costs of living, and income/need-based eligibility. Specific eligibility parameters were developed by each city based on locally identified priorities; factors weighed include income as a percentage of median area income, family size, legal/immigration status, former incarceration, irregular/informal employment, poverty rates in resident neighborhoods, and foster youth status. Programs durations vary between 1-3 years.

One of the few cities that has completed its pilot is Stockton (Stockton Economic Empowerment Demonstration, or SEED). The results were released in March. "According to SEED, the guaranteed income resulted in higher rates of full-time employment. It also positively impacted the mental health of recipients. Participants reported being less anxious and depressed and "saw improvements in emotional health, fatigue levels, and overall well-being." The report notes that "SEED took a series of steps, based on conversations with legal counsel, social service administrators, institutional review boards, and other cash transfer pilots, to protect against potential benefit losses." The goal was to augment benefits, not replace them.

Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.

["Every U.S. City Testing Free Money Programs", Mashable.com
<https://mashable.com/article/cities-with-universal-basic-income-guaranteed-income-programs>

"Basic Income In Cities: A Guide to City Experiments and Pilot Projects", National League of Cities (NLC) and Stanford Basic Income Lab (BIL)

<https://www.nlc.org/resource/universal-basic-income-whos-piloting-it/>

"Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices", The World Bank
[Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices.](#)



5. Support Police Accountability Board and Fair & Impartial Policing

The Police Accountability Board and Fair and Impartial Policing, crucial initiatives to improve the existing Berkeley police force are already underway, and the Task Force calls for them to be strongly supported and enhanced.

As the Task Force is a temporary commission, the Police Accountability Board (PAB) must assume the continuing oversight responsibility over both policing and the implementation of re-envisioned public safety. City Council, city management, City Attorney, and the police department need to honor the community-based oversight structure by including the PAB and its Director fully in the development of public safety policy. Instead, the Council and staff have moved backward, providing the most minimal level of consultation at the latest possible stage. This trend is exemplified by the surveillance technology and Early Intervention System (anti-racial profiling) policy processes, with concern about the development of internal PAB complaint hearing regulations as well.

We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate

with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.

The Council passed a strong anti-bias program, Fair and Impartial Policing, in February 2021; but very little of the program has been implemented. A transparent plan must be published, and a speedy implementation timeline agreed to. We recommend that, as discussed above, the PAB be brought into rather than excluded from the policy development process; the Early Intervention System be clearly defined as an investigative tool to assess and address the racial disparities that plague the BPD; and that implementation, findings and outcomes be regularly reported to the PAB and Council in the spirit of full transparency.

We finally recommend that Council resist the national trend to roll back the lessons of the Black Lives Matter movement and the heightened consciousness of racial injustice in the wake of the murder of George Floyd, in whose honor the Reimagining process was birthed. We must not return to the era of unconstitutional policing marked by the drug war, saturation/aggressive policing, stop-and-frisk, and the racial profiling that attends these processes. If the proposed Crime Suppression Unit, which openly hearkens back to programs of yesteryear, is tainted with practices that lead inevitably to mass incarceration in communities of color, we recommend it be rejected.

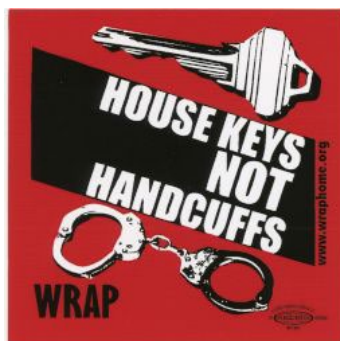
Much of the work recommended in this report, including the development of behavioral health and gender-based service responses and addressing the root causes of inequity, can only be done in partnership with or led by community-based organizations (CBOS), who carry much of our communities' expertise and experience in these areas. The Task Force therefore recommends greater investment in building the service and infrastructure capacities of local relevant CBOS, so they can be effective partners in this work.

Task Force Recommendations on Sustaining Community Based Organizations

A. Why Does Berkeley Need So Many CBOS?

CBOS mean each organization is providing more individualized attention to the issue than would be the case if there were fewer, larger entities with larger caseloads, longer wait times, and fewer locations. Larger CBOS can in time as they continue to grow become more and more bureaucratic.

More specialized smaller CBOS means they can be spread out across all neighborhoods, and are responsive to the people, institutions, needs, and cultural differences of each one. It means they can offer more specialization and responsiveness by need, methodology, and target populations.



B. Community Based Organizations' Overview including Funding Summary of City of Berkeley Budget and Recommendations

The City of Berkeley prides itself in its support of community-based organizations and the incredible extension of critical services these agencies provide Berkeley residents. On the following page is a summary of City allocations to local CBOS.

FY 2022 COMMUNITY AGENCY ALLOCATIONS BY SERVICE TYPE

	General Funds	Federal Funds	Other Funds	All Sources
Arts	\$586,652	\$0	\$0	\$586,652
Childcare	\$586,819	\$ -	\$13,275	\$600,094
Community Facilities Improvements	\$24,575	\$1,113,570	\$ -	\$1,138,145
Community Media	\$230,710	\$ -	\$ -	\$230,710
Disability Programs	\$86,122	\$159,660	\$1,432,011	\$1,677,793
Economic Development	\$422,500	\$ -	\$ -	\$422,500
Employment Training	\$295,165	\$ -	\$ -	\$295,165
Health	\$2,060,256	\$160,000	\$ -	\$2,220,256
Homeless	\$8,661,884	\$634,930	\$1,405,950	\$10,702,764
Housing Dev & Rehab	\$203,475	\$250,000	\$ -	\$453,475
Legal/ Advocacy	\$895,486	\$35,000	\$ -	\$930,486
Other	\$168,104	\$ -	\$ -	\$168,104
Recreation	\$18,573	\$ -	\$ -	\$18,573
Seniors	\$9,110	\$ -	\$ -	\$9,110
Youth	\$1,040,567	\$ -	\$ -	\$1,040,567
TOTAL	\$15,289,998	\$2,353,160	\$2,851,236	\$20,494,394

	FY 2021 All Sources	FY 2022 All Sources	Percent Change
Arts	\$573,654	\$586,652	2%
Childcare	\$643,902	\$600,094	-7%
Community Facilities Improvements	\$24,575	\$1,138,145	4531%
Community Media	\$230,710	\$230,710	0%
Disability Programs	\$1,604,926	\$1,677,793	5%
Economic Development	\$422,500	\$422,500	0%
Employment Training	\$295,165	\$295,165	0%
Health	\$2,220,256	\$2,220,256	0%
Homeless	\$13,823,569	\$10,702,764	-23%
Housing Dev & Rehab	\$453,475	\$453,475	0%
Legal/ Advocacy	\$4,757,027	\$930,486	-80%
Other	\$168,104	\$168,104	0%
Recreation	\$18,573	\$18,573	0%
Seniors	\$9,110	\$9,110	0%
Youth	\$1,065,567	\$1,040,567	-2%
TOTAL	\$26,311,113	\$20,494,394	-22%



“Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels.”

C. TASK FORCE RECOMMENDATIONS for CBOS

1. Conduct Assessment on CBOS’ Capacity vs the Needs of the Community.

CBOS in Berkeley have many decades of experience in the areas of work identified in this report; behavioral health-based and gender-based service responses, violence prevention, and addressing the root causes of the multi-dimensional inequity that causes violence and crime, from income and housing insecurity. Increase safety to family stability and increase the capacity of CBOS to be more responsive, efficient, accountable and be better partners with consumers, other CBOS including equity in training and salaries.

Recommendations

1. Services delivery evaluation by consumers, staff and other CBOS
2. Reduce duplication
3. Assess capacity vs need
4. Create efficiencies by sharing financial and contract management services
5. Design well thought out strategies for coordination across systems
6. Facility repair for safety and accessibility
7. Train staff
8. Service audit
9. Financial audit

The City of Berkeley has developed a comprehensive community-based landscape with over 100 contracts for services ranging from childcare to senior care. CBOS do their work in a service environment that has very limited access to housing, employment, and treatment: they have developed innovative and effective strategies for supporting personal, family and community transformation despite these gaps. Coordinated services need to incorporate and enhance the expertise they have gained over the years.

In Berkeley, there are youth, LGBTQ, seniors, disabled, and other people ready and wanting to work and engage in recovery from drugs and alcohol or mental illness – there are families, survivors of domestic violence, people experiencing undiagnosed mental illness or serious health problems, veterans, and people who are economically poor. In all of these situations, there is trauma.

Before new initiatives are introduced into CBOS, current capacity needs to be assessed and programs evaluated. Too often emergency or stop-gap responses are implemented before conducting detailed assessment and evaluation.

Data needed:

- a. Ongoing feedback from the communities being served
- b. Ensure that staff has assisted the consumer correctly and fully completing paperwork and applications
- c. Map all services provided by CBOS, develop a map of where they are located and make every effort to spread them around town
- d. Understanding the challenges CBOS are facing
- e. Evaluation of the efficacy of our CBOS and the potential for capacity building, coordination, and networking using each other's best practices

2. Create Coordination and Communication Opportunities for CBO staff

Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.

3. Improve Referral Systems

The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.

4. Remove City Funding System Inefficiencies and Duplication

Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels. Cost of living increases are rare, and the work of the providers keeps growing. Funding decisions often require that they end up "robbing Peter to pay Paul" to balance the budgets. The City of Berkeley process takes 5 months which includes the Homeless Commission, Staff and City Manager recommendations and then Council approval. At each level the CBOS and their consumers and board members hours in lobbying, presentations, and public hearings.

Specific actions the City can take to decrease bureaucracy and increase efficiency include:

- a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs).
- b. Quarterly instead of monthly reporting.
- c. Increase baseline CBO salaries to improve their recruitment and retention.

5. Develop Additional Success Metrics for CBOS

The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.



sale of products produced by clients. Larger CBOS have development directors who are extremely sophisticated in applying to every RFP for which they qualify, producing highly competitive proposals at all levels. With the smaller CBOS this effort falls on the Executive Director. The biggest challenge for CBOS is raising funds from foundations and corporations.

6. Help CBOS Enhance Their Funding

All CBOS have multiple funding sources from diverse funders, but many funds are restricted to a specific segment of our populations. There are great funding gaps that exist in providing services – especially for a person not designated as “chronically homeless” This results in those consumers getting minimal, if any, help.

The funding sources beyond the City of Berkeley include foundations, corporations, faith-based institutions, Alameda County Behavioral Health Care Services, Alameda County Social Services Agency, State of California, HUD, Veterans Affairs, private donors, billing and other fees, events and



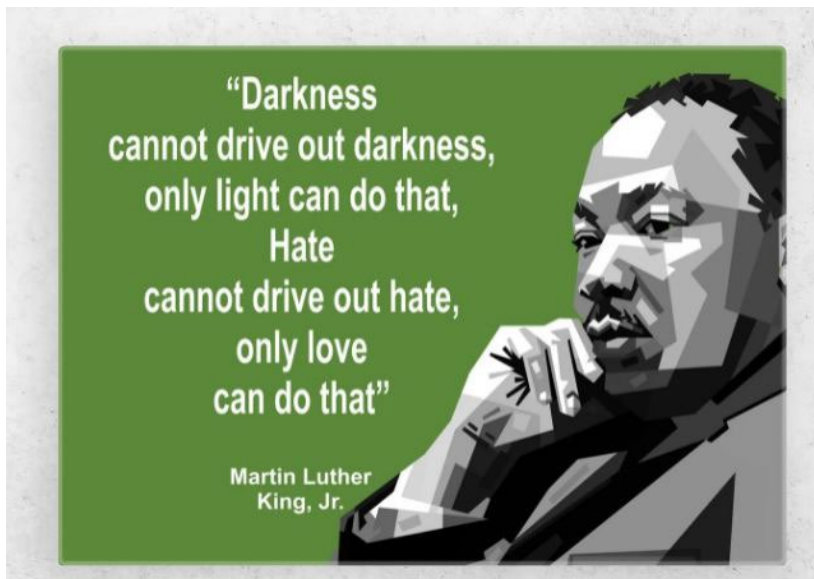
D. Strategies to Help CBOS Leverage Additional Funds Include:

1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. Such a meeting would “sell” the coordinated entry model and would demonstrate the large spectrum of options. that inhibit CBOS ability to leverage funds.
2. Create an annual citywide fundraising campaign that would benefit all CBOS. In partnership with consumers, CBOS, including donors, faith-based organizations and using interns from UCB, a public education campaign can present a powerful and accurate narrative about how CBOS approach problems through a participant or need-centered lens: What unmet need is this individual/family/ neighborhood/community experiencing, and what is the solution?

This is different than the way public entities and public systems approach problems, which is to look at issues with a trifocal lens: need, budget, and political ramifications or public reaction. CBOS, being privately operated and mission-driven, are freer to pursue innovation and creative solutions. They are able to pivot with new strategies more quickly than public systems (a speedboat or a sailboat versus an ocean liner). They are freer to engage individuals with lived experience and non-traditional resumes (and cultivate greater trust from those they serve as a result). They are geographically decentralized, with deeper connections to the neighborhoods they both operate and provide services in.

3. Train staff. The need for training is a high priority among our CBOS especially in organizations that hire people with lived experience of poverty, violence, homelessness, and other personal trauma. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified.

4. Gather feedback from consumers. While there is intention in all CBOS to gather feedback from those who use services, there is no consistent effort made to do so. It is critical in any system of care to create a feedback loop from consumers through resolution and integrate that feedback into improved service delivery. A few CBOS excel at this effort and their and Mayor's staff, existing feedback models can be reviewed, and feedback tools recommended for implementation.





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Appendix 1. Glossary of Acronyms

AAPI	Asian American and Pacific Islander
ABLE	Active Bystandership for Law Enforcement
AMI	Area Median Income
BAPPA	Bay Area Progressive Policing Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT	Berkeley Department of Transportation
BFD	Berkeley Fire Department
BIPOC	Black, Indigenous and People of Color
BMC	Berkeley Municipal Code
BPD	Berkeley Police Department
BRG	Bright Research Group
BWC	Body Worn Camera
CAD	Computer Aided Dispatch
CAHOOTS	Crisis Assistance Helping Out on the Streets
CBO	Community Based Organization
CERN	Community Emergency Response Network
CFS	Calls for Service
CIT	Crisis Intervention Training
CPE	Center for Policing Equity
CVC	California Vehicle Code
DV	Domestic Violence
EIS	Early Intervention System
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPIC	Ethical Policing is Courageous
HALO	Highly Accountable Learning Organization
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual plus
MACRO	Mobile Assistance Community Responders of Oakland
MCT	Mobile Crisis Team

NICJR	National Institute of Criminal Justice Reform
PAB	Police Accountability Board
PEERS	People with Behavioral Health Challenges
PEO	Parking Enforcement Officer
POST	Peace Officer Standards Training
QA	Quality Assurance
QAT	Quality Assurance and Training
QTBIPOC	Queer and Trans Black, Indigenous and People of Color
RDA	Research Development Associates
RFP	Request for Proposals
RIPA	Racial and Identity Profiling Act
RPS	Reimagining Public Safety
RPSTF	Reimagining Public Safety Task Force
RTEBN	Rebuilding Together East Bay-North
SAMHSA	Substance Abuse and Mental Health Services Administration
SCU	Specialized Care Unit
SEED	Stockton Economic Empowerment Demonstration
SOS Program	Safe Organized Spaces Program
TCS	Training and Community Solutions
SUD	Substance Use Disorder
UBI	Universal Basic Income

Appendix 2: Inequities, Social Determinants of Health, and Well-Being as they related to Transportation in Berkeley and Community Engagement Summary on BerkDOT

The transportation system in Berkeley and beyond imposes significant and unequal burdens across members the population, with the negative externalities of transportation system differing most significantly by income/wealth, race/ethnicity, ability, age, gender, sexual orientation, mode of transportation, housing status, and immigration status. Not only do these negative externalities manifest as limits on people's mobility, but also limit people's access to opportunities, including employment, education, health care, recreation and goods and services.

Inequities in Access to and Affordability of Transportation

People spend an enormous amount of their income on transportation costs - in the US, transportation is generally the 2nd largest expenditure for households after housing, accounting for about 13% of expenditures each year. However, the proportion of income dedicated to transportation costs is not even across income groups - in 2016, the lowest earning 20% of households spent 29% of their household income on transportation compared to the highest earning 20% who spent only 9% of their income on transportation.⁵⁴ This inequity has been exacerbated by the COVID pandemic, where higher income workers have often had the luxury of working from home (and avoiding commute costs) while lower income "essential" workers have had to continue their daily commutes.

There are multiple reasons that lower income households are burdened with such high transportation costs. One is that, for the most part, the cost of car ownership holds mostly constant across income levels. AAA estimates that the average annual cost of new vehicle ownership is \$9,666, or \$805.50 per month.⁵⁵ For those with older cars, costs may still be nearly as high due to poorer fuel efficiency and more frequent need for high-cost repairs. Another reason for the high burden of transportation costs on lower income households relates to the high cost and low availability of housing in job centers. Many people traveling to Berkeley for work cannot afford to live here, but instead are pushed into outlying areas with more abundant, cheaper housing but poor access to public transportation. These workers coming into Berkeley are spending huge portions of their income on fuel and repairs related to their super-commutes. Even lower

⁵⁴ Institute for Transportation & Development Policy. "The High Cost of Transportation in the United States." Transport Matters. May 23, 2019. <https://www.itdp.org/2019/05/23/high-cost-transportation-united-states/>

⁵⁵ Ellen Edmonds. "Sticker Shock: Owning a New Vehicle Costs Nearly \$10,000 Annually." AAA. August 19, 2021. <https://newsroom.aaa.com/2021/08/sticker-shock-owning-a-new-vehicle-costs-nearly-10000-annually/>

income households who might not be dealing with long commutes may be forced into the expensive cycle of car ownership and its associated costs when public transit options feel neither convenient nor safe enough, or when travel by bicycle is not possible because of a lack of safe routes or when residents lack adequate safe and secure bicycle storage options, especially those living in apartment buildings.

It is also critical to examine disparities in who does and does not drive a car. In particular, the youngest and oldest segments of our population don't drive, many people with disabilities cannot drive, and car ownership is prohibitively expensive for many with low incomes. In total, 40% of the US population cannot drive.⁵⁶ No one under the age of 16 in California can drive. Across the US, one in five people over age 65 don't drive and by age 80, 65% are no longer driving, while only 40% have difficulty walking.⁵⁷ In the Berkeley/Albany Public Use Microdata Area, 25% of households with no car are occupied by someone with a disability, compared to 14% of car-free households where no one has a disability, and 24% of households with no car are occupied by Black residents compared to 14% of car-free households with non-Black residents.⁵⁸

Several cities have worked to develop policies and programs to try to address some of the inequities in access to and affordability of transportation. In November 2021, Oakland launched a Universal Basic Mobility Pilot⁵⁹ to give 500 East Oaklanders up to \$300 for transit and shared mobility on a prepaid debit card. These funds can be used to pay for transportation services such as AC Transit buses, BART trains, WETA ferries, BayWheels bike share, and electric scooter share. The goals of this program are both to boost equity and reduce dependence on cars. In July 2021, Pittsburgh, PA launched a similar program and will be providing up to 100 low-income residents with monthly transit subscriptions and shared mobility services for six months.⁶⁰ In Albuquerque, a 1-year pilot has been launched to make transit completely free to all residents.⁶¹ And in January 2022, Boston launched a 2-year pilot program to make transit free on 3 MBTA bus lines that service low-income communities of color.⁶²

Unequal Investments in Transportation Infrastructure Led to Inequities in Adverse Outcomes

⁵⁶ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020.

⁵⁷ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020. <https://www.cnu.org/publicsquare/2020/03/05/aging-population-needs-walkable-bikeable-cities>

⁵⁸ 2018 American Community Survey PUMS data: <https://www.census.gov/programs-surveys/acs/microdata.html>

⁵⁹ City of Oakland. Universal Basic Mobility Pilot. <https://www.oaklandca.gov/topics/universal-basic-mobility>

⁶⁰ City of Pittsburgh. Press release: Pittsburgh Launches Innovative Mobility and Equity Initiatives Move PGH and Universal Basic Mobility. July 9, 2021. <https://pittsburghpa.gov/press-releases/press-releases/5084>

⁶¹ City of Albuquerque. Zero Fares Pilot Program. <https://www.cabq.gov/transit/tickets-passes>

⁶² City of Boston. Mayor Wu Takes Steps To Expand Fare-Free Bus Service. January 19, 2022. <https://www.boston.gov/news/mayor-wu-takes-steps-expand-fare-free-bus-service>

While some inequities in transportation outcomes relate to individual characteristics (e.g., race, ability, income, etc), others stem from historical and ongoing disinvestment in low-income communities of color. The racial and economic “redlining” of certain communities in south and west Berkeley resulted in highly segregated neighborhoods that, over time, received very different levels of infrastructure investment in items such as tree canopy, traffic calming, sidewalk and roadway maintenance, and stormwater management. This disinvestment, once a deliberate policy decision, has been perpetuated even in recent years by advocacy from well-organized, wealthy residents with political savvy and time to spare who advocate for further neighborhood improvements, while Berkeley’s lowest income residents are less able to advocate for investment in their neighborhoods given their more limited time, possible language barriers, and other barriers that often preclude full involvement in planning process.

These historic disinvestments have created a transportation system in Berkeley that is, by design, unequal in terms of safety. On top of BPDs over policing of low-income communities of color, the infrastructural elements of many of south and west Berkeley’s roads are built with high operating speeds, which is speed at which most drivers feel comfortable driving on a given roadway. For example, while 9th Street between Dwight and Bancroft is a 2-lane street that is bicycle boulevard and designated as a local street that should “discourage vehicular speeds above 15 or 20 miles per hour,”⁶³ it is actually a quarter mile long, 48-foot wide roadway with only one stop sign, virtually no roadway markings, and street trees only between Dwight and Channing. Contrast this with Ashby Avenue between Claremont Crescent and Ashby Place, also a 2-lane, quarter-mile long stretch, but one that, while designated as an “major street” designed to “discourage speeds above 25 miles an hour” is only 32-foot wide, exhibits numerous street markings, and has ample, mature street trees. While drivers routinely exhibit vehicle speeds well over 35 MPH on 9th Street, most traffic on Ashby hovers around 25 MPH. This shows that infrastructural elements can influence operating speed much more than simple “speed limits.”

These sorts of infrastructural inequities actually translate into further inequities in traffic stops, even when officer racial bias is removed. In Chicago, a recent study found that, despite being evenly spread across the city’s neighborhoods, automated speed and red-light enforcement cameras still issued a disproportionate share of tickets to individuals in majority-Black zip codes (the ticketing rate for Black neighborhoods was three times higher than for majority white neighborhoods).⁶⁴ Underlying these disparities was road design: all of the ten speed cameras that issued the most speeding tickets (for

⁶³ City of Berkeley. Transportation Element. https://www.cityofberkeley.info/Planning_and_Development/Home/General_Plan_-_Transportation_Element.aspx

⁶⁴ Emily Hopkins and Melissa Sanchez. “Chicago’s “Race-Neutral” Traffic Cameras Ticket Black and Latino Drivers the Most.” ProPublica. January 11, 2022. <https://www.propublica.org/article/chicagos-race-neutral-traffic-cameras-ticket-black-and-latino-drivers-the-most>

going >10 MPH over the posted limit) were on 4-lane roads, and 6 of these were in majority Black census tracts. At the same time, 8 of the 10 cameras that issued the least tickets were on 2-lane streets, but just 2 of these were in majority Black census tracts. Similar findings also came out of an analysis in Washington DC, where automated traffic enforcement resulted in “drivers in black-segregated neighborhoods receiving] double the average number of moving violations per capita, while drivers within white-segregated areas receive[d] just one eighth the average.”⁶⁵

Systematic disinvestment in infrastructure also plays a role in who suffers most from the severe and fatal collisions that we continue to see on our streets. There is an epidemic of traffic violence on US streets - in 2020, an estimated 38,680 people were killed in traffic collisions in the US, with a fatality rate higher than has been seen since 2007⁶⁶. This is similar to the number of deaths in the US annually from gun violence⁶⁷. Motor vehicle crashes are the number one killer of children and teenagers in the US, representing 20% of all death of children ages 1-19⁶⁸. In Berkeley, between 2010 and 2019 an average of three people died and at least 32 people were severely injured due to traffic violence every year⁶⁹. These numbers have increased in recent years - in 2019, 6 people were killed and 69 were severely injured in traffic collisions in Berkeley⁷⁰, and while 2021 data have not yet been analyzed for Berkeley, we do know that at least 7 traffic fatalities occurred⁷¹.

The burden of this traffic violence does not fall equally across all groups. Historic disinvestment of infrastructure in low-income communities of color means that traffic fatalities are overwhelmingly suffered by Black and Brown people - Black and American Indian/Alaska Native people suffered the highest rates of traffic deaths in the US between 2015 and 2019⁷². And in 2020, while there was a 7% increase overall in traffic deaths in the US compared to 2019, the increase was 23% for Black people and 11%

⁶⁵ William Farrell. “Predominantly black neighborhoods in D.C. bear the brunt of automated traffic enforcement.” DC Policy Center. June 28, 2018. <https://www.dcpolicycenter.org/publications/predominately-black-neighborhoods-in-d-c-bear-the-brunt-of-automated-traffic-enforcement/>

⁶⁶ National Highway Traffic Safety Administration. “Early Estimate of Motor Vehicle Traffic Fatalities in 2020.” Publication DOT HS 813 (2021): 115. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813115>

⁶⁷ Centers for Disease Control and Prevention. “All Injuries.” Accessed January 13, 2022. <https://www.cdc.gov/nchs/fastats/injury.htm>

⁶⁸ Cunningham RM, Walton MA, Carter PM. “The major causes of death in children and adolescents in the United States.” *New England Journal of Medicine* 379, no. 25 (2018): 2468-2475. <https://www.nejm.org/doi/full/10.1056/nejmsr1804754>

⁶⁹ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷⁰ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷¹ Emile Raguso. “Update: Man who died in marina crash ID’d as James Israel of San Anselmo.” *Berkeleyside*. November 3, 2021. <https://www.berkeleyside.org/2021/11/03/fatal-crash-berkeley-marina-at-least-1-person-dead>

⁷² R. Retting, M. Richardson, H. Smith, S. Turner, An Analysis of Traffic Fatalities by Race and Ethnicity | GHSA, Governors Highway Safety Association, (2021). <https://www.ghsa.org/resources/Analysis-of-Traffic-Fatalities-by-Race-and-Ethnicity21>

for American Indian/Alaska Native people⁷³. In Berkeley, we see similar disparities, and the collision injury rate is highest for Black people - 2.6 times higher than for white people across all injury collisions and 1.7 times higher for severe and fatal collisions. For severe and fatal injuries of pedestrians in Berkeley, the rate is over twice as high for Black pedestrians compared to white pedestrians (2.2 times higher).⁷⁴

The City's Vision Zero Annual Report 2020-2021 acknowledges that "[w]e know that people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, and people with disabilities are over-represented in fatal and severe injury collisions."⁷⁵ The City has also designated much of south and west Berkeley an Equity Priority Area for prioritizing infrastructure improvements to remedy systemic and inequitable underinvestment (the Equity Priority Area considers historic Home Owners' Loan Corporation (HOLC) "redlining," racial/ethnic composition, property value, and cultural centers)⁷⁶. While 37% of Berkeley's streets (by mile) can be found in the Equity Priority Area, almost half (42%) of Berkeley's severe and fatal collisions occur on streets in the Equity Priority Area.

The Overarching Impacts of Transportation on Well-Being

As discussed, how we plan, build, and enforce our transportation system has a profound effect on the well-being of Berkeley's residents. Berkeley has historically leaned heavily on police enforcement purportedly to achieve transportation and public safety goals. This ongoing reliance on enforcement has dubious efficacy yet profound negative effects on the well-being of many Berkeleyans. The humiliation, stress, trauma and fear of violence that many in our community experience during traffic stops is harmful and these negative experiences are overwhelming burdened by those in our community who are already the most vulnerable by virtue of their race/ethnicity, income, gender, sexual orientation, housing status, or immigration status. Accompanying this are the negative impacts of fines and fees associated with traffic stops and parking enforcement - once again, these are most detrimental to those in our community who are already the most vulnerable, and for whom a costly ticket could mean an inability to pay for life-saving prescription medications, bus fare to get to work, heating, or rent. Our most vulnerable communities, who live in fear of police surveillance on our streets and

⁷³ National Highway Traffic Safety Administration. "Early Estimates of Motor Vehicle Traffic Fatalities and Fatality Rate by Sub-Categories in 2020." Publication DOT HS 813 (2021): 118. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813118>

⁷⁴ From a forthcoming analysis from Walk Bike Berkeley using 2006-2020 collision data from SWITRS (<https://iswitrs.chp.ca.gov/Reports/isp/RawData.jsp>). Analyses exclude collisions with parked cars or other objects and also exclude collisions on interstates (but include state highways like Ashby and San Pablo).

⁷⁵ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷⁶ City of Berkeley. 2020 Pedestrian Plan. January 2021. https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/2020%20Pedestrian%20Plan%20FULL%20adopted.pdf

spiraling fines and fees, become limited in their freedom of mobility, thus reducing their access to jobs, school, health care, recreation, and goods and services, and other essential opportunities. These same communities also live under the constant threat of traffic violence on streets that are designed for high speeds following years of structural disinvestment. Taken together, Berkeley's transportation system is failing many of its residents, sacrificing the comfort and convenience of some at the expense of the well-being of others. There are steps Berkeley can and should take to improve our transportation system, but we must do so in a thoughtful, equitable way that achieves safety and mobility justice for all.

Community Engagement Findings relating to BPD Vehicle, Bicycle, and Pedestrian Law Enforcement

Philando Castile, Sandra Bland, Walter Scott, Duante Wright, Sam DuBose. As we tragically have seen across the country, traffic stops present a significant threat to Black and other people of color, with about a quarter of US police shootings beginning with a traffic stop.⁷⁷ Thankfully, in Berkeley, there have not yet been any instances of police shootings stemming from traffic stops (likely because of the size of the city, not because of any specific BPD practices), but fatal encounters are not the only outcome of concern with racially-biased police stops. Constant over-surveillance and the underlying threat of police violence while driving, walking or biking is stressful, humiliating, and often traumatic. If stopped, analysis from the US Department of Justice shows that Black and Hispanic people are more than twice as likely to experience threats or use of force during police stops with the police⁷⁸, and reviews of body camera footage have shown that police officers speak significantly less respectfully to Black people than white people during traffic stops, even after controlling for a wide variety of factors.⁷⁹ It is therefore critical that we listen closely to the voices of Berkeley's most affected residents to better understand their lived experiences being in public spaces and in the presence of BPD.

As part of a separate, but parallel, process to create a Berkeley Department of Transportation (BerkDOT), the City commissioned a citywide, representative survey⁸⁰ to better understand the transportation needs of Berkeley residents and their perceptions

⁷⁷ Cheryl W. Thompson. "Fatal Police Shootings Of Unarmed Black People Reveal Troubling Patterns." January 25, 2021. NPR. <https://www.npr.org/2021/01/25/956177021/fatal-police-shootings-of-unarmed-black-people-reveal-troubling-patterns>

⁷⁸ Davis E, Whyde A, Langton L. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. "Contacts Between Police and the Public, 2015." <https://bjs.ojp.gov/content/pub/pdf/cpp15.pdf>

⁷⁹ Voigt R, Camp NP, Prabhakaran V, Hamilton WL, Hetey RC, Griffiths CM, Jurgens D, Jurafsky D, Eberhardt JL. "Language from police body camera footage shows racial disparities in officer respect." *Proceedings of the National Academy of Sciences* 114, no. 25 (2017): 6521-6526. <https://www.pnas.org/content/114/25/6521>

⁸⁰ The survey was a hybrid email-to-web/live telephone survey of 630 adult City of Berkeley residents in September 2021, sampled to be representative of Berkeley's population. Black and Latinx residents were oversampled to reach 100 respondents so that robust inference could be made for these groups. Interviews were conducted in English and Spanish by trained, professional interviewers, and both landlines and mobile phones included.

of policing as it relates to transportation. The survey found that only 39% of people in Berkeley actually feel that police enforcement of traffic laws makes them feel safer as they get around Berkeley, and a full 69% feel that having "police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people."⁸¹ Adding to this, while only 20% indicated fear of being treated unfairly based on their race if stopped by a police officer in Berkeley, this number skyrocketed to 54% among Black respondents. Also, while an overall small percentage of Berkeleyans (14%) expressed that a fear of being stopped by the police impacts how they get around Berkeley, 30% of Black respondents described having their mobility limited for this reason. This phenomenon, dubbed "Arrested Mobility" by mobility justice scholar Charles T. Brown,⁸² is "the assertion that Black people and other minorities have been historically and presently denied by legal and illegal authority, the inalienable right to move, to be moved, to simply exist in public space. Unfortunately, this has resulted — and continues to result — in adverse social, political, economic, environmental and health effects that are widespread and intergenerational."

While no questions on the overall Reimagining Public Safety Survey specifically addressed community perceptions of vehicle, bicycle, and pedestrian law enforcement, qualitative findings gleaned from the numerous Listening Sessions with impacted residents (conducted by NICJR and Task Force members) provide some insight into how community members feel about BPD's role in this arena. Sessions in which these topics were discussed included those with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, and LGBTQIA+ service providers.

Across focus groups, there was agreement that BPD dedicates an outsized amount of time to vehicle stops, and that these stops are performed in a manner that disproportionately impacts Black residents. Comments were also made about a rippling harmful effect of police presence, including traffic stops, on people within neighborhoods, even when these people are themselves not the subject of a stop - the presence of police cars, flashing lights, and multiple armed officers in one's community can trigger trauma for those simply observing traffic stops.

Another common theme expressed by impacted residents during these sessions is that of feeling surveilled, hyper-visible, and viewed with suspicion when in public space. This includes experiences shared by Black and Latin residents of feeling like outsiders in their own city and Latin UC students being racially profiled by both BPD and UCPD

⁸¹ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

⁸² Brown, C.T. "Arrested Mobility: Exploring the Adverse Social, Political, Economic & Health Outcomes of Over-Policing Black Mobility in the U.S." National Association of Chronic Disease Directors. Sep 18, 2020. <https://vimeo.com/460197268>

when on campus. These experiences were described as being both stressful and hurtful. Listening group participants described how these encounters can also effectively limit their mobility and ability to access work, school, essential places and recreation. We heard one example of this from former Task Force Commissioner Diaz, describing that he couldn't even get to high school without being surveilled and harassed by BPD for as he traveled to Berkeley High, having to go well out of his way to navigate around neighborhoods that he was told were off-limits under the terms of his probation.⁸³

Community Engagement Findings regarding the Creation of BerkDOT

To date, there have been several opportunities for community members to weigh in on the creation of BerkDOT and the transfer of traffic enforcement duties to unarmed civilians. Overall, the community is supportive of this approach, but feedback indicates that Berkeley must be thoughtful in its approach as it moves forward with this new initiative.

During the listening sessions with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, there was a general openness to the idea of unarmed civilians taking over traffic enforcement, but there were concerns voiced about the safety of the civilian responders, as well as skepticism expressed by Black residents that a switch to civilian responders would reduce the racism and disparities currently associated with traffic stops. And during a listening session that included Parking Enforcement Officers (PEOs), unsworn staff who currently sit under BPD, there was concern expressed that being moved out of BPD would be problematic. Specifically, the PEOs indicated that sitting organizationally within BPD “produces a more professional and respected workforce.”

While central to the re-imagining process, the development of BerkDOT is primarily being handled in a separate, parallel process with Public Works staff taking the lead. This has included community engagement through the representative survey the City commissioned to better understand the transportation needs of Berkeley residents and to gauge their support for the transfer of traffic enforcement and other transportation-related duties out of the BPD. Respondents of this survey overwhelmingly supported moving at least some transportation duties out of BPD (76% supported this idea), and 75% specifically supported the idea of moving traffic enforcement out of BPD.⁸⁴ These findings held across a wide range of demographic groups (including gender, race/ethnicity, and identification as LGBTQ). Also of note, only 36% felt it was important

⁸³ Reimagining Public Safety Task Force Meeting, July 8, 2022. https://www.youtube.com/watch?v=mHj8FPDp_BE Minute mark 1:58

⁸⁴ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

to have police enforcing routine moving vehicle violations and issuing traffic tickets, only 21% felt it was important for police to be tasked with enforcing bicycle and pedestrian regulations and issuing tickets, and only 14% felt it was important for police to oversee the enforcement of parking regulations and issuing of parking tickets.

In addition to the citywide, representative survey, Public Works also worked with consultants at Equitable Cities and Fehr & Peers to conduct three separate listening sessions with high school students of color, college and university students of color, and religious minority groups of color in the City of Berkeley during the months of October and November 2021 (n=20 total participants). Every participant in all three of these listening sessions felt it was a good idea to remove traffic enforcement from the police and transfer it over to unarmed civilians.⁸⁵ Participants in the college student listening session expressed a belief that this move will “make marginalized communities feel safer overall,” and that if this civilian workforce could be well-trained in anti-racism, it would “really ease some of the disproportionate burdens that may be placed on low-income folks or people of color.”

⁸⁵ Citation forthcoming when BerkDOT listening session data are posted publicly.

Appendix 3: LGBTQIA+ and Queer/Trans Listening Session

The Pacific Center for Human Growth, a LGBTQIA+ and Queer/Trans Behavioral Health Provider located in Berkeley⁸⁶

The Pacific Center for Human Growth, or namely the Pacific Center, is the largest regional LGBTQIA+ behavioral health provider serving LGBTQIA+ people, Queer and Trans people including QTBIPOC, with individual, peer support, and community behavioral health programs and services. Located in Berkeley, the Center is designed to serve LGBTQIA+ people with mild to moderate behavioral health needs from Berkeley and other cities in Alameda County. Currently, the Pacific Center operates remotely due to COVID.

The findings below reflect conversations with five Berkeley behavioral health provider staff, all of whom work with the LGBTQIA+ and Queer/Trans community. Of the five providers, two identify as genderqueer, and two identify as BIPOC. Two of the individuals expressed that as QTBIPOC folx, they have more lived experience with police interactions as individuals than as clinicians but did their best to only speak of experiences encountered as service providers.

Listening Session Findings

- LGBTQIA+ members define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, and other identity markers to convey understanding about the impacts of policing on their public safety—which is different from solely racial, ethnic, and heterosexual norms.
- On the topic of intersectionality, one staff member explained the importance of factoring in additional identity markers by saying “if you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world— changes everything.”
- The types of violence happening for LGBTQIA+ people are defined by one provider in terms of hot and cold violence, and it is noted that they commented Trans Femme Black and Brown people as most susceptible.
 - Hot violence is “immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.”
 - “Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional microaggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom

⁸⁶ By Margaret Fine and Janavi Dhyani. Margaret is the Chair of the Mental Health Commission for the City of Berkeley. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients

and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.”

- This LGBTQIA+ provider further highlighted the critical need to have a nuanced understanding of how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with policing and crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them.
 - This provider discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, and/or further escalation of a crisis due to the presence or role of the police. She discussed the trauma as: “I think of families, [a police presence is] traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients....”
 - One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.

There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed, and be killed.”

- The Pacific Center, as an LGBTQIA+ space, can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging because of violence to the physical building and to people at the Pacific Center.
- More than one provider talked about the lack of Queer and Trans “safe” spaces in the community-at-large, especially for transgender women of color, unhoused, youth, and BIPOC.
- The LGBTQIA+ provider also discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and stable life existence.

Discussion

This LGBTQIA+ provider brought up the importance of intersectionality when talking about the police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members. There have been hate crimes by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

Recommendations

- Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.
- There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is also a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.
- There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.

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Appendix 4: PEERS Listening Session for People Living with Behavioral Health Challenges⁸⁷

The PEERS listening session included 12 participants who shared their lived experiences with behavioral health challenges and policing in Berkeley. Before this listening session, there was extensive outreach by the Associate Director for the Alameda County Network of Mental Health Clients [describe methodology].

- Generally, the participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley.
- Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors, and their impact on a policing response to a mental health crisis.

Findings:

- Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”
- The main emerging themes from the PEERS Listening Session focused on their perceptions and experiences about 1) feeling stigmatized as “public safety threats” and regarded so by officers; 2) officers unease connecting with people experiencing a mental health crisis; 3) the role of de-escalation if any; and 4) feeling traumatized or re-traumatized by police during mental health crises.

⁸⁷ By Janavi Dhyani and Margaret Fine. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients. Margaret is the Chair of the Mental Health Commission for the City of Berkeley.

- **PEERS felt perceived as “public safety threats” by police.**
 - PEERS discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.
 - The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.
- **PEERS perceived officers as uneasy about connecting with people experiencing a mental health crisis and potentially escalating a crisis**
 - Participants discussed their experiences interacting with officers. One participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.”
 - In addition, another participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for a person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated, “we need to learn, develop a field of knowledge of people in altered states.”
 - This participant further underscored that police officer “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”

- **PEERS feeling traumatized or re-traumatized by police during mental health crises**

- One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated, “So many of us have been harmed when we are treated when we are in crisis.”
- Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment 61 Appendix J people shared.

Behavioral Health Recommendations:

- **Include PEERS in Developing Behavioral Health Responses**

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community--particularly for a non-police crisis response such as a Specialized Care Unit (SCU).

- **Sufficiently Fund & Support Behavioral Health Respite Centers**

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-

in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

- **Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police**

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

- **Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health**

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.

- **Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health**

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

- **Account for Overlapping Systems of Care for People Living with Mental Health Challenges**

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.

- **Further Research Recommendations**

- Peers indicated the need to explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public to inform mental health crisis response.
- There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments—both alone and co-responding with the mobile crisis unit.
- It is further important to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with behavioral health challenges, and the types of crisis response that work for them in the community.
- There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and/or other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.
- There is a need to explore perceptions and experiences of people living with behavioral health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and other factors.
- **Homelessness:** Research with people living with behavioral health and housing challenges could further inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded and the accumulation of additional impacts on their mental health.
- **Homelessness:** It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both.

- **Substance Use:** There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with behavioral health challenges.

It is crucial to consider the nature of trauma-informed, de-escalation, and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal, and incarcerations involvement due to alcohol and drug use.

Specifically, there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

- **Overall** crisis response to people experiencing behavioral health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect individuals. The role of police during a mental health crisis is a turning point for people with behavioral health challenges in the community and there is a need to thoroughly understand police behavior.

For more information regarding the effectiveness of Peer Support work in behavioral health care services, the following literature review has been provided:

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Fortuna K, Myers A, Walsh D, Walker R, Mois G, Brooks J, Strategies to Increase Peer Support Specialists' Capacity to Use Digital Technology in the Era of COVID-19: Pre-Post Study *JMIR Mental Health* 2020;7(7):e20429 URL:

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<https://doi.org/10.1037/ort0000450>

Mead, Shery, and Cheryl MacNeil. "Peer support: What makes it unique." *International Journal of Psychosocial Rehabilitation* 10.2 (2006): 29-37

(<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.584.6618&rep=rep1&type=pdf>)

Appendix 5: Training and Community Solutions (TCS) Institute Training Topics

- Mental Health First Aid
- Principles of trauma-informed care, response, and practices
- Supporting residents experiencing symptoms.
- Considerations and tools when supporting youth and elders.
- Safety planning and advanced directives for mental health episodes
- Suicide identification, risk screening, and intervention skills
- Potential Providers: Cypress Resiliency Project, Alameda County Community Mental Health Trainings
- Responding to Substance Use Crises
- Principles of harm reduction
- Managing possible overdose situations
- Harm reduction resources
- Substance abuse & misuse: symptoms, understanding pharmacology and negative interactions
- Symptoms and types of mental illness, brain injury, or dementia
- Potential Provider: Substance Abuse Mental Health Services Administration

- Conflict Resolution, Mediation, Communication & De-escalation Training
- Peer support - principles of practice and effectiveness
- De-escalation, disengagement, and conflict mediation
- Communication principles and methods
- Implicit Bias - recognizing, overcoming
- Identifying behavior impacted by trauma and support mechanisms
- Identifying and overcoming communication barriers
- Potential Provider: CIT Trainings with NAMI

- Basic Training
- CPR
- Stop the Bleed
- First Aid
- Blood-borne Pathogens Training

- Team Safety and Logistics
- Planning and Positioning for Safety
- Scene Assessment and Situational Awareness
- Interacting with BPD, BFD & EMS and understanding protocols of each
- Transport of Service Recipients

- Documentation and Reporting
- Privacy, Confidentiality, HIPAA Compliance

Self-Awareness

ACES (Adverse Childhood Experiences) training (Potential Provider: ACEs Aware)

Mindfulness based Resilience Training & Meditation

Know Your Conflict Style ~ Thomas Kilmann Conflict Mode Instrument

Community-specific Competency – cultural humility in serving: LGBTQIA+, BIPOC, immigrants, veterans, formerly incarcerated, unhoused, youth, elders

Kingian Nonviolence Training

A philosophy and methodology that provides the knowledge, skills, and motivation necessary for people to pursue peaceful strategies for solving personal and community problems. Nonviolence is a systematic framework of both conceptual principles and pragmatic strategies to reduce violence and promote positive peace.

Potential Provider: East Point Peace Academy

Community Health Worker/Peer Counseling Skills

What services exist, what they do, who is eligible, and how they are accessed

Referral process

- City and county emergency response programs
- City and county resources
- Community-based and mutual aid services
- Motivational Interviewing

Trauma Training

- Navigating mental health crisis, substance crisis, DV crisis,
- Human Trafficking, Victims of Sexual Assault Awareness
- Historical and Intergenerational Trauma - A Public Health Crisis (90 minutes offered by Cypress Resiliency Project)
- Vicarious Trauma, Toxic Stress and Burn-out (90 minutes offered by Cypress Resiliency Project)

- Case Scenario & Role Play Work
- Recreate Mental Health Crises to test trainees in real time
- Simulations/manufactured spaces to test readiness and appropriate disposition of trainees

- Ride Alongs

- BPD
- BFD Paramedics
- City of Berkeley Dispatch
- Paul Kealoha Blake of Consider the Homeless

- Self-Care Plan Established
- Each first responder has a mentor/preceptor for X period of time for support
- Identify tangible practices first responder will employ to maintain their ongoing mental & emotional well being
- Create an actual plan

What metrics determine a successful completion of the training?

1. Successfully complete all modules with certificate
2. Successfully engage in simulations by responding appropriately in simulated crisis scenarios
3. Determine a way to gauge service recipients' experience, modify training to improve overall service delivery

For police officers:

1. EPIC (Ethical Policing is Courageous)

Resources:

Peace Education by Ian Harris of University of Wisconsin
Alameda County Citizen Programs & Crime Prevention
CA Peace Officer Standards & Training Basic Courses

Appendix 6: Community Violence & Prevention Programs

1. San Francisco Violence Prevention Services:
<https://violenceprevention.sfgov.org/>
2. Street Violence Intervention Team: Annual Report 2018
3. Street Violence Response Team:
<https://violenceprevention.sfgov.org/coordination.html>
4. Youth Employment/Growth Opportunities:
<https://violenceprevention.sfgov.org/employment.html>
5. Roadmap to Peace Initiative - SF
6. PDF Pamphlet:
<https://sfgov.org/juvprobation/sites/default/files/Roadmap%20To%20Peace%20Initiative.pdf>
7. Website: <https://www.ifrsf.org/rtp?locale=en>
8. United Playaz - SF
9. Program Lists: <https://unitedplayaz.org/our-work/>
10. Notably, leads SF's Gun Buyback program
11. Annual event
12. Employs formerly incarcerated individuals and community members
13. Anywhere between 200-300 weapons taken off the streets per event
14. Cash paid for pistols and long-firearms
15. No questions asked of participants dropping off firearms
16. Weapons are taken in for inspection and destroyed shortly after unless reported stolen or used in a crime and kept as evidence
17. Deep partnership with community organizations and San Francisco City Departments to ensure success
18. Oakland Violence Prevention Coalition (VPC), Oakland
19. <https://www.oaklandvpc.org/>
20. Multiple community-based initiatives working collaboratively including street/neighborhood outreach, violence prevention/mediation and post-shooting response, community healing/restorative justice, Neighborhood Impact Hubs, health services, shelter/housing responses
21. Cure Violence - New York, Baltimore, Chicago, Philadelphia
22. Report: <https://cvq.org/wp-content/uploads/2021/09/Cure-Violence-Evidence-Summary.pdf>
23. Reductions of
24. 45% violent crime (Trinidad)
25. 63% shootings (New York City)
26. 30% shootings (Philadelphia)
27. 45% shooting in first week of program (Chicago)

28. Advance Peace - Sacramento
29. Report: <https://www.advancepeace.org/wp-content/uploads/2020/04/Corburn-and-F-Lopez-Advance-Peace-Sacramento-2-Year-Evaluation-03-2020.pdf>
30. Data:
31. Reduced homicide and nonfatal injury shootings by 20% from January 2018 and 2019
32. Every \$1 spent saved between \$18 and \$41 dollars in emergency response, health care, and law enforcement - saving the city money!
33. Group Violence Intervention Strategies - Boston, Chicago, Indianapolis, New Orleans, Oakland, Stockton
34. Reduced shootings that result in injustice by 30%
35. Report: <https://nnscommunities.org/impact/impact/>

Appendix 7: Strategy for Employment Programs

Employment Programs that Work for High Barrier Job Seekers including Those At Risk of Justice System Involvement or Homelessness

A Transitional Jobs strategy lowers barriers to unemployment for persons with complex challenges including homelessness. Offering whole person case management services with solid referrals into safety net services increases the chance of success. It is also important that participating in the program leads to permanent employment opportunities with livable wages and benefits.

- Examples of Transitional Job Training Careers
- Culinary and Food Preparation
- CNA – Certified Nursing Assistant
- Home Care Aide
- Administrative
- Customer Service
- Solar Installation
- Auto Mechanic
- Gardening and Landscaping
- Maintenance and Janitorial
- Construction
- Violence Prevention / Peer to Peer Role Models
- Clean City Programs / Street Ambassadors
- Youth mentor
- Security Guard
- Shelter Assistant

Example of Local Employment and Training Programs

- [Rising Sun Center for Opportunity \(risingsunopp.org\)](http://risingsunopp.org)
- [Kitchen on Fire](#)
- [The Bread Project](#)
- [Sprouts Cooking Club | Cooking Classes | Chef-In-Training Program \(sproutscheftraining.org\)](#)
- [Home | West Oakland Job Resource Center \(wojrc.org\)](http://wojrc.org)
- <https://www.oaklandca.gov/services/assets> (employment for seniors)
- [Building Opportunities for Self-Sufficiency \(BOSS\) Career Training and Employment Center](#) for justice involved individuals

- City of Berkeley Adult School [CTE Program Pathways - Google Docs](#)
- [Employment Programs – Goodwill Industries of the Greater East Bay \(eastbaygoodwill.org\)](#)
- [Environmental Training Center | Berkeley Youth Alternatives \(byaonline.org\)](#)
Environmental Training Center for ages 16-24
- Inter-City Services [Home \(icsworks.com\)](#)
- Multicultural Institute [Multicultural Institute \(mionline.org\)](#) support day laborers find economic security and housing

[North Cities One Stop Career Center](#) – inside of Berkeley Adult School

Complementary Educational Classes

- English As a Second Language
- English and Math Literacy
- Adult Basic Education and GED classes
- [Computer Technologies Program - Berkeley, CA \(ctpberk.org\)](#)
- [DigitalLearn](#) Digital Learning – basic computer skills to navigate word processing programs, the Internet for job search and resume creation

Appendix 8: SOS Program (Richmond Model)

SOS Richmond and Rebuilding Together: A Model STREETS TEAM for homeless encampment engagement

Safe Organized Spaces Richmond (SOS), a program of Rebuilding Together East Bay-North (RTEBN), will collaborate with project partners/subcontractors, the City of Richmond departments, other public agencies, and private entities to provide outreach and support unsheltered people who reside in homeless encampments across the City of Richmond.

RTEBN is a local 501c3 nonprofit that has been serving the community since 1992 with a focus on community revitalization. RTEBN will host this effort by providing its management and administrative services and will charge a 10% administration fee as well as provide the services of its Executive Director to oversee all administrative aspects of the SOS programs. RTEBN will provide the organizational infrastructure and capacity needed to ensure the smooth and efficient functioning of the programs. It will also provide leadership for fund and programs development and facilitate SOS Richmond's growth to become a fully functioning stand-alone organization.

SOS Richmond has been operational since 2019 and uniquely focuses its mission on improving safety and providing essential care for homeless encampment dwellers in informal structures and unhoused vehicle-dwelling households on city streets and other unsupported locations. The Area Director will direct the development and operation of the Streets Team for daytime encampment and neighborhood engagement and provision of basic amenities, and for nighttime neighborhood responses related to public safety and quality of life issues. He will also coordinate activities to support forthcoming interim sheltering programs.

Program partners are other Richmond organizations that will be subcontracted to provide services such as: staff training for workforce readiness, professional skills, and personal development; food and water distribution; community and leadership development; toilets, hand washing stations, and other amenities and infrastructure; and other essential encampment-based and interim sheltering supports.

SOS Richmond's programs address situations in which homeless people are living in conditions that are unacceptable for all concerned by providing resources to address immediate situations, and providing the support needed for people to take responsibility for their surroundings and ultimately obtain safe transitional shelter and a pathway to permanent housing.

The Streets Team is a workforce development program that employs homeless individuals to fill a critical gap for improvement of unsafe conditions for the health and security of unhoused populations and neighbors impacted by homelessness. Employees participate in life skills and employment-related sessions to promote mainstream behaviors for the purpose of enabling them to build on skills and develop a work history for eventual employment elsewhere.

The Streets Team responds to homelessness at parks, freeways, train tracks, creeks and on neighborhood streets at key locations throughout Richmond.

Fifteen paid unhoused individuals currently serve as neighborhood stewards and role models who lead essential safety and health efforts in encampments. They are afforded access to more hours, responsibilities, and opportunities for advancement. The additional resources afforded by this contract will enable SOS! Richmond to scale up to as many as 60 paid employees and interns.

The Streets Team will provide outreach through the provision of trash cleanup, sanitation and hygiene interventions, empowerment processes, and community liaison services that lead to improved encampment and neighborhood conditions. Community-integrated efforts will engage public, nonprofit, community-based and business sectors to leverage basic amenities for encampment residents, address individual and community needs at encampments, and improve relationships between encampment communities and the neighborhoods where encampments are located.

The Streets Team will be supervised by two Field Supervisors. The daytime Field Supervisor will lead, model, oversee, and hold personal and team accountability with supervision of the Streets Team's staff and intern "Safety Guardians" to conduct mobile and localized encampment and neighborhood engagement services, with a focus on delivery of basic amenities according to a predictable daytime schedule.

The Field Supervisor will oversee the Streets Team's second shift as an assertive community liaison for improving neighborhood quality of life. The mobile team will support and lead a homeless engagement team of local safety guardians who respond to neighborhood complaints and steward street and encampment hotspots.

The program will utilize equipment, supplies and materials such as sanitation, hygiene and water supplies, trash bags, gloves, masks, vests, materials to maintain vehicles and equipment, safety PPE, fuel, food/beverages, office materials, printing, trash disposal trailer, etc. It will accommodate debris disposal costs for Republic Services tipping fees.

The organizations will work at a Central Richmond office space and meeting space, and costs may also include storage of supplies and donated materials, and storage of heavy equipment and vehicles.

Streets Team service activities will include:

Cleanup of trash and dumping. SOS will expand and deepen its debris removal to locations throughout Richmond, including existing and abandoned encampments, public spaces such as parks, creeks, streets, and anywhere that trash accumulates. Since receiving its first city grant in 2019, SOS! Richmond has had a significant positive impact on encampments and their surrounding neighborhoods. The Streets Team currently removes five tons per week from dumped locations. It is anticipated that the team will remove and dispose of 8-10 tons of trash per week.

Encampment residents are encouraged and motivated to steward their surroundings and keep them clean and safe. SOS! Richmond's approach is to recruit and train encampment residents to self-manage their spaces and prepare trash for removal and disposal by the Streets Team's mobile engagement team. Encampment dwellers will benefit from improved living conditions, a healthier environment, and safer and more organized camp communities. This is made possible by cultivating trusting relationships, and Streets Team members use their unique knowledge of localized cultures, dynamics, and nuanced encampment experiences to gain trust and model leadership. Team members can relate to their unsheltered peers on a level that is not possible with institutional service providers, enabling them to foster empowerment and positive behavior.

Improvements in collaboration and shared protocols among these unhoused leaders, and public agencies and neighborhood groups, will provide their eyes on the ground for the Streets Team to be responsive to new needs each day, thus benefitting the City and relieving the overwhelming problem of illegal dumping. Through this process, stakeholders improve the perception of public parks, streets, and other prominent places as safe spaces, inform perceptions about homelessness, and increase cross-sector cooperation.

The Streets Team models this cleanup activity for local encampment residents and neighbors alike and raises public awareness about neighborhood safety. As the Streets Team conducts its sanitation and outreach efforts, SOS! Richmond communicates with neighborhood partners and community leaders, public agency representatives, attends neighborhood council and civic group meetings, and shows up on neighborhood streets ready to engage in conversations with housed and unhoused neighbors and respond to

their concerns and needs. It organizes for greater levels of communication and cooperation about the problems of homelessness. Such public awareness efforts will ultimately result in the introduction of interim sheltering, and eventually permanent housing, solutions in Richmond neighborhoods.

Deliver mobile showers to locations near unhoused neighbors. The Streets Team will operate the Shower Power program, a collaborative, coordinated effort that includes a mobile shower trailer that travels to homeless encampments and locations where clusters of people reside in vehicles. SOS Richmond partners with other community organizations to deliver a constellation of essential services for unsheltered residents of Richmond with the Shower Power program as its cornerstone. Services include hot showers, delivery of food, water and supplies, and other services as described below.

The mobile shower will visit at least five locations per week for 3-4 hours per day, serving 100 or more homeless people each week. Masking, social distancing and sanitation protocols are strictly enforced by trained workers. The team will continue to secure public and private hosts to provide water, electricity, and greywater effluent drainage at locations near encampments. In addition to a hot shower, the unhoused individuals receive food and drinking water; new socks and underwear, and access to clean clothing; personal protective equipment such as face masks, gloves, and sanitizer; hygiene supplies, sanitation supplies and trash bags; tents, tarps, sleeping bags and blankets for those without them; assistance navigating the Coordinated Entry System of homeless services, including health care and information about housing.

Shower Power serves as a draw to engage people with additional services, bringing in people who might not otherwise seek the help they need. The showers are a point of convergence of people and resources in partnership with community-based, nonprofit, and public agency partners, including active relationships with the County's CORE mobile homeless outreach, Health Care for the Homeless, Free Meals on Wheels, and other collaborative partners. Brothers of International Faith will host food distribution alongside Shower Power at shower service locations.

A driver and at least two staff members are required to deliver and set up the mobile shower unit, welcome and survey shower program participants, distribute supplies, engage with participants to discuss their needs, and clean and disinfect the units after each use. The budget presented in this contract assumes an aligned delivery of Streets Team sanitation and Shower Power hygiene services.

Deploy additional amenities that provide for trash storage, portable toilets, drinking water, wastewater disposal, and power at encampment and street locations, scattered

sites for off-street parking, and future transitional villages. Currently unsupported encampments will be gradually supported with the introduction of amenities. Managed encampments will be maintained with more robust service and leadership-building, and interim sheltering locations will be similarly supported with these basic amenities. Many of these resources will be provided by community-based efforts of in-kind supporters – people who live in Richmond and want to see the problems of homelessness addressed for an improved civil society with safety net supports.

The infrastructural improvements will be delivered and managed by the Streets Team in collaboration with public/private partners who invest in the safety of encampment residents and their impacted neighborhoods. These actions demonstrate to encampment residents that they have a responsibility to utilize and secure the infrastructure and steward their surroundings, in addition to addressing their most dire and basic needs. Program partners will work with SOS/RTEBN to lease, site, secure, manage and service any debris, toilet, water, and wastewater systems that are contracted for interim use to improve public health.

Leader-building and workforce development activities so that unhoused residents are more responsive to their peers' and neighborhood's needs. The Streets Team identifies, recruits and trains unhoused residents who demonstrate competencies, enthusiasm, and reliability to provide outreach and basic amenities to encampments, engage in trash removal, and support peers and adjacent housed neighbors. Outreach efforts identify volunteers who demonstrate their leadership and motivation to make changes in encampment and neighborhood quality of life. Interns receive a modest stipend while they train for potential employment. Employees receive a decent wage and the support needed to sustain their jobs and become productive members of society. Workforce training by program partners will support the efficacious employment of unhoused individuals so that they provide their services to Richmond's neighborhoods in response to public health and safety concerns and needs.

Each day in the field, unhoused individuals are encouraged to demonstrate their personal initiative and leadership qualities as volunteers and are invited to join the Streets Team in its fulfillment of a predictable schedule of field activities. The volunteer is encouraged to regularly communicate with the Field Supervisor to begin and sustain the volunteer status.

Volunteers join staff to participate in staff meetings to brainstorm about problems and receive group in-field training to learn basic tasks and responsibilities. Program partners will be sub-contracted to increase the training that employees receive, who will be paid to attend in-class training sessions to learn basic soft skills, handling hazardous materials,

conflict de-escalation and motivational interviewing, problem-solving skills and education about trauma-informed care, and peer engagement, leadership, and empowerment.

Each employee applicant is required to complete volunteer and employment paperwork, obtain a CA ID, Social Security card, phone, and bank account for direct deposit, and demonstrate eligibility to work. They are assisted in this process by the Director, Field Supervisor, and SOS volunteers. Interns and employees are supported to secure transportation and conduct legal vehicle registration and operation. Each applicant will be assisted with developing a professional resume.

Streets Team members are expected to be the models for others, not only in their work performance but also in their personal living arrangements and relationships. Interns and employees are continually encouraged and supported to make personal improvements in their lives to obtain more stable dwellings and living conditions, and improve their personal health, emotional stability, and overall satisfaction and wellbeing. Employees are prioritized to participate in the interim sheltering opportunities as they are developed by SOS! Richmond and the City. Each employee is expected to benefit from obtaining permanent housing and the means to sustain it with employment and an active “personal program” that keeps people working on their personal health.

Workforce development focuses on practicing teamwork according to a daily communication system and clear performance standards that are modeled by the Field Supervisor. Employees demonstrate their accessibility and dependability. They learn to model a positive outlook and the motivation for improving neighborhood quality-of-life and encampment living conditions. They are supportive of their peers to help them be healthy and engaged in Safety Guardian activities. Each Streets Team member recommends new volunteers to become Streets Team members. As an employee begins to excel in job performance, the hours increase and become more regular, responsibilities are nuanced and shaped to that individual’s aptitudes and strengths, and the employee advances in hourly and then salaried pay rates.

Local engagement focuses on safety, problem-solving and personal welfare to improve public safety. One of the most pressing issues at unsupported and managed encampments is the need for improved security to support public safety. It has thus far been difficult to implement successful security measures, even at managed encampments. The Streets Team will engage local stewards to work during late afternoons and evening hours to target three activities: trash collection, problem-solving, and advocating for people’s welfare. These activities together will bring more attention

and care to situations that otherwise might result in problems with safety. Such activities may increase self-management practices among encampment dwellers.

The Streets Team is composed of local stewards and a mobile team. A local steward will be present at larger encampment locations to provide for “traditional” Streets Team activities such as trash cleanup. An additional task for select employees will involve talking with individuals to focus on welfare checks. By casually offering to support people’s needs, staff will seek to address what is not working and problem-solve in the moment or at the earliest next opportunity. With clipboard in-hand and by asking one or two simple questions, the Streets Team can respond to people’s expressed needs. In response, the Streets Team’s mobile team, Area Director, SOS volunteers, and program partners, including Housing Consortium of the Easy Bay (HCEB), will be responsive to these needs. The local steward will also lead in the empowerment of unsheltered residents to steward their locations to improve personal and public health, safety, and neighborhood order. Improving safety and security will thus involve proactive steps that can be taken by working with the residents who are receptive to support and are willing to participate.

Individually focused engagement will lead to community development at locations where people lack access to caring, trusted, and sustained relationships. The activity of securing and managing shared public spaces will lead to safer, more organized environments which will improve conditions and relationships in neighborhoods impacted by homelessness. The health and safety-focused engagement and empowerment activities will help to provide stewardship that supports the security of public spaces.

Mobile team to act as assertive community liaisons and problem solvers at problematic neighborhood locations. The mobile team will operate two shifts during the day and into the night to provide responses to neighborhood complaints or concerns related to homelessness and address these in a sustained and proactive manner. The team’s expansion of its capacity as assertive community liaison will improve neighborhood quality of life with its presence at problematic encampment and curbside locations and increase civility at public spaces. The mobile team will function as field supervision for the local stewards and Streets Team members as they work in the field. They will also provide observation and responses for the Secure Scattered Sites to ensure that host properties and the households residing on-site are safe and acting in accordance with contractual agreements.

The mobile team fulfills a basic function of picking up trash bags and debris that is dumped at specified locations. As the mobile team travels across Richmond and fulfills

the Streets Team's work at specific locations according to a predictable schedule, the team will also be responsive to requests for support from local guardians, concerned neighbors, public agencies, including CORE's mobile outreach (CORE ceases its work at 4PM), and other public and private groups and institutions that express their neighborhood's needs.

The team will answer these basic needs at encampments, streets, and other locations where unhoused individuals otherwise lack support, especially in the evenings when problems most often arise. It will regularly check in on individuals, especially vulnerable ones, and will keep track of where they are, how their needs are being met, and assist them in obtaining support and access to services in collaboration with program partners and mainstream providers. The mobile team will pass out bags, collect filled bags, and use their clipboards to keep track of promises for support.

The mobile team will provide a presence to deter illegal dumping and provide prompt responses when these calls are dispatched. It will also practice a light touch to address those concerns of quality-of-life and civility that can be safely responded to and which may mitigate public agency responses.

When practicable and safe, the mobile team can respond to concerns related to homelessness during evenings and nights until 3AM. It is during these late hours when a presence might make the difference in preventing crime and disorderly behaviors, especially at locations where local stewards request support and supervision by the mobile team for problem-solving.

The mobile homeless engagement team will address neighborhood complaints. Collaboration with city and county agencies will expand for assertive public safety responses, improve communication lines with neighborhood housed residents, leaders, and groups, and potentially integrate with real-time dispatch call systems.

Manage and support Safe Parking Host program locations for vehicle dwellers. Interim sheltering solutions will offer safety, stability, and a cleaner, healthier environment, as well as a pathway to permanent housing. As tent and vehicle-dwelling households are disbursed from encampment locations, SOS Richmond will recruit the support of public and private property owners (churches, nonprofits and eventually businesses) to temporarily utilize vacant lots and parking lots to provide stable and secure transitions for select households. Secure sites are contracted for one to four households with private hosts. In its role as liaison and resource provider, SOS Richmond facilitates a successful relationship between household, host and immediate neighbors. The Streets Team will support the host and the households residing at each scattered site, manage

the provision of on-site amenities, and provide centralized services that bring households to convergent resources. The mobile team will support the security of these sites in the evenings and ensure that households adhere to contractual agreements.

The Safe Parking Host program will support the provision of basic needs such as safe and stable shelter, food, water, and hygiene, as well as a sense of community, purpose, dignity, and hope. For each resident, a personalized service plan will be developed based on individual need, and focused on procurement of housing, may include medical and dental care, housing assistance, help applying for benefits and health insurance, employment counseling, job training or job placement, financial literacy counseling. The scattered site program will be for those who are not in need of mental health and substance abuse services.

Hosts will be interviewed by the SOS Director to establish what amenities are already present on the site and what types of situations they can accommodate (such as disability, children, etc.), and to gather information that will assist in selecting one or more households that are likely to be compatible with the host and the immediate surroundings. Interested vehicle dwellers will be interviewed by the SOS Field Supervisor and the Case Manager to determine their needs in terms of resources, supportive services, and the functionality of their vehicles.

Once the host's permit is approved, contractual agreements will outline the responsibilities of Host, SOS, and Guest. The Streets Team will assist the hosts with preparing their sites for the arrival of the guests. Depending on the site, this may include arranging for installation of a portable toilet and handwashing station, procurement of a drinking water storage tank, and any other assistance deemed necessary by the host. They will assist the guests with meeting any compliance requirements related to the vehicle. The Field Supervisor will provide coaching for each household to prepare them for the responsibility and to promote accountability in their role as steward of the host's property. Once the guests have been settled at the site, a Streets Team member will visit on a regular basis to assist with any needs the guests may have, and to ensure that the arrangement is working out for both parties.

Appendix 9. Police Accountability and Civilian Oversight

The scope of this appendix focuses on three subject areas:

1. Fair and Impartial Policing
2. Strengthening the Police Accountability Board
3. Saturation policing versus evidence-based constitutional policing

NICJR makes a brief mention of the PAB. Neither discuss policing strategies especially the Crime Suppression Unit, other than to affirm the move of low-risk and non-criminal matters away from the BPD sphere.

1. **Fair and Impartial Policing:** In February 2021, the City Council adopted the Fair and Impartial Policing platform recommended by the mayor's working group, and referred it to the City Manager for implementation, with a consultative/oversight role given to the PAB, which came into existence on July 1, 2021.

The platform had significant overlap with the Reimagining initiative in areas such as reducing the police footprint, BerkDOT, and de-emphasizing stops for low-level, non-criminal, and especially non-safety related vehicle infractions.

Racial disparities in police stops, searches, outcomes (enforcement yield) and use of force were the impetus for the formation of the working group in 2018-2019. This is also the area where the F&I platform made its distinctive contribution.

The core element of the platform addressing discriminatory stops is the Early Intervention System (EIS), which has been shown in neighboring cities to reduce racial disparities in police encounters.

While the BPD has a provision for an Early Warning System (EWS), the EIS will be an important departure in two ways. Firstly, it may be triggered by a statistical indication of racially disparate policing. Secondly, the goal is not only to locate, assist, and correct individual outlier officers, but to investigate, understand and address patterns and departmental problems giving rise to systemic disparities.

The program was mandated almost a year ago, and the elements of the EIS were elaborated over three years ago, in late 2017, by the Police Review Commission. The BPD has drafted an amended EWS/EIS policy but has not shared it with the PAB oversight body, the F&I working group, or members of the

City Council, though it has shared it with the police association, which represents the officers conducting the disparate stops.

Important elements of the EIS program passed by Council include, among others:

- b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers.
- c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity.
- c. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
- f. An outside observer from the PAB shall sit in on the risk management and/or EIS program.

The Task Force strongly recommends that the *city administration take stronger steps to ensure the rapid implementation of the Council's F&I platform.* Notwithstanding the explanations by the authorities for their delay, including the pandemic, staff vacancies, and a rise in some categories of crime, in the six plus years since BPD's racial disparities came to light the disparities in stops remain as high as ever.

The raw numbers of Black and white civilians stopped by police are roughly equivalent and given the wide demographic disparity between the two groups, there is over a six to one disparity in a Black person's odds of being stopped by Berkeley police compared to a white person's, with the attendant legal, physical, psychological, and financial costs that entails. And the chances of a Black civilian who is stopped receiving no enforcement is about 25% higher than for a white civilian, indicating that many more Black people are stopped for no legitimate reason.⁸⁸

⁸⁸ See charts in Fair and Impartial Working Group presentation to RIPSTF, May 19, 2021, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Fair%20and%20Impartial%20WG%20-%20Task%20Force.pptx-1.pdf

Fairness and impartiality are not simply an option for the police, one among many priorities, or something they can do when they get around to it. The issue of racial disparities is clearly documented and demand immediate change. The methods to address it have been laid out. The government has mandated implementation. After years of delay, the legitimacy of the public safety system is being undermined at a cost to the whole city.

Specific recommendations:

- Bring PAB representation into the EIS planning sessions.
- Clarify the plan for establishing and operating the EIS, including its use as a tool to investigate the reasons for the stubborn, systemic persistence of racial disparities in Berkeley policing.
- Set a near-term timeline for implementation.
- Report on implementation, findings, and outcomes to the PAB and the Council.

2. Police Accountability Board and Director:

The passage of Measure ii a year ago was a big step forward for police accountability. But the PAB can only succeed if it has maximum support from both city administration and City Council. The Task Force strongly recommends the following steps as examples of support for the PAB:

- The Surveillance Ordinance imposes specific responsibilities on the City Manager when acquiring new surveillance technologies, including presenting a Surveillance Use Policy for PAB review before the Council may vote to acquire, use, or pay for such technologies.⁸⁹ A similar process is required by the Police Equipment and Community Safety Ordinance with regard to each Controlled Equipment Impact Report and Use Policy.⁹⁰ *Council should go beyond these minimum requirements to request PAB advice prior to making even a policy decision to proceed toward such acquisitions.*
- Council placed a provision in Measure ii stating that BPD must share General Orders with the PAB within 30 days of implementation. This was a step back from the past practice of the BPD and PRC working together to develop such policies. Yet this charter provision represents only a minimal requirement. *Council and city management should establish a higher standard of practice that emulates the past practice with the PRC.*

⁸⁹ Specific triggers requiring presentation of the Use Policy to the PRC, now the PAB, include seeking, soliciting, or accepting grant funds for, acquiring, using, or entering into an agreement to share or use another party's surveillance technology. "ACQUISITION AND USE OF SURVEILLANCE TECHNOLOGY,"

<https://berkeley.municipal.codes/BMC/2.99.030>

⁹⁰ <https://berkeley.municipal.codes/BMC/2.100>

The BPD and city management need to see the PAB as a partner in making policing policy. It should never be the case that the BPD says they cannot share a proposed policy with PAB because they are sharing it first with the police association.

- Measure ii gives the City Council the power to review and override the PAB regulations governing the civilian complaint review process. *When PAB proposes a provision that will make it easier for people from historically marginalized communities to raise and pursue complaints of police misconduct, such a provision should carry a strong presumption of support from the Council.*

3. Saturation Policing versus Constitutional or Evidence-Based Policing: Key to the proposals from the Fair and Impartial Working Group, later approved by the City Council, was this understanding of evidence-based policing:

Dr. Frank Baumgartner's analysis reveals that "investigatory stops" (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior) allow for the most officer discretion and open the possibility of implicit bias.⁹¹

Based on analyses of more than 9 million stops, Baumgartner's team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.⁹²

Such investigatory or pretextual stops were demonstrated in the extreme by the New York PD's massive stop-and-frisk practice that was ended by federal court order in 2013. Judge Shira Sheindlin ruled that the tactic violated the U.S. Constitution's Fourth Amendment's prohibition of unreasonable searches and seizures.⁹³

A related concern is the strategy of zero tolerance and aggressive policing, which "has been found to produce statistically insignificant changes in crime, on average. It also runs the risk of damaging police-community relations, both locally and even at the national level."⁹⁴

⁹¹ *Suspect Citizens*, Dr. Frank Baumgartner, 53-55 and 190-192

⁹² Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University

⁹³ <https://civilrights.org/edfund/resource/nypds-infamous-stop-and-frisk-policy-found-unconstitutional/>

⁹⁴ <https://www.rand.org/pubs/tools/TL261/better-policing-toolkit/all-strategies/zero-tolerance.html>

Also related is the practice of “saturation policing.” A 2017 Georgetown study shows:

The saturation of certain neighborhoods suggested extremely tight surveillance and disruption of everyday movements primarily of young Black males. In the *Floyd v. City of New York* trial on constitutional violations in the conduct of stop and frisk activity, one of the litigated facts was that police stops were concentrated in neighborhoods with high percentages of Black and Latino residents, net of the influence of local crime rates.⁹⁵

Saturating communities of color with police is counter-productive in two ways. It is a very inefficient way to locate and apprehend violent actors, as police attention is spread throughout an entire community rather than focused on the small number of perpetrators. It also leads inexorably to racial profiling, excessive force, and mass incarceration.

A proposal has been introduced for the Berkeley City Council to create a Crime Suppression Unit within the police department. Little information on this Unit has been released, but sponsors refer to the Drug Task Force that operated in the historically African American district of South Berkeley for many years. The DTF incorporated many of the worst elements of saturation policing, aggressive policing, stop-and-frisk, and the national “drug war.” It had a reputation in the Black community for abusive tactics, racial profiling, and the targeting of an entire population regardless of any evidence of criminal conduct.

No policing unit [should](#) be developed that uses these discredited policing tactics. They are unfair and damaging to Black and Brown communities, reinvigorating the regime of mass incarceration, called “the New Jim Crow,” that has not yet been dismantled.⁹⁶ And they do not work, because they waste police resources that should be used to solve violent crime by instead focusing on low-level offenders or simply on community members who may fit a racial profile. Instead, Berkeley must put our moral, organizational, and financial resources behind a new vision of “holistic, equitable and community-centered safety” as discussed elsewhere in this report.

⁹⁵ https://www.law.georgetown.edu/georgetown-law-journal/wp-content/uploads/sites/26/2019/10/fagan-new-policing-new-segregation_ACCESSIBLE.pdf

⁹⁶ <https://newjimcrow.com/>



Reimagining Public Safety Task Force

ACTION CALENDAR

March 10, 2022

To: Honorable Mayor and Members of the City Council
From: Reimagining Public Safety Task Force
Submitted by: Nathan Mizell, Chairperson, boona cheema, Vice Chairperson
Subject: Consideration of the Reimagining Public Safety Task Force's Response to the National Institute for Criminal Justice Reform Recommendations

RECOMMENDATION

Discuss the Recommendations of the Reimagining Public Safety Task Force in response to the National Institute of Criminal Justice Reform (NICJR). Accept the report and refer to the City Manager.

SUMMARY

The Reimagining Public Safety Task Force, facilitated by NICJR was called upon to provide input to and make recommendations to NICJR and city staff on a set of recommended programs, structures and initiatives to outline a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of Reduce, Improve and Reinvest as proposed by the National Institute for Criminal Justice Reform

The Response to NICJR's Report is comprised of several recommendations including:

- Further Analysis of CERN dispatch model
- Rejecting "Attrition Only" BPD budget reductions
- Rejecting the development of a Progressive Police Academy
- Conditional Approval of a Guaranteed Income Pilot Program
- Conditional Approval of increased Sustainability of Community Based Organizations

In addition to direct responses to NICJR Recommendations, the response includes historical information relating to public safety and steps to address and repair harm in the Berkeley Community.

FISCAL IMPACTS OF RECOMMENDATION

Unknown

CURRENT SITUATION AND ITS EFFECTS

Reimagining Public Safety is a Strategic Plan Priority Project, advancing our goal to transform public safety, provide state-of-the-art new and innovative solutions to increase the safety of all including:

Reducing the footprint of the Berkeley Police Department in providing services which can be provided by local Community Based Organizations.

BACKGROUND

On July 14, 2020, the Berkeley City Council passed Resolution 69,501-N.S to launch a “robust community engagement process” to “transform Community Safety” in the City of Berkeley.

Following the adoption of the resolution, the council adopted Resolution 69,695-N.S, establishing the Reimagining Public Safety Task Force and its responsibility to “recommend a new, community-centered public safety paradigm.”

The membership of the Task Force includes:

- One (1) representative appointed by each member of the City Council and Mayor,
- One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission, and
- one (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President
- one (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and three (3) additional members to be appointed “At-Large” by the Task Force

Fulfilling its responsibility, the Reimagining Public Safety Task Force submitted this report.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

None.

RATIONALE FOR RECOMMENDATION

To improve public safety and meet the obligations under Resolution 69,695-N.S.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Co-Secretary, Shamika Cole, Senior Management Analyst
Co-Secretary, LaTanya Bellow, Deputy City Manager
City Manager's Office
(510) 981-7000

Response and New Recommendations
to NICJR's Report on Reimagining Public Safety
February 18, 2022



Reimagining



Public



Safety



Berkeley Task Force

Equity

Reimagining Public Safety Task Force Members

District 1 – Margaret Fine appointed by Councilmember Rashi Kesarwani

District 2 – Sarah Abigail Ejigu appointed by Councilmember Terry Taplin

District 3 – boona cheema appointed by Councilmember Ben Bartlett

District 4 – Paul Kealoha Blake appointed by Councilmember Kate Harrison

District 4 - Jamie Crook appointed by Councilmember Kate Harrison (current)

District 5 – Dan Lindheim appointed by Councilmember Sophie Hahn

District 6 – La Dell Dangerfield appointed by Councilmember Susan Wengraf

District 7 – Barnali Ghosh appointed by Councilmember Rigel Robinson

District 8 – Pamela Hyde appointed by Councilmember Lori Droste

Hector Malvido appointed by the Office of Mayor Jesse Arreguin

Youth Commission – Nayo Polk

Youth Commission - Nina Thompson

Police Review Commission – Nathan Mizell

Mental Health Commission – Edward Opton

Berkeley Community Safety Coalition – Todd Walker

Berkeley Community Safety Coalition - Jamaica Moon (current)

Associated Students of University California – Alecia Harger

At-large – Alex Diaz

At-large – Liza Lutzker

At-large – Frances Ho



City of Berkeley Mission Statement

Our mission is to provide quality service to our diverse community; promote an accessible, safe, healthy, environmentally sound, and culturally rich city; initiate innovative solutions; embrace respectful democratic participation; respond quickly and effectively to neighborhood and commercial concerns, and do so in a fiscally sound manner.

City of Berkeley Police Dept. Mission Statement

Our Mission is to safeguard our diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.

City of Berkeley Health, Housing and Community Services Mission Statement

Our mission is to improve the quality of life for individuals and families in the City of Berkeley through innovative policies, effective services, and strong community partnerships.

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Berkeley Task Force Response and New Recommendations to NICJR’s Report on Reimagining Public Safety

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The Reimagining Public Safety Task Force has reflected on the charge laid out in the George Floyd Act to take a fresh look at public safety in Berkeley, as well as NICJR's investigation into how a transition to a reimagined system could begin. We are proud to present a Report from a Berkeley community perspective to accompany the consultant's report.

Task Force members are united in the approach to implementing the revisioning of public safety that began publicly in 2020. At the same time, our Report provides a range of views on specific points of implementation. It is our hope that readers will appreciate both the broad strokes we propose and that within the group, in the vibrant tapestry that is Berkeley, there are diverse ideas about the exact programs, mechanisms, and levels of funding that will be appropriate to implement such complex changes in our system of public safety.

Civilianizing certain roles within the police department could lead to a reduction in the police budget as well as increased efficacy of said positions. Investigations and evidence handling for example do not need to be executed by uniformed and armed officers. Moreover, it is possible that community members may feel more comfortable assisting in investigations if the investigator were not a police officer. This was not researched by NICJR so more analysis is required but it is a promising idea that should be explored further.

NICJR Recommendations and Votes by Task Force

	<i>NICJR Recommendation</i>	<i>Vote by Task Force</i>	<i>Reason for vote</i>	<i>Proposed Narrative Summary for report</i>
1	Establish tiered dispatch/CERN model (p.14)	More analysis needed	<ol style="list-style-type: none"> 1. Need separate, non-police phone # 2. How will Dispatch be organized to take in calls for service from 911, BPD non-emergency, and SCU non-police line? 3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first two categories the same or different?), BPD, MCT, EMS, BFD, BerkDOT? 4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless certain conditions arise like a firearm appears, which naturally would require BPD)? 5. What training will all responders go through so there are clear and commonly understood protocols for all elements of a call for service? 6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city? 	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.
2	Contracting with local CBOS for Tier 1 CERN response	More analysis needed	<ol style="list-style-type: none"> 1. Which CBOS? (Where is the landscape analysis that was promised by NICJR?) 2. Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? 3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? 	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

			4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?	
3	Evaluate CERN (p. 19-20)	(did not vote on this)		
4	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?
5	Reduce BPD budget through attrition only and no layoffs (p. 20)	Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
6	End pretextual stops (p. 24)	Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. <i>(based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest</i>

				<p><i>Subcommittee's Feedback document posted January 6, 2022)</i></p>
7	BerkDOT (p.25)	Accept with Conditions	<p>1. This is in NICJR Report but is not mentioned in the Implementation Plan grid.</p> <p>2. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail.</p>	<p>While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD.</p> <p>Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.</p>

8	BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)	Reject	<p>1. Not credible that this change comes at "no additional cost"</p> <p>2. RPSTF focused on spending less on BPD, not more</p> <p>3. More training does not necessarily lead to changes in police culture</p> <p>4. This process is not about re-imagining police</p>	<p>Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.</p>
9	BPD join ABLE program	(Did not vote unless this is part of the HALO program)	<p>1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.</p>	<p>Same analysis as item 8</p>
10	Expand EIS to assess all Use of Force	Reject	<p>1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety</p> <p>2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/</p>	<p>The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.</p>
11	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau	Reject		<p>Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.</p>

12	Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.	
13	BPD provide semi-annual reports to public (p. 32)	Accept with Conditions	<ol style="list-style-type: none"> 1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating. 	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.
14	Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	Reject	<p>RPSTF is focused on reducing BPD spending, not increasing.</p> <p>2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing.</p> <p>3. Very high staff and overhead costs.</p> <p>4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties.</p> <p>5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute.</p>	<p>The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other</p>

				resources to provide citizens with resources and support.
15	Increase diversity of BPD leadership (p. 36)	Accept with conditions	<ol style="list-style-type: none"> 1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity? 	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.
16	Increase Standards for Field Training Officers (p. 36)	Needs more analysis	<ol style="list-style-type: none"> 1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures? 	
17	Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Reject	<ol style="list-style-type: none"> 1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason. 	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.

18	Launch a guaranteed income pilot program (p. 37)	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.
19	Launch a community beautification employment program (p. 39)	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.
20	Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding 	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very

				interested in creating a city division that could continue this work and focus on issues of equity.
	Notes			
	Grid is based on Pg. 43 of NICJR Final Report, titled Implementation Plan; it's a 2-page, 4-column grid in blue.			
	Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report			

Reduce, Improve, Reinvest Recommendations and Task Force Responses

A. REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.

➤ **Task Force Response: More Analysis Needed.**

Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the proposal by NICJR would not decrease the footprint of the police and, due to the use of the co-responder model, could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.

Questions and Issues for Further Analysis:

1. Need for separate, non-police phone number.
2. How will Dispatch be organized to take in calls from 911, BPD non-emergency, and SCU non-police line?
3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first 2 categories the same or different?), BPD, MCU, EMS, BFD, BerkDOT?
4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless conditions arise like a firearm appears, which would require BPD)?
5. What training will all responders go through so there are clear/commonly understood protocols for all elements of a call for service?



“...the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of.”

6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city?

NICJR recommends contracting with local Community Based Organizations (CBOS) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

➤ **Task Force Response: More Analysis Needed.**

The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

Questions and Issues for Further Analysis:

1. Which CBOS? Where is the landscape analysis from NICJR?
2. Has the City dialoged with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff?
3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the city set rates?
4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?

NICJR Recommends evaluating CERN

➤ **Task Force Response: The Task Force did not vote on this.**

NICJR recommends full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.

➤ **Task Force Response: More analysis needed.**

No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?

NICJR recommends reducing BPD budget through attrition only and no layoffs.

➤ **Task Force Response: Reject.**

This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.

NICJR recommends ending pretextual stops.

➤ **Task Force Response: Reject.**

The Task Force is in favor of the elimination of pretextual stops by BPD. However, this work is already underway and does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus "the basis for traffic stops on safety and not just low-level offenses" and "minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.

NICJR recommends creating a Berkeley Department of Transportation.

➤ **Task Force Response: Accept with Conditions.**

While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT only as a move of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for

pursuing this approach beyond simply reducing the staffing and budget of BPD.

Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. Further, the motivations for the creation of BerkDOT need to be clearly outlined in the NICJR report. The three goals for BerkDOT are: to reduce the threat of police violence and harassment during traffic stops, to invest in road safety, and to advance Vision Zero and mobility in Berkeley.



B. IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization (HALO).

➤ **Task Force Response: Reject.**

Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and disagreed with NICJR's indication that this recommendation would come at no cost. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Record keeping alone would be a cost. Some commissioners felt strongly that any programs that potentially increases funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.

NICJR recommends that BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

➤ **Task Force Response: Did not vote specifically on ABLE (except as falling under the HALO program).**

NICJR recommends that the EIS should be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.

➤ **Task Force Response: Reject.**

The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption

In general, recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends that BPD expand current Personnel and Training Bureau or create Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city. Again, recommendations requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends BPD should transfer 5 officers and 2 civilian staff to new Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

This rejection of this recommendation is related to the rejection of the creation QAT in the first place.

NICJR recommends: BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

➤ **Task Force Response: Accept with Conditions.**

Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality.

➤ **Task Force Response: Reject.**

The creation of a police academy would undoubtedly be very costly and would require giving large amounts of money to the police department, flying in the face of the enabling legislation's goal of decreasing the police budget. As was stated by Nikki Jones in her presentation to the taskforce, the Progressive Police Academy "is the least imaginative and transformative component of the draft report and one that is likely to be mired in political battles and a good deal of resistance on the ground. It would also have the impact of investing what is likely to be millions of taxpayer dollars into policing, instead of investing much needed funding in building up an infrastructure of care in the city."

The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students and the like.

The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute trainings and coursework will be created by experts at Berkeley's SCU and Mental Health departments, and tailored for other relevant audiences, e.g. BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money and other resources to provide citizens with resources and support.

NICJR recommends increasing diversity of BPD leadership.

➤ **Task Force Response: Accept with Conditions.**

The Task Force agreed that diversity in leadership alone, would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and recommends making diversity a priority for all employees, including leadership, and recognizing intersectionality.

NICJR recommends increasing Standards for Field Training Officers.

➤ **Task Force Response: Needs More Analysis.**

To efficiently implement this recommendation, numbers are needed on the percentage of officers who have had more than 2 complaints or 1 sustained complaint in a 12-month period, and how race and gender data map with complaints data. How will the Department assess whether implicit bias has played a role in complaint data figures?

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.

➤ **Task Force Response: Reject.**

This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.



C. REINVEST

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

NICJR recommends that Berkeley should launch a Guaranteed Income Pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000.

➤ **Task Force Response: Accept with Conditions.**

Members strongly support this type of program and notes that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, whether other groups like the AAPI or Indigenous communities should be included in this program, and how the program will be administered. Members want the program to address the root causes of inequity, with a strong preference for unconditional funds that puts trust in people to use the money as they see fit.

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated people to help beautify their own neighborhood: hire and train no less than 100 formerly incarcerated Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.

➤ **Task Force Response: Accept with Conditions.**

Members are very interested in increasing job skills and opportunities. However, programs should be centered on the interests of the target group. The Task Force therefore rejects the idea of a ‘beautification’ program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.

NICJR recommends increasing Funding for Community Based Organizations: CBOS that provide services to those who are unhoused, live in poverty, have behavioral health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ

should receive an increase in funding using Reinvest dollars. CBO funding could be increased through an across-the-board increase or through local departmental decision-making.

➤ **Task Force Response: Accept with Conditions.**

While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.



“Public Safety underlies the health and well-being of every neighborhood, every family, and every resident.”

Task Force Letter to the Community

The goal of *Reimagining Public Safety for Berkeley* is one of the highest priorities for our city: public safety underlies the health and well-being of every neighborhood, every family, and every resident. Policies and practices that protect Public Safety must recognize the equal value of every community member and must apply protections fairly and equitably – yet systemic and structural racism means this is not our current reality.

Berkeley, like so many other cities across the Country, initiated the current *Reimagining* process in response to a series of high-profile police brutality incidents that pulled the curtain back on this systemic racism and demanded a response. Police department-related issues (e.g., recruiting, training, hiring, procedures, and the mutation of the department’s role beyond public safety) are high on the list of systems that need to be reimagined and restructured. But they are not the *only* systems that impact public safety, and if this process focuses too narrowly on internal police policies and protocols – if it moves too quickly to implement highly complex new initiatives without adequate analysis and planning – if it neglects to address the multi-dimensional inequity that *creates* patterns of crime, violence, poverty, and social disconnection – then it will fail.

Across American cities, neighborhoods with high rates of poverty, health inequities, low rates of home and business ownership, unsafe/unhealthy housing conditions, food insecurity, failing schools, and inadequate job opportunity are the *same neighborhoods* that have higher rates of crime and higher concentrations of justice-involved residents: the connection is inescapable.

Moreover, those inequities are not random: they have been created by decades of disinvestment and neglect stemming from racially biased policies. And the cycle is self-perpetuating: communities with high levels of exposure to policing, criminal, legal and incarceration systems experience individual, family, and cultural trauma; they have a deep lack of trust in the police and the justice system; and they lack the resources and opportunities needed to escape and thrive.

Systemic inequity, and the uneven patterns of crime that result from it, is human-made harm created by bad policies can at least in part reversed and remedied by good policies. This is the goal of Berkeley's Reimagining Public Safety process. But for the process to succeed, the people who personally experience these inequities must be integrally and continually involved – not just through initial listening sessions but *throughout* the design, decision-making, implementation, evaluation, and follow up. This is the only way proposed solutions will truly see, understand, and address the reality of people's experiences, and the only way impacted communities will trust the changes being implemented.



We know that for many this effort feels like too little, too late: the hurdles feel insurmountable. And because of the pain experienced by communities of color and the urgent need for change, it can be tempting to move too quickly – but we must proceed with a cohesive vision at the foundation of all decisions (with equity as our guiding star), and with thorough analysis to ensure that the measures put in place are realistic, effective, and enact the long-term change we seek.

We believe this process is a beginning, and we look forward to continuing to work with all stakeholders on both short and long-term solutions that will make Berkeley a Public Safety model for other communities.

Repairing and Doing Less Harm

We recognize the harm policing has historically revealed, disproportionately negatively affecting Black, Brown, Indigenous, AAPI, LGBTQIA+, those who are differently abled, unhoused individuals, and other vulnerable groups. It is imperative that this harm be repaired to build sustaining trust and mutual respect between Berkeley residents/community, City Council, City Staff, Community Based Organizations (CBO) and the Berkeley Police Department. The safety of our people must come first and at times we must compromise and take the approach that produces the least harm.

We also acknowledge that policing is a challenging profession which can leave law enforcement officers traumatized, and we have compassion for their families.

Recommendations for accountability should look like but not be limited to these ideas:

- **Service satisfaction survey distributed after police interactions**
- **Regular evaluations of BPD from the greater community (quarterly or twice yearly)**
- **Answerability from BPD and adjustments made accordingly**

Another essential restorative measure which has not yet been discussed but may stand on its own is for offended parties (individuals and families subject to abuse by law enforcement) to be informed of the levels of discipline rendered, such as supervisor referral, written advice, written reprimand, suspension, or termination.

Overview

Policing & The Berkeley Police Department History

“The fault lines of our society have been exposed. The pressure points that we face in American society are the irrevocable products of its history. The brutality of the American experience for black people is incomparable and all efforts to curb the appetite for racist outcomes are indispensable to what comes next for our society. Policing is an anachronism precisely because it is incomplete and does not keep the entire society safe. The police have traditionally maintained the socioeconomic lines between white and non-white, rich and poor, the mainstream, countercultural and vulnerable communities. We must dismantle this system of oppression.”

– La Dell Dangerfield, *Reimagining Public Safety Task Force*

The summer of 2020 brought with it the largest wave of protests in the history of the United States. While the proximal reason for the protests was the murder of George Floyd, the unrest spoke to an underlying dissatisfaction with the place and the purpose of policing in our society. Cities across the country were lit with protests and community members packed city council meetings for weeks on end.

In response to these calls to action, the Berkeley City Council adopted Resolution NO. 69,501-N.S., to create a “Community Safety Coalition” - later renamed The Reimagining Public Safety Task Force (RPSTF). In doing so, City Council was not only responding to the George Floyd uprisings but recognizing that “decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.” The RPSTF was given the mandate to “Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change.”

To move forward, we must first consider the past. Since its inception, policing in America has been deeply instrumental in the oppression of marginalized people. In the South, policing began as Slave patrols, in the North as a force to control new immigrant populations and suppress labor organizing, and in the Southwest policing power was used to control indigenous populations and allow for the continued theft of indigenous land and resources.¹²³⁴ The use of policing as a tool for ‘law and order’ has been used

¹ Sally E Hadden, *Slave Patrols*, 2001

² <https://www.smithsonianmag.com/smithsonian-institution/long-painful-history-police-brutality-in-the-us-180964098/>

³ <https://www.loc.gov/classroom-materials/immigration/native-american/removing-native-americans-from-their-land/>

⁴ <https://ekuonline.eku.edu/blog/police-studies/the-history-of-policing-in-the-united-states-part-3/>

to justify police brutality during protests, harass unhoused and mentally ill community members, and enforce drug laws along class and race-based lines.



Since inception, policing has seen numerous reform eras, perhaps none more important than those launched by August Vollmer, the first police chief in the City of Berkeley and a champion of “progressive policing.” Vollmer, a veteran of the Spanish-American War, applied many tactics he learned from fighting in the Philippines to policing in the City of Berkeley, such as the mapping of insurgent attacks in an attempt to predict future attacks (later transmuted into hotspot policing).⁵

Vollmer also imported a racialized lens: the attempts of the “progressive policing” movement to regiment, professionalize, and reform the police were enacted to prevent crime that these ‘progressives’ felt was borne of poor people, people of color and immigrants.⁶ In Vollmer’s 1917 plan for the Berkeley School for Police he included “eugenics” and “race degeneration” in the course outline.⁷ Vollmer believed that “feeble-minded, insane, epileptic and other degenerate person[s]” should not be allowed to have children and that “Preventing the socially unfit from multiplying [is] ... vital to national welfare and would greatly reduce crime statistics.”⁸ Vollmer became a member of the American Eugenics Society in 1924.

Despite these beliefs, the City has hailed him as a shining example of positive reformism in police. The City’s website states that, “Chief Vollmer’s progressive thinking

⁵ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁶ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁷ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Vollmers-plan-for-UC-Berkeley-criminology-school-in-1917.pdf>

⁸ <https://www.berkeleyside.org/2020/09/15/berkeleys-first-police-chief-supported-eugenics-prompting-calls-to-rename-vollmer-peak>

and use of new innovations in law enforcement became the foundation that BPD has been built upon”⁹ – in other words, upon the legacy of a racist eugenicist.

The 1960s would bring a short-lived period of social investment followed by a decades-long period of police expansion. In response to 1960s uprisings, President Johnson created the Kerner Commission to address the causes and find solutions. The findings (“Our nation is moving toward two societies, one black, one white—separate and unequal”) detailed the inequality in lived experience, from police brutality to inadequate housing and municipal services, yet would be largely ignored, and the 1968 Omnibus Crime Control and Safe Streets Act would formalize the transfer of military equipment to the police department¹⁰.

The election of President Nixon would further solidify the pivot towards greater police spending, which increased by over 300 times (\$22 million to roughly 7 billion) from 1965 to the start of the Reagan Presidency¹¹. The 1980s would mark the beginning of mass incarceration and a further expansion of police funding. Today, yearly police spending in the United States equals roughly \$115 billion dollars yet most data shows policing to be generally ineffective at preventing crime, especially violent crime. While some data show policing can have short-term, non-permanent effects, this finding rarely considers the negative systemic impacts of policing or the opportunity to accomplish the perceived gains of policing through other means.

Though not common knowledge, the Berkeley Police Department has a vast history of misconduct and violence. In 2006, Former Sgt. Cary Kent pled guilty to tampering with as many as 181 envelopes of evidence from criminal cases dating back to 1998. In 2007 Officer Steve Fleming was suspected of having stolen money and other property belonging to people that he was arresting or booking into the Berkeley jail though the D.A. decided not to prosecute, citing a lack of evidence. In 2013, the Department was called to the apartment of Kayla Moore, a Black trans woman living with schizophrenia, by a friend concerned for her safety. Though Moore needed behavioral health care, the police tried to place Moore under arrest, wrestling her to the ground and asphyxiating her to death under the weight of six officers. In 2014, the Department used force against protesters to such an extreme that the City later awarded \$125,000 to seven plaintiffs in conjunction with an agreement from BPD that they reform their use of force policy.

⁹ https://www.cityofberkeley.info/Police/Home/History_The_Earliest_Years_1905-1925.aspx

¹⁰ Elizabeth Hinton, “A War within Our Own Boundaries”: Lyndon Johnson’s Great Society and the Rise of the Carceral State, *Journal of American History*, Volume 102, Issue 1, June 2015, Pages 100–112, <https://doi.org/10.1093/jahist/jav328>

¹¹ *Ibid*



“ Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of community safety.”

Yet by focusing on individual cases, one risks overlooking the day-to-day interactions that make up much of BPD’s operations. The Berkeley Police Department regularly harasses, detains, and displaces unhoused people in our city and has high levels of interaction with people who have behavioral health conditions, documented in contemporaneous reports dating back to the 1990s from Copwatch, a local organization that promotes grassroots police accountability. A study from Yale and Columbia University shows that there is a connection between interaction with law enforcement and behavioral health. We know anecdotally that many community members feel less safe in the presence of police officers, as is evidenced by the Peer Listening Session Report.

Every interaction that BPD has with the public has the potential to create harm, particularly for people who are Black, unhoused, or living with behavioral health challenges.

We also have evidence that shows that the Berkeley Police Department regularly engages in racist policing. Black people make up 8% of Berkeley’s population but account for 34% of police stops.¹² The yield rate for traffic stops also shows great racial disparity (20% and 40% for White and Black people respectively).¹³ Traffic stops can be deadly - as is evidenced by the killing of Duante Wright and Janoah Donald - particularly for Black and Indigenous people, and this disparity in policing is unacceptable.

The Berkeley Police Department’s numerous presentations emphasized training and professionalism without any reflections on the failures of the department. Nor were there any tangible proposed solutions. The Berkeley Police Department budget will take up a proposed 33% of Berkeley’s 2022 general fund budget expenditure, and the Department has outspent its budget for at least the last three successive fiscal years. This funding does nothing to address the underlying causes of criminogenic factors such as homelessness and poverty, not to mention repairing department-caused harms.

Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of “community safety”: crime response can create a temporary impression of crime reduction, but it is cyclical and crime rates inevitably resurge when underlying causes are not removed: we must leave

¹² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/A.6_Police%20Data%20Presentation.pdf

¹³ [Fair & Impartial Policing Working Group - City of Berkeleyhttps://www.cityofberkeley.info > Documents > 2...](https://www.cityofberkeley.info/Documents/2...)

behind the hamster wheel and invest in programs that apply as great a response to the *why* as to the *what* of crime.

When community members poured into our city council meetings and public comment ran for hours it was not just because of the horrifying murder of George Floyd: it was decades of misconduct, brutality, and corruption coming to a boiling point. Resolution NO. 69,501-N.S was passed because our typical paths of reform were not delivering positive outcomes and after decades of reformism, we were still seeing deaths at the hands of the police. The Reimagining Public Safety Taskforce aims to help enact true transformational change.

Task Force Recommendations

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity
	Fully Fund the BerkDOT Planning Process
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor’s Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add ‘Substance Use’ to 911 Recommendations
	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible
Gender-Equity Response Systems	City Leadership to Host Regular Meetings and Coordinate Services
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers,

	Dispatch, and Responders to 911 and Non-Emergency Calls
	Publish Victim Resources in Plain Language and Multiple Languages
Gender-Equity Response Systems	Screen for Domestic Violence in All 911 and Non-Emergency Calls
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses
	Sufficiently Fund Behavioral Health Respite Centers
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges
	Further Research Recommendations (in report)
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth

	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute
	Develop Community Violence Prevention Programs
	Support City Efforts to Establish the Office of Equity and Diversity
	Implement a Pilot Guaranteed Income Project
	Support the Police Accountability Board and Fair & Impartial Policing
Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimagining Public Safety	Conduct Needs Assessment on CBO Capacity
	Create Coordination and Communication Opportunities for CBO Staff
	Improve Referral Systems
	Remove City Funding System Inefficiencies and Duplication
	Develop Additional Metrics for Community-Based Organizations
	Help CBOS Enhance Their Funding

Synopsis of Community Engagement Research Findings, 2021

Diverse groups had challenges interacting with Police. Some avoided or did not call 911 Emergency Services.

Citywide research conducted in 2021 by the Brightstar Research Group (BRG) and Task Force Commissioners showed broad support for: reducing the policing footprint in Berkeley; using de-escalation strategies for calls relating to homelessness and mental health or substance use crises; and prioritizing programs/funding to help vulnerable community members meet basic needs. Many individuals, particularly those who did not identify as white and/or who face housing security, reported feeling unsafe in the presence of police and said they do not look to the BPD for protection.

Research included a survey widely distributed across Berkeley, and focus groups and listening sessions with Black, Latinx, LGBTQ+, people with behavioral health challenges, those who were formerly incarcerated, people experiencing food/housing insecurity, vulnerable youth, and BIPOC students. The Task Force's Gender-Equity and Violence Subcommittee also conducted listening sessions with service providers focused on gender-based and intimate-partner violence. NICJR conducted focus groups comprising BPD command and line staff and members of the Berkeley Merchant Association. NICJR and the Task Force, with support from the City Manager's Office, conducted several citywide community meetings.

A. Citywide Survey for Reimagining Public Safety in Berkeley

The following summary seeks to highlight trends and preferences at a high level. More detailed summaries including more comparative analysis of results disaggregated by race are included in Appendix J to the NICJR report. The results of the communitywide survey may not be adequately representative of the community as a whole given the under-representation of people who identify as Black, Asian, Latinx, male, and younger people, and the over-representation of groups including people who identify as white, women, LGBTQ+, and people over the age of 45. Several wealthier zip codes were overrepresented as well.

Across groups, there is broad support for investment in mental health services. A majority of community members rated homelessness, sexual assault, shootings, and homicides as the most important public safety concerns. Drug sales and substance use are among residents' lowest public safety priorities.

Overall, a plurality reported feeling “somewhat safe” in Berkeley. White residents were more likely to perceive Berkeley as safe or very safe, and Black and other nonwhite residents were significantly more likely to perceive Berkeley as unsafe or very unsafe.

A majority of community members are likely to call 911 in response to an emergency that does not involve mental health or substance use compared to an emergency that does relate to mental health or substance use. Across groups, a majority preferred a response to emergency calls related to mental health and substance use from “trained mental health providers with support from police when needed.” A large majority similarly preferred that homeless service providers respond to calls related to homelessness, with police support available when needed.

Black, Brown, unhoused, and young people frequently reported feeling that the BPD and/or city leaders prioritize the safety of wealthy and/or white community members at the expense of their own safety. Black people and students believe gentrification is detrimental to community safety and community cohesion and negatively impacts their sense of belonging in their own neighborhoods. These groups were more likely to report feeling unsafe.

Respondents identified themselves as other than white were more likely to believe that the BPD is not very effective or not effective at all.



B. Community Focus Groups & Listening Sessions

Black Identified Community Members, Latinx Identified Community Members, Justice-System-Impacted Students, and Low-Income Community Members Including Unhoused, Housing Challenged, and Formerly Incarcerated People

Overall, the participants in these focus groups conducted by Brightstar Research do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Two Latinx students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. Brightstar research conducted these focus groups with the populations above, and these are their findings and recommendations.

In addition, the youth who participated in the focus group said they had witnessed the police harassing homeless people and immigrants working as street vendors. Individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. As a result of harassment and targeting, many members of the Black, housing insecure, student, and youth focus groups attempt to avoid the police whenever possible.

At the same time, members of these groups often feel overlooked by those charged with keeping Berkeley safe, sensing that safety for some (whiter, wealthier) comes at their expense. They question the city's priorities, e.g., installing speed bumps and enforcing quality-of-life issues instead of improving police response times to emergency calls and building relationships with communities who experience racial disparities in both policing and crime. Youth especially voiced a desire for the BPD to use the power it has to support their communities, to be part of and live in their communities, and to engage in activities such as youth sports and mentoring.

These groups identified homelessness and the housing crisis as among the most pressing public safety issues in Berkeley and urged the city to provide for residents' basic needs. These groups shared a vision of community public safety defined less by the absence of crime and more by equitable access to a higher quality of life for low-income, unhoused, and Black and Brown residents.



Latinx participants also emphasized a desire for increased maintenance of public spaces, increased neighborhood lighting, traffic control, and addressing homelessness.

It bears noting that Brightstar’s findings and recommendations are derived from amalgamating their qualitative data from these focus groups without necessarily attributing a finding to a particular group. Because there were so few Latinx respondents, Brightstar analyzed the citywide survey research. The results indicating the views of this group in particular may not be representative of Berkeley’s Latinx population overall.

C. Community Members with Behavioral Health Challenges (PEERS)

PEERS listening session participants primarily expressed their fears of interacting with police during a health crisis in the community - fears that were frequently tied to lived experiences of a policing response negatively impacting their ability to feel “safe” in Berkeley.

During the community engagement listening session, participants identified

- 1) feeling stigmatized as “public safety threats” by officers
- 2) feeling that officers felt uneasy about connecting with them during a crisis
- 3) the role of de-escalation if any
- 4) feeling traumatized or re-triggered by police during a mental health crisis.

Participants explained that police presence may exacerbate personal distress and create terror, rather than emotional “safety.”

PEERS discussed their perceptions and feelings about being seen as “public safety threats,” and generally something to be controlled rather than as human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.

Further one participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Yet another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.”

Participants talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment people shared, especially in the context of de-escalation.

Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”

Lastly, one participant underscored that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underpinned by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”



“QTBIPOC people may be resistant to a police response because of trauma.”

D. LGBTQIA+ Staff—The Pacific Center for Human Growth

A listening session the LGBTQIA+ Queer/Trans provider, the Pacific Center for Human Growth, which serves LGBTQIA+ Queer/Trans people with behavioral health challenges, identified hate crimes against the group they serve, as well as the need for police and other first responders to have a more nuanced understanding of the experiences of QTBIPOC (Queer, Trans, Black, Indigenous, People of Color) people, including trauma. For example, one provider noted that QTBIPOC people may be resistant to a police response because of trauma.

Specifically, a participant provider discussed how a police presence is traumatic for everyone when they show up as it creates a “huge scene for the neighborhood, flashing lights” and then as a mental health professional having to unpack the trauma with families and clients later.

Another participant, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.” There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

The Pacific Center staff emphasized the need for an intersectional understanding that includes race, ethnicity, gender identity and expression, sexual orientation, disability, age, and class to fully understand the impacts of policing on diverse LGBTQIA+ and Queer/Trans people and groups, as well as their perceptions of public safety in the Berkeley

E. Providers of Gender-Based Violence Services

The Task Force's Gender-Based Violence Subcommittee conducted two listening sessions with providers who serve domestic violence, human trafficking, and sexual abuse survivors, who reported that victims of such violence may experience barriers in accessing help and justice, including language barriers, the impact of trauma, racism, discrimination, fear of immigration consequences, and an inability to meet basic shelter and other needs. Some victims will not look to police for help, and providers offered recommendations to provide alternative services and to invest in prevention efforts.

F. Recommendations Arising Out of Community Research



The culmination of the community engagement research indicates that the following recommendations would have strong, broad community support with an emphasis on increasing the safety of Berkeley's most vulnerable residents:

1. Increase investment in community-based and peer-led violence prevention programs
2. Create Black-centered and Black-led mentorship interventions to help young BIPOC resist gang recruitment.
3. Establish programs to help economically vulnerable residents meet their basic needs and invest more money in housing, health care, youth programs, and wraparound services
4. For Berkeley's unhoused residents, establish 24-hour street teams to provide medical and mental health care; provide more safe, indoor public spaces that stay open late; provide more drop-in programs to meet basic needs; and increase access to education, job training, and healing arts
5. Employ a first-responders team with diverse crisis members
6. Increase the capacity of community-based organizations to provide services and violence prevention, including in K-12 settings
7. Provide services for people who cause harm

8. Regularly update domestic violence policies and training for officers
9. Assign female officers to interview and examine female victims of gender-based violence
10. Police responses should include, when possible, a domestic violence advocate, a homeless service provider, a mental health professional, a social worker, etc. depending on the type of situation necessitating a police call
11. Train policy in relationship building, cultural competency, de-escalation, and restorative justice
12. Employ safety ambassadors to act as a bridge between victimized communities and the BPD

Task Force Recommendations on Traffic Law Enforcement and Traffic Safety

The Berkeley Police Department dedicates an enormous amount of time initiating and responding to a wide variety of traffic-related activities. This wide reach of policing into transportation is neither effective with respect to traffic safety¹⁴ nor crime prevention,^{15,16} and significant racial biases have been observed in Berkeley's traffic stop data, harming many in our community. To address these issues, City Council approved the creation of a Berkeley Department of Transportation (BerkDOT) to de-police transportation and called for the reduction or elimination of pretextual stops.

The Task Force recommends the following three immediate actions to improve safety and mobility:

1. Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works.
2. Review Transportation Laws, Fines and Fees to Promote Safety and Equity
3. Fully Fund the BerkDOT Planning Process (at an estimated \$200,000)

Importantly, transportation and mobility tie in heavily to broader inequities, social determinants of health, and resident well-being. For greater context and a more extensive discussion of these intersections, as well as a summary of community engagement findings around police transportation work in Berkeley, see Appendix 2.

A. Berkeley City Council's Direction: Reduce/Eliminate Pretextual Stops and Create BerkDOT (A Berkeley Department of Transportation)

To address the stark racial disparities and risks of harassment and violence associated with traffic stops, as well as to enhance traffic safety, Berkeley City Council approved a measure in July 2020 to: "Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement

¹⁴ Sarode, AL, Ho VP, Chen L, Bachman KC, Linden PA, Lasinski AM, Moorman ML, Towe CW. Traffic Stops Do Not Prevent Traffic Deaths. *Journal of Trauma and Acute Care Surgery*, Vol. 91, No. 1, 2021, pp. 141–147. <https://doi.org/10.1097/TA.0000000000003163>.

¹⁵ Chohlas-Wood, Alex, Sharad Goel, Amy Shoemaker, and Ravi Shroff. An analysis of the Metropolitan Nashville Police Department's traffic stop practices. Technical report, Stanford Computational Policy Lab, 2018. http://www.law.nyu.edu/sites/default/files/upload_documents/Shroff_nashville-traffic-stops.pdf

¹⁶ Fliss, Mike Dolan, Frank Baumgartner, Paul Delamater, Steve Marshall, Charles Poole, and Whitney Robinson. "Re-prioritizing traffic stops to reduce motor vehicle crash outcomes and racial disparities." *Injury epidemiology* 7, no. 1 (2020): 1-15. <https://injejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.”

Council’s recommendation to reduce or eliminate pretextual stops is well underway. After multiple meetings throughout 2020, the Mayor’s Fair and Impartial Policing Working Group recommended that BPD focus “the basis for traffic stops on safety and not just low-level offenses” and “minimize or de-emphasize as a lowest priority stops for low-level offenses.” In February 2021, Council unanimously approved the Working Group’s recommendations for adoption.¹⁷ Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.



Alongside the overall process of Re-Imagining Public Safety, the creation of a Berkeley Department of Transportation (BerkDOT) is moving forward as a parallel process. The purpose of BerkDOT is to significantly increase safety and enhance mobility in Berkeley, while reducing the potential for violence, humiliation, and harassment during traffic stops. The vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. We can begin to move forward on our vision for BerkDOT in the very near term, starting with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works.

¹⁷ City of Berkeley, City Council Special Meeting, February 23, 2021. Motion, Item #1: “Report and Recommendations from Mayor’s Fair and Impartial Policing Working Group”
<https://www.cityofberkeley.info/uploadedFiles/Clerk/Motion%20Item%201%20Fair%20and%20Impartial%20Policing.pdf>



“Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving.”

B. Racial Disparities in Traffic Stops by BPD

The Berkeley Police Department has a consistent and long-running history of racial disparities in the traffic stops it conducts. In May 2018, the Center for Policing Equity (CPE) released a report documenting these disparities by analyzing vehicle stops from 2012 to 2016 and pedestrian stops from 2015 to 2016. CPE found that “Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot.”¹⁸ The report also found that “Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving.” Notably, the CPE report found that, among both drivers and pedestrians stopped by BPD, when compared to White persons, Black persons were 4 times more likely and Hispanic persons 2 times more likely to be searched.

Despite these disparities in both stop and search rates, the CPE report found that “Black and Hispanic persons who are searched are less likely to be found committing a criminal offense than their White counterparts are. Searches of Black individuals yield arrests only half as often as searches of White individuals do; searches of Hispanic individuals yield arrests 39% less often than searches of White individuals do.” This underscores the idea that many of these stops are pretextual and biased in nature - Berkeley police are making stops in a racially disparate manner that is not backed by underlying rates of criminal offenses.

In July 2021, using updated data from 2015 to 2019, the City of Berkeley’s Auditor released a report on police response and performed similar analyses.¹⁹ The Auditor’s investigation showed similar disparities for Black persons as the CPE report: Black people in Berkeley were about 4.3 times more likely per capita than White persons to be stopped across all stop types – 4 times greater for vehicle stops, 4.5 times greater for pedestrian stops, 4.6 times greater for bicycle stops, and 6.3 times greater for “suspicious vehicle” stops. Notable disparities in stops for Hispanics were not observed.

¹⁸ Buchanan JS, Pouget E, Goff PA (2018). The science of justice: Berkeley Police Department. Center for Policing Equity. https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

¹⁹ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley’s Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

The Auditor's report also showed that, once stopped by BPD, there were significant disparities in search rates: Black people were more than twice as likely to be searched when compared to white people (25% vs 11%) and Hispanic people were about 50% more likely to be searched (17% vs. 11%). Yet the yield rate once searched (i.e., the percent of those searched who are then arrested) is about a quarter lower for both Black and Hispanic people compared to their white counterparts (19% for Black people and 20% for Hispanic people vs 25% for white people).

While racial bias in stop data is not a problem unique to Berkeley, Berkeley's traffic stop disparities for Black people are much higher than in many other jurisdictions in California: the stop-per-capita disparity shown in the CPE (4.5 times higher) and shown by the Berkeley Auditor (4.3 times higher) dwarfs the disparities seen in Oakland (disparity of 2.1)²⁰, San Francisco (disparity of 2.6)²¹, Fresno (disparity of 1.9)²², San Jose (disparity of 2.6)²³, San Diego (disparity of 2.4)²⁴, Sacramento (disparity of 2.9)²⁵ and Los Angeles (disparity of 3.0)²⁶.

Because the stop percentages are compared to population percentages to examine disparities, questions have been raised by BPD and others as to whether Berkeley's stark disparities could be accounted for by the presence of Black non-Berkeley residents driving through the city. Starting in October 2020, Berkeley began collecting traffic stop data in accordance with the Racial and Identity Profiling Act (RIPA), which requires the collection of data on city of residence for all persons stopped by BPD, thus allowing this hypothesis around residence to be tested. Using 2021 RIPA traffic stop data, the disparity for traffic stops remains virtually unchanged - among Black Berkeley residents only, the per capita disparity in traffic stops is 4.1 (31% of traffic stops were Black people while the Black population in Berkeley has dipped to 7.6%).^{27,28}

²⁰ Hetey RC, Monin B, Maitreyi A, Eberhardt, JL (2016). Data for change: A statistical analysis of police stops, searches, handcuffings, and arrests in Oakland, Calif., 2013-2014. Stanford SPARQ. <https://stanford.app.box.com/v/Data-for-Change>

²¹ Khogali M, Graham M, Tindel J, Rau H, Mulligan K, Mebius C, Dunn K, Johnson-Ahorlu RN, Martin D, Beckles C, Weintraub SB, Goff PA (2020). The science of justice: San Francisco Police Department. Center for Policing Equity. https://www.sanfranciscopolice.org/sites/default/files/2021-03/SFPD.CPE_Report.20210304.pdf

²² Reis Thebault and Alexandria Fuller. "Justice for Who?" Unequal from Birth. <https://unequalfrombirth.com/revised/justiceforwho/>

²³ Smith MR, Rojek J, Tillyer R, Lloyd C (2017). "San Jose police department traffic and pedestrian stop study." El Paso, TX: University of Texas at El Paso, Center for Law and Human Behavior. https://www2.sjpd.org/records/UTEP-SJPD_Traffic-Pedestrian_Stop_Study_2017.pdf

²⁴ Justice Navigator, San Diego City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sandiego-city-ca-2021/vs>

²⁵ Justice Navigator, Sacramento City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sacramento-city-ca-2021/summary>.

²⁶ Los Angeles Police Commission, Office of the Inspector General. Review of Stops Conducted by the Los Angeles Police Department In 2019. https://a27e0481-a3d0-44b8-8142-1376cfbb6e32.filesusr.com/ugd/b2dd23_d3e88738022547acb55f3ad9dd7a1dcb.pdf

²⁷ City of Berkeley Open Data, Berkeley PD - Stop Data (October 1, 2020 - Present). <https://data.cityofberkeley.info/Public-Safety/Berkeley-PD-Stop-Data-October-1-2020-Present-lysvs-bcge>

²⁸ 2020 Decennial Census. Table P2: Hispanic or Latino, and Not Hispanic or Latino By Race. <https://data.census.gov/cedsci/table?q=Berkeley%20city,%20California&tid=DECENNIALPL2020.P2>

C. The Drain of Traffic-Related Duties on Berkeley Police Department

Traffic stops are the single most common interaction people have with the police in the US,²⁹ and BPD performs an outsized number of traffic stops. In 2019, Berkeley police conducted nearly 11,000 traffic stops,³⁰ while Oakland, a city 3.5 times larger, had only 14,600 stops that same year (note: Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy).³¹

According to the Berkeley City Auditor's report analyzing 2015-2019 calls for service,³² vehicle stops are the single most common type of police activity in the city, accounting for 13% of all police "events." After the 2nd most common type (disturbing the peace), vehicle stops are 2-4 times more common than any of the other top ten events. Adding in bicycle stops, the total number of stops over the 5-year period was 47,579 (for an average of 9,516 per year).³³ Vehicle and bicycle stops, in particular, stand apart from other calls for service in that the majority are officer-initiated (i.e., they are not initiated as a response to a community call to dispatch), making them attractive targets for how we might re-imagine policing. Officer-initiated responses represented 26% of police calls for service, and together, vehicle and bicycle stops represented a full 85% of these officer-initiated responses.

Beyond traffic stops, BPD dedicates a significant amount of time to multiple other traffic-related functions, including collision response, parking violations, vehicle abatement, and management of traffic flow during events. In fact, events characterized as "Traffic" in the Auditor's report account for nearly one-fifth (18%) of personnel time.³⁴ Not included in this 18% is time spent by sworn officers processing collision reports or managing the school crossing guard program, or time by non-sworn BPD employees such as parking enforcement officers or school crossing guards.

²⁹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Traffic Stops. <https://www.bjs.gov/index.cfm?tid=702&ty=tp>

³⁰ Kate Gosselin. Traffic enforcement and collisions in Berkeley, CA from 2015 to 2019. <https://sites.google.com/view/saferstreetsberkeley/home>

³¹ ³¹ Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy. Oakland Police Department, Office of Chief of Police. 2019 Annual Stop Data Report. <https://cao-94612.s3.amazonaws.com/documents/2019-Stop-Data-Annual-Report-6Oct20-Final-Signed-1.pdf>

³² Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

³³ While considered in the Auditor's report, pedestrian stops were not included here, as a review of the descriptions shows that few relate to actual traffic-related violations. Instead, many "pedestrian" stops relate to "quality of life" violations such as blocking the sidewalk or having an open container in public.

³⁴ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

And finally, while BPD has its own Traffic Bureau, staffed with 3-4 officers, we still see that a full 25% of all events that patrol (i.e., non-traffic) officers respond to fall into the Auditor's "Traffic" category. Time spent responding to these traffic events represents patrol time not spent preventing serious crime and building community trust.



TASK FORCE RECOMMENDATIONS

1. Review Transportation Laws, Fines and Fees to Promote Safety and Equity

Numerous laws, fines and fees are in place in Berkeley that do nothing to promote public safety but instead disproportionately punish poverty and trap people in an inescapable cycle of debt. These laws, fines and fees actually undermine true public safety.

Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws

have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).

Several transportation regulations within the BMC criminalize behavior that exists only because inadequate transportation infrastructure exists - individuals should not be penalized in these cases, but instead, the insufficient infrastructure should be addressed. One example is BMC 14.32.050, which requires pedestrians to obey “special traffic signals installed for pedestrians” even if vehicular traffic signals indicate it is safe for them to cross. These pedestrian signals are activated by “beg buttons,” or push buttons that only give a “WALK” signal if pressed before the traffic light turns green. But if pressed even fractions of a second after the light turns green, a pedestrian must wait a full light phase before being able to cross, even when there is ample time for a pedestrian to proceed.³⁵ Here, it is clear that safety is not the issue, yet this law allows BPD discretion to stop and cite individuals in violation, opening the door to racial and other forms of bias. Instead, Berkeley could easily reset all signals to automatically give pedestrians a “WALK” signal when the vehicular traffic light turns green, without no need to press a button.³⁶

Another example of a law that should instead be addressed by changes in infrastructure is BMC 14.68.130, which bars riding bicycles on the sidewalk (except by juveniles and police officers). This law may be enforced regardless of whether safe bicycling infrastructure exists on a street, and its existence asks bicycle riders to weigh their personal safety and risks of being hit by a car driver with violation of a law that has not been shown to increase safety. Again, this law fails to address the root problem (inadequate infrastructure) and opens the door to discretionary and biased police stops.³⁷

Other BMC laws aren’t easily addressed by infrastructure fixes but simply have no reason to be maintained in our code. One example is the bicycle licensing requirements laid out in BMC 14.68.0, requiring that all bicycle riders must have a license that gets renewed annually. Though the fees for the license are not excessive, the simple

³⁵ Charles Siegel. (2018) “Opinion: ‘Beg buttons’ make Berkeley’s pedestrians less safe” Berkeleyside. <https://www.berkeleyside.org/2018/09/17/opinion-beg-buttons-make-berkeley-pedestrians-less-safe>

³⁶ The City did this at many intersections during the COVID-19 pandemic and could easily make those changes permanent alongside revising the code.

³⁷ A recent study in Chicago demonstrates this well - the study found that tickets for sidewalk riding were issued 8 times more often per capita in majority Black census tracts and 3 times more often in majority Latino tracts (compared to white tracts), but that across neighborhoods, tickets were issued 85% less often on streets with adequate bike infrastructure than on those without this infrastructure. Further, the issuance of tickets was not associated with increased collisions. Barajas, Jesus M. “Biking where Black: Connecting transportation planning and infrastructure to disproportionate policing.” Transportation research part D: transport and environment 99 (2021): 103027. <https://www.sciencedirect.com/science/article/pii/S1361920921003254>



“...significant further research on alternatives to armed traffic law enforcement by police is needed.”

presence of this absurd law in the BMC provides a pretextual reason for BPD to target some bicycle riders, while providing absolutely no benefit to public safety.³⁸

Another issue is the matter of how Berkeley approaches fines and fees for violations issued. One example relates to our penalties for parking tickets, which can be devastatingly expensive to those experiencing poverty. While the city does offer an Indigent Payment Plan for Parking Citations³⁹ where late fees are waived and payments can be spread over time, there are substantial administrative hurdles to jump through to apply to this program and there are still fees to be paid. In instances in which a vehicle is towed,⁴⁰ the spiraling fines and fees could lead to the loss of a car or license, and this loss of mobility can further lead to loss of access to employment, education, or medical care.⁴¹ Ensuring that cars are parked properly often does have an important public safety component, but not always, and punitive fines and fees certainly do not improve public safety.

Finally, Berkeley should reconsider how we issue tickets for equipment violations that do have a clear relationship to safety. Under California Vehicle Code (CVC 40303.5), certain vehicle equipment violations are eligible to be "corrected" within 30 days of the date of the notice of violation so that, with proof of correction, the penalty amount will be reduced to \$10. However, vehicle repair is very expensive, and repair of an essential safety feature may be financially out of reach of many low-income individuals.

To address this, for those equipment violations that are absolutely critical to ensuring public safety (e.g., if both headlights are non-functional), Berkeley should put in place policies and procedures directing BPD to issue such violations as "correctable" on the ticket, and further, should explore a program to provide loans or vouchers for vehicle repairs for low-income drivers. Equivalently, bicyclists should never be ticketed for lacking lights on their bike - instead BPD should hand out bike lights to anyone who

³⁸ In early 2021 in Perth-Amboy, NJ, a similar law provided cover for police to approach a group of Black and Latino youth on their bikes, harass and handcuff them, and ultimately confiscate their bikes. Sarah Holder. "Bike License Laws Have a Racial Profiling Problem" Bloomberg City Lab. <https://www.bloomberg.com/news/articles/2021-04-23/the-biggest-problem-with-bicycle-licensing-laws>

³⁹ City of Berkeley. Indigent Payment Plans for Parking Citations: Frequently Asked Questions. https://www.cityofberkeley.info/uploadedFiles/Customer_Service/Level_3_-_General/Indigent%20Payment%20Plan%20FAQ's.pdf

⁴⁰ If a vehicle is towed, for example, due to the 72-hour rule (BMC 14.36.050) or parking improperly during UC Berkeley football games, individuals must pay extremely expensive towing and storage charge plus an additional \$75 release fee.

⁴¹ Jorge Alvarado, Public Law Center, et al., Towed Into Debt: How Towing Practices In California Punish Poor People (2019). <https://wclp.org/wp-content/uploads/2019/03/TowedIntoDebt.Report.pdf>

doesn't have one. This approach will reduce unnecessary fines and fees while at the same time ensuring that critical safety fixes get addressed regardless of someone's ability to pay.

2. Fully Fund the BerkDOT Planning Process

As described in detail above, widespread systemic inequities plague Berkeley's traffic laws and traffic law enforcement. The City of Berkeley is leading the country in this effort to de-police transportation, with an approach that has been heralded nationwide as a model to follow. After Berkeley City Council passed BerkDOT, cities around the

country (including, but not limited to, Oakland, San Francisco, Los Angeles, Seattle, Philadelphia, and Cambridge) have been discussing similar efforts, citing Berkeley's leadership on the issue. These cities, and others, are looking for Berkeley's leadership on this important issue. It is critical that the groundbreaking work that City Council has launched on BerkDOT continue to progress, with appropriate resources, community engagement, and clear communications about the intent of the work.

The BerkDOT exploration and planning process is moving forward in parallel with the bulk of the Re-Imagining Public Safety Process. To date, Council has allocated \$175K to this process, an initial \$75K in October 2020 allocated as a result the City Manager's evaluation of Council's July 2020 BerkDOT referral⁴² and an additional \$100K allocated in December 2021 to "continue the study of potential BerkDOT or alternate organizational structure."⁴³

Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).

⁴² City of Berkeley, Office of the City Manager, Update on Re-Imagining Public Safety, October 14, 2020.

https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Reimagining%20Public%20Safety%20101420.pdf

⁴³ City of Berkeley, City Council: Supplemental Agenda Material for Supplemental Packet 2. FY 2021 Year-End and FY 2022 First Quarter Budget Update. December 14, 2021.

https://www.cityofberkeley.info/Clerk/City_Council/2021/12_Documents/2021-12-14_Supp_2_Reports_Item_44_Supp_Mayor_pdf.aspx

To move this important and groundbreaking work forward, significant further research on alternatives to armed traffic law enforcement by police is needed, as is additional community engagement. Currently, Public Works staff estimates that an additional \$200-250K would provide the adequate amount of funding needed to complete the BerkDOT planning process. Without this funding, the BerkDOT process cannot move forward with any degree of success, and the City absolutely needs to provide this funding.

Task Force Recommendations on 911 Call Processing and Alternative Call-for-Service Systems

A. The Emergence of 911 - “The Little Known, Racist History of the 911 Emergency Call System”

Excerpts below from: Katrina Feldkamp and S. Rebecca Neusteter, “The Little Known, Racist History of the 911 Emergency Call System,” In These Times, January 26, 2021. Rebecca Neusteter is a first author for the renowned Vera Institute studies on 911 call processing and dispatching. Katrina Feldkamp is a public service lawyer.

“Telephoning an emergency service was a thorny process until the late 1960s. Local jurisdictions (which often overlapped) all had their own local telephone numbers. When a person called the police, for example, first they had to figure out the relevant jurisdiction they were in, then dial the department directly and hope someone was there to answer.

President Lyndon Johnson’s administration is credited with “solving” these problems of responsiveness and efficiency with the creation of the centralized 911 system we know today. But the Johnson administration’s motives were less than benevolent, aimed at quickly suppressing what it saw as harmful civil disorder — namely, protests by Black communities against segregation and police brutality.

In the summer of 1967, following several years of civil rights protests (159 across the country that summer alone), Johnson appointed a National Advisory Commission on Civil Disorders, better known as the Kerner Commission. The Kerner Commission was tasked with studying 24 so-called disorders that had occurred in 23 cities that summer. The commission’s 11 members (almost entirely white, male, moderate politicians) and 118 staffers and assistants issued recommendations for preventing future “riots” in the Kerner Report, released Feb. 29, 1968.

The report is most remembered for condemning white America’s racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism.”

“Tellingly, in the report’s ‘Supplement on Control of Disorder’ — a section left out of nearly all published copies of the report but eventually converted into a training program administered by the Department of Justice — the Commission recommends expanding police capacity to suppress protests. The section advises state and federal law enforcement to intervene in civil disorders, recommends local police departments adopt militaristic riot control training and equipment (including tear gas) and encourages police departments to infiltrate Black communities.”

“In February 1968, Johnson argued to Congress that the 911 number would decrease emergency response times, increase arrests and provide a “more immediate” solution to crime. Though [FCC Commissioner Lee] Loevinger warned Johnson it would likely attract calls that did not involve crime nor emergent harm, Johnson moved the project forward. In the 52 years following Loevinger’s warning, countless 911 calls, dialed because of racial biases, have resulted in police violence and the murder of civilians, and funneled millions of Black, poor and oppressed individuals into the criminal justice system.”

The report is most remembered for condemning white America’s racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism.”



B. Berkeley City Council’s Direction: Have City Auditor Perform an Analysis of the City’s Emergency 911 Calls for Service and Police Response

The Berkeley City Council directed the elected City Auditor to perform an analysis of the 911 (and non-911) calls for service and

police responses for Berkeley as one of the fundamental components of the Reimagining Public Safety Initiative. The City Auditor analyzed the Berkeley Police

Department's Computer Aided Dispatch system (CAD) data reflecting the City of Berkeley's 911 and non-911 calls for service from 2015-2019 (358,000+ calls).

The City of Berkeley further directed the commissioned consultant, the National Institute for Criminal Justice Reform, to analyze these calls for service in its contract for reimagining public safety for Berkeley. Neither the City Auditor nor the consultant provided demographic or geographic population analysis. The City Auditor analyzed the total calls data from 2015-2019 for mental health and homelessness components of total calls for service, while the consultant divided the calls between penal and non-penal codes.

C. Berkeley City Council's Direction: Develop Alternative Non-Police Responder Program to Reassign Non-Criminal Police Service Calls to a Specialized Care Unit (SCU)

The City of Berkeley has directed analysis and initiated development of a Specialized Care Unit consisting of trained crisis response field workers who will respond to calls from the Public Safety Communications Center. The City of Berkeley contracted with a health, behavioral health, and social services nonprofit organization, Research Development Associates (RDA), for community engagement research and a feasibility study to implement the SCU.

RDA produced 3 reports, including:

- 1) USA and international non-police response models
- 2) an evaluation the current City of Berkeley's co-responder mobile crisis unit with the Berkeley Police Department and deep community engagement research in Berkeley; and
- 3) Final Recommendations and rationales for the Specialized Care Unit.

The stakeholder perspectives reflecting the community engagement research are designed to underpin RDA's final recommendations for the SCU program.

It is noteworthy that the commissioned consultant has proposed a separate telephone line for the SCU as this local community engagement research and scholarship show diverse and marginalized people are extremely reluctant, avoid or do not use 911 for fear of a police response. RDA further provided a thorough implementation plan for moving towards developing a comprehensive 24/7 behavioral Health crisis response model for the City of Berkeley.

D. Introduction to Berkeley’s Public Communications Center

The City of Berkeley has a Public Communications Center that is staffed by 911 professionals, managed under police leadership, and located in the Berkeley Police Department. In Berkeley, these professionals include call takers and dispatchers. In recognizing the importance of our 911 professionals, it is noteworthy that there are national and international associations such as the National Emergency Number Association (NENA) and the Association of Public Safety Communications Officials (APCO International, est. 1935), including for providing individual certifications and organizational accreditation.

E. City of Berkeley’s Public Communication Center and 911 Professionals’ Duties

Per the City Auditor’s report, the 911 professionals—call takers/processors and dispatchers—answer emergency and non-emergency calls and dispatch police officers to events; they also accept, and process inbound 911 and administrative calls for police, fire, and medical services in the City of Berkeley (Auditor, 2021; 8). The City of Berkeley’s call takers/processors further input call information into the Computer Aided Dispatch (CAD) systems and transfer the information to fire and police dispatch staff (Ibid.). Dispatchers coordinate all police-related calls requiring a response from law 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 (Ibid.). The term “processor” is used to further encompass the range of 911 professionals’ duties, in addition to taking and answering the call.

F. Berkeley City Council Direction: Equitably Reduce Policing and Improve Wellbeing Using Calls for Service Data

For purposes of reimagining public safety, there must be an approach to analyzing 911 and non-911 and non-911 calls for service that results in reducing reliance on policing and equitably improving well-being for diverse and vulnerable communities who need emergency and nonemergency services: Black, Latinx, AAPI, immigrant, LGBTQIA+, people with disabilities, young, seniors, unhoused, formerly incarcerated and people with multiple identities. It is noted the City Auditor and the commissioned consultant did not analyze the CAD data by demographic populations or geographic areas such as zip codes or council districts.



“...They (Dispatch) only have call types such as “suicide attempt” and “5150” as primary call types for someone experiencing a mental health crisis in the community.”

However, the City Auditor’s CAD data analysis assessed the available CAD data about the number of events that related to mental health and homelessness in Berkeley from 2015-2019. This 911 analysis is important for potentially reducing reliance on policing to meet the needs of diverse and vulnerable people experiencing distress in the community in an equitable manner that improves well-being, although it is recommended here to further include a substance use component.

Specifically, the City Auditor’s analysis identified 42,427 unduplicated events with a mental health component, or 12 percent of all events from (Auditor, 2021, 55). This analysis also identified 21,683 events involving homelessness, which represent 6.2 percent of all events during the same time period (Auditor, 2021; 57). While the data analysis reported that these events are “significantly undercounted” as the Berkeley Police Department does not identify all calls related to mental health and homelessness (Auditor, 2021; 53-54).

The commissioned consultant, on the other hand, analyzed 911 and non-911 calls for service by dividing call types into penal and non-penal categories in order to recommend 10 call types for non-police or civilian first responders (NICJR, 2021). Eight of these 10 call types recommended by this consultant appear to include administrative duties that BerkDOT or another municipal government agency may address: abandoned vehicle, found property, inoperable vehicle, lost property, non-injury accident, vehicles blocking driveway, vehicles blocking sidewalks, vehicle double parking. Further the other call types such as disturbance and suspicious circumstance can be cross-referenced to the top 10 call types identified by the City Auditor with a mental health and homelessness component.

Further the City Auditor’s Data Analysis identified areas for improvement in call taking/processing and dispatching for entering CAD data into the system. As it stands, call takers/processors are trained to assign call types for the primary reason for the call, and currently they only have call types such as “suicide attempt” and “5150” as primary call types for someone experiencing a mental health crisis in the community (Auditor, 2021; 53). Further if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type (Ibid.). Thus, if a police officer arrives at the scene and there is no crime in progress, then the information may not reflect a mental health issue and moreover, may be assigned to another general call type such as welfare check or person down (Auditor, 2021; 53-54).

Moreover, the narrative descriptions entered by call takers and dispatchers, and the disposition codes used to reflect the actual event, do not necessarily capture a mental health or homelessness issue (Auditor, 2021; 54). The City Auditor’s research reflected that out of 28,959 events with a mental health term, only 23 percent assigned to a mental health disposition code and showed officers further do not use disposition codes consistently (Ibid.). Additionally, the CAD system does not have a disposition code that indicates an event where an individual is experiencing homelessness (Ibid.). Moreover, the Public Safety Communications Procedures used by City of Berkeley’s 911 professionals and the Berkeley Police Department are general and not specifically tailored for behavioral health call processing and dispatching.

G. TASK FORCE RECOMMENDATIONS ON CALLS FOR SERVICE

1. Adopt City Auditor’s Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add ‘Substance Use’ to 911 Recommendations

At this stage the 911 call processing and dispatching research data on mental health and homelessness offers one of the most direct approaches to reducing reliance on policing and improving well-being for our most diverse and vulnerable communities and overall, for reimagining public safety. Given that alternative hotlines such as the national 988 mental health hotline (which will be live in July 2022) and alternative non-police responders such as the Specialized Care Unit will soon be options for 911 professionals in Berkeley, we can have keen foresight and effectively plan for these changes by implementing these recommendations:

1. To identify all calls for service that have an apparent mental health, substance use, and homelessness component in a manner that protects the privacy rights of individuals involved. (Auditor, 2021; 5—substance use added)
2. To create clear mechanisms for identifying mental health, substance use, and homelessness call types and to use them consistently during 911 call processing and dispatching including when they are not the primary reason for the call.
3. To consistently follow standardized language to describe mental health, substance use, and homelessness-related events in the narrative descriptions for every call.

4. To consistently use disposition codes for mental health and substance use events, and to create a disposition code for events that have a homelessness component.
5. To record any requests for a Mobile Crisis Team from the Division of Mental Health regardless of if this team responds to an event.
6. To establish quality assurance standards to create and measure clear, consistent use of call types, narrative descriptions, and disposition code for mental health, substance use, and homelessness (recommendation made in addition to Auditor's Report).
7. To expand the current calls for service data available on the City's Open Data Portal to include all call types and data fields (Auditor's Report, 2021; 5).

These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.

2. Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs for People Experiencing Behavioral Health Challenges in Berkeley

On July 14, 2020, Councilmembers Ben Bartlett and Mayor Jesse Arreguin and Councilmember Rigel Robinson proposed allocating general municipal funding to develop a Specialized Care Unit (SCU). The Specialized Care Unit (SCU) will be a non-police crisis response program for providing mental health and substance use services to distressed people in the community.

Councilmember Bartlett is the co-author of the Safety for All: The George Floyd Community Safety Act and Mayor Arreguin and Councilmember Rigel Robinson co-sponsored the municipal legislation. In the municipal legislation, they stated the SCU would "allow the police to focus on investigating and solving crimes while reducing the problem of over-policing black communities" and further that "More residents will experience better outcomes in public safety and community health." They cited these types of crisis assistance in other areas such as Eugene, Oregon where a "program known as CAHOOTS has been in place for 30 years."

In January 2021, the City Manager designated the Director of Health, Housing, and Community Services, Dr. Lisa Warhuus, as the project manager for the Specialized Care Unit program. Dr. Warhuus further established an SCU Steering Committee to work with the commissioned consultant, Research Development Associates, on the SCU program. The SCU Steering Committee is composed of municipal and community stakeholders: Fire, EMT, Mobile Crisis Unit for the Division of Mental Health, Mental Health Commission, and community leaders including from the Berkeley Community Safety Coalition (BCSC).

The City of Berkeley contracted with Research Development Associates to conduct three distinct reports in order to initiate the process to establish an SCU for Berkeley. For the past year, the SCU Steering Committee met bi-weekly including to work extensively with the commissioned consultant on the reports. The reports are available on the Reimagining Public Safety Task Force website.

The first report, "Crisis Response Models Report," presents a summary of crisis response programs in the United States and internationally. The second report, "Mental Health Crisis Response Services and Stakeholder Perspectives Report," is the result of extensive community engagement with stakeholders of the crisis system. These stakeholders include City of Berkeley and Alameda County agencies, local community-based organizations (CBOS), local community leaders, and utilizers of Berkeley's crisis response services. The report also presents a summary of key themes to inform the Specialized Care Unit model.

The third report, "City of Berkeley Specialized Care Unit Crisis Response Recommendations," proposes the consultant recommendations and guide implementation of the SCU model in the City of Berkeley. This report includes core components and guiding aims of the SCU model; stakeholder and best practice-driven design recommendations; considerations for planning and implementation; a phased implementation approach; system level-recommendations; and future design considerations. It is noteworthy that each recommendation put forth is deeply rooted in the stakeholder feedback of the two previous reports.

3. Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges in Berkeley and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System

The Substance Abuse and Mental Health Services Administration defines crisis stabilization services as:

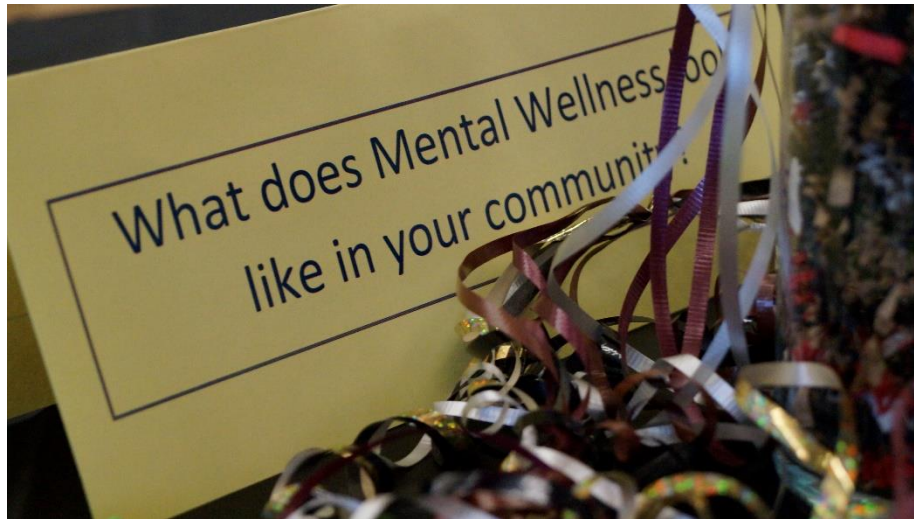
A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services." (SAMHSA, 2014; 9) (SAMHSA, 2020; 23).⁴⁴

Over the last two decades, crisis centers have been expanding across the country, evolving to become more comprehensive, recovery-oriented, and welcoming to individuals, first responders, and referral sources (NASMHPD, 2020; 10). Key components for crisis stabilization centers often include 24/7 staffing with a multidisciplinary team of behavioral health (mental health and substance use) specialists, including peers, clinicians, and psychiatrists or nurse practitioners (via telehealth) (NASMHPD, 2020; 10).⁴⁵

Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020; 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020; 22).

⁴⁴ National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Knowledge Informing Transformation. SAMHSA (2020). [online] Available at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> and Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies. SAMHSA. (2014). [online] Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf>

⁴⁵ Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit. (2020). [online] Available at: <https://www.nasmhpd.org/sites/default/files/2020paper4.pdf>



Additionally, in areas where methamphetamine use is prevalent such as California, crisis providers have further become skilled in addressing methamphetamine induced psychosis, recognizing the need to treat the psychosis first and then connect individuals to the right level of care (NASMHPD, 2020; 10). Further crisis stabilization centers have addressed individuals who may need withdrawal management services (detoxification), including to offer services or provide immediate linkages and referrals, and to arrange transport to detoxification programs for crisis center clients who require that service (Ibid).

Crisis Stabilization Centers can thus represent a clear opportunity for improving the crisis response system to better meet the needs of distressed individuals from mental illness and/or substance use. These centers are designed to address the behavioral health crisis, reducing acute symptoms in a safe, warm, and supportive environment while observing for safety and assessing the needs of the individual (NASMHPD, 2020; 10). They can further reduce trauma and costs as a more appropriate level of care for people who do not require involuntary commitment to address their behavioral health needs (Ibid.).

4. Implement A Behavioral Health General Order for the Berkeley Police Department that Emphasizes Diversion Away from Policing Whenever Possible

For purposes of reducing policing and improving well-being, the aim of a Behavioral Health General Order is to addresses behavioral health— both mental health and/or substance use—for people experiencing distress in the community, to address 5150 involuntary commitments, de-escalating behavioral health crises, and divert people

towards an appropriate level of care and away from arrest, detainment, criminal case processing, and incarceration whenever possible.

An appropriate level of behavioral health care needs to be trauma- and harm-reduction informed, culturally safe, equitable and inclusive to meet the needs of Berkeley populations: Black, Latinx, AAPI, immigrants, LGBTQIA+ and Queer/Trans, people with disabilities, young, old, formerly incarcerated, historically or currently marginalized—those groups delineated in the Berkeley City Council’s reimagining public safety referrals, resolutions, and directives in the omnibus packaged dated July 14, 2020.

Currently the BPD General Orders related to behavioral health are focused on: 1) CIT (Crisis Intervention Training), 2) Mentally Disordered Persons, 3) Intoxicated Persons.⁴⁶ Initially it is important to evaluate the language contained in these orders to ensure they do not use stigmatizing language. Moreover, there are a significant number of people who may experience distress resulting from the impacts of both mental illness and substance use, and the general orders need to account for this prevalent reality.

Symptoms can manifest from a mental health condition such as schizophrenia that mirror those from substance use such as methamphetamine. Symptoms of both mental illness and substance use can further manifest simultaneously and they may not be decipherable unless, for instance, the impacts from substance use diminish in intensity over time. Consequently, this reality means evaluating both mental health and substance use issues and conditions or potentially missing key considerations of critical needs for determining an appropriate level of care treatment and diverting people away from criminal case processing and incarceration.

As it stands, the Berkeley Police Department has a "Crisis Intervention Team" General Order that provides four primary objectives for their CIT Program, including de-escalating crises, reducing the necessity for use of force, reducing recidivism, and collaborating with behavioral health providers and consumers to meet these goals. However, this General Order indicates dispatching CIT officers when possible and as an ancillary duty. Thus, it is possible Berkeley police officers may respond to crisis who are not trained to de-escalate mental health crisis and potentially if CIT trained, they may not have received substance use training.

⁴⁶ The Berkeley Police Department (BPD) General Orders are located on the City of Berkeley webpage for Training and Policy. They are available at: https://www.cityofberkeley.info/BPD_General_Orders.aspx The BPD CIT General Order is C-66; the BPD Intoxication General Order is I-15; and Mentally Disordered General Order is I-16.

The "Mentally Disordered Person" General Order defines a "mentally disordered person" as a "person who is a danger to him-/herself, others, or is gravely disabled as a result of a mental disorder." This General Order is designed to define the state law language under the Welfare and Institutions Code, Sec. 5150, and the legal requirements to implement it, as opposed to providing a Behavioral Health General Order that addresses persons in crisis from the impacts of mental illness and/or substance use and when it rises to the level of a 5150 involuntary hold for purposes of diverting people away from involuntary treatment when possible and only using 5150 holds as a last resort. It is noted that the terms "mentally disordered" may be stigmatizing and that potentially using a person experiencing a mental health crisis may improve the language.

The "Intoxication" General Order defines "Intoxicated person" as any person who, by reason or his/her ingestion of an alcoholic beverage and/or drug use, loses the ability to provide for his/her immediate safety and/or welfare needs. In addition, the BPD "Intoxication" General Order states that it is designed to "permit dispositions other than incarceration for intoxicated persons to provide for the welfare of the subject and maintenance of peace."

It is noteworthy that the "Intoxication" General Order discusses "custody" and the basis for detaining a person, but also eligibility for release and non-criminal disposition, and sets forth options for police officers such as driving the "intoxicated" person home if not subject to physical arrest and booking. Generally, this "Intoxication" General Order appears to be framed more in terms of meeting safety and welfare needs and diversion from punitive measures such as criminal case processing and incarceration.

Overall, the BPD CIT General Order uses a de-escalation approach for people in a mental health crisis, while the BPD "Mentally Disordered Person" General Order for 5150 involuntary holds states that it is designed to "establish policy and procedure for the custody and transportation of mentally disordered persons to designated treatment facilities, and other processes." It does not provide for persons who do not meet the 5150 standard and diverting them to an appropriate level of care and not criminal case processing and incarceration. It is also framed in terms of people experiencing mental illness as generally dangerous, and not necessarily as vulnerable individuals deserving of treatment and services. Thus, an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community.

Additional Information for Proposed Tiered Dispatch and CERN (Community Emergency Response Network)

A. Introduction to Tiered Dispatch

The commissioned consultant for the City of Berkeley, the National Institute for Criminal Justice Reform, has proposed alternative non-police first responder program referred to as “CERN”–Community Emergency Response Network. As previously discussed, the consultant looked at the Auditor’s calls for service analysis of 358,000 calls from 2015-2019 and re-classified those calls into penal and non-penal calls. Based on their analysis of non-penal calls, they determined 10 call types that an alternative first responder, their proposed CERN, could respond to in the community. The call types, as formerly discussed, focus primarily on traffic and property related calls, and those calls that may likely have a mental health or homelessness component such as disturbance or suspicious person.

In addition, the commissioned consultant recommends a 911-tiered dispatch program whereby the City of Berkeley’s Public Safety Communications Center would have 4 tiers for dispatching first responders to people in the community. Tier 1 would only dispatch CERN responders in response to the non-criminal calls for service. For Tier 2, CERN responders would lead, and officers would be present. The calls for service would have a low potential for violence where arrest is unnecessary or unlikely, although the consultant did not recommend specific call types for Tier 2. Tier 3 refers to officers leading and CERN present for non-violent felonies where there is a low potential for violence, and arrest is unnecessary or unlikely. Again, the consultant did not recommend specific call types for Tier 3. For Tier 4, only officers would respond as these calls for service would involve serious violent felonies.

Under their Reduce construct, the consultant NICJR states: “To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the Implementation of the Tiered Dispatch/CERN model.”

An underlying premise of the Reimagining process was that many current calls for service do not require a badge or a gun and can be better handled by non-police response. This is the view of both the Task Force and the NICJR consultant. Further, there is agreement that most mental health and homeless related calls for service, and most officer-initiated traffic stops, fit into this category, as do various other call types. There is also general agreement that there is a continuing role for police – primarily to

focus on prevention of community crime and violence and responding to calls for service involving crimes and/or violence.

B. General Questions on 911 Call Processing and Dispatching First Responders

The general agreement described above masks many complex questions that are either not, or inadequately, discussed by the consultant in their discussion of their CERN proposal.

Questions include:

1. Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)?
2. What is the system (or multiple systems) for both receiving calls and routing the responses?
3. How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)?
4. Who will provide and staff these non-police responses (i.e., City staff or contractor, professional credentialed or community responders) and if contractors, under what color of authority will they provide City service?
5. When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service -- whatever the merits of replacing police, we cannot replace something with nothing?
6. What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)?
7. Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses?
8. What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence?



“It was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch.”

C. Inquiries

Inquiry 1 – Determining What a Tier 1 Call Is

The basic premise of the CERN model is that the only appropriate use of police is in responding to criminal or violent calls for service and that CERN would handle 50% of “Tier 1” calls (calls for service that are neither criminal nor violent.) CERN assumes that the current 911 Dispatch would refer certain Tier 1 calls to a CERN dispatch (i.e., that meet certain criteria regarding call for service call type).

There is no clear agreement between Berkeley Dispatch and NICJR as to how to interpret or dispatch many types of calls. Many calls considered CERN-referral calls by NICJR (e.g., Disturbance) may be considered BPD calls by Dispatch. This is because very frequently the call provides insufficient information to know what is actually happening.

In Task Force meetings, and in “sit-alongs” with Dispatch, it was clear that very little was known until someone was dispatched to the scene. Moreover, Dispatch seemed reluctant to send police officers to some (apparently non-criminal) calls without available officer back-up. Whether they would refer these, and other, calls to a CERN unit is unknown. Currently the BPD uses general communications procedures that are not tailored for behavioral health call processing and dispatching, and there is a need to improve the CAD system for handling behavioral health calls at the BPD Public Safety Communications Centers. Potentially these deficits contribute to the resistance by call takers and dispatchers to support alternative responders.

While these issues might be resolvable through actual implementation, it was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch. Moreover, when discussing the NICJR proposals with the Task Force, senior Dispatch officials took serious objection.

Note: It is the view of BPD that while they agree that many calls for service may ultimately not require police intervention, they argue that until the officer is dispatched to the scene to assess the situation, that this determination cannot be made.

It should be noted that various SCU type programs addressing mental health and substance use calls for service divert some calls to their SCU version without sending police to the scene. There are SCU type programs in Eugene, Portland, Olympia, Seattle, Sacramento, Oakland, San Francisco, Santa Cruz, Los Angeles, Albuquerque, Houston, Austin, Denver, Chicago, and New York City. Some 911 centers also use behavioral health call scripts to screen for low level mental health and substance use calls that can be handled by alternative non-police responders. It is also well-established that the majority of 911 calls are not police related.⁴⁷ It is important to further consider how we can move forward to ensure equitable 911 service delivery for diverse groups of people. The SCU consultant has proposed training for Dispatch in the Final Report and Recommendations, including with other cities that have these programs.



Inquiry 2: Defining the Relationship between CERN, SCU and BerkDOT

It is unclear how CERN would relate to whatever SCU dispatch system is forthcoming or whether a successful build-out of the SCU would reduce demand for CERN. While the Reimagining and SCU processes were distinct, they were occurring at the same time and the NICJR proposals did not seem informed by the SCU process or recommendations. There could be substantial confusion and complexity in piloting both SCU and CERN at the same time.

⁴⁷ See Vera Institute studies and the [Community Responder Model Report by the Center for American Progress and the Law Enforcement Action Partnership](#). The later report has further shown substantially adverse outcomes for communities of color, people with behavioral health disabilities and others from sending police unnecessarily in response to these calls for service (see report, 2020, p. 3).

The BPD Public Safety Communications Center handles 911 calls for service and will presumably continue to do so, including for CERN and other calls. The consultant, RDA, has proposed a separate line for SCU as many diverse and marginalized groups do not use 911 for fear of police response.

Also unclear is how CERN would relate to numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury “accident,” vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Using 2019 data in NICJR’s report, these future BerkDOT activities represent ~12% of calls for service to be covered in the CERN pilot. To include transportation calls for service as a part of CERN when they would clearly fall under the BerkDOT framework represents a problematic proposal, and inclusion of these call types within CERN requires more analysis as it relates to BerkDOT.

Overall, the proposed 10 call types for the CERN pilot can generally be divided between BerkDOT and SCU. Seven of 10 call types are either property or traffic related reporting/administrative duties. Two call types for disturbance and suspicious person may include a mental health or homelessness component. Ultimately there may be no reason for establishing a CERN if other alternative responders can take on the work.

The 911 recommendations above in this Reimagining Report include specific items to improve call processing and dispatching for mental health and substance use calls, including addressing call types, narrative descriptions, disposition codes that allow for appropriately categorizing calls.

Inquiry 3 – The Role of Back-up by Police for Alternative Responders

There was no NICJR discussion as to whether CERN (or SCU or BerkDOT) staff would have back-up from BPD should that become necessary or requested. This is important for two reasons: (i) for the security of the non-police responders; and (ii) the strongly held view of both SCU and Task Force members that it is important for callers to be assured that their call for assistance will not result in any possibility of referral to police and the criminal justice system. The future of any non-police response system depends on the continued security of non-police responders. Protecting callers for service from any police involvement for certain types of calls was considered of major importance.

Inquiry 4 – Staffing and Organizational Capacity for Piloting Programs

NICJR indicates that CERN responses would be provided under contract to local non-profits. Some non-profits were briefly identified, though there was no analysis of their capacity to handle the CERN work. Assuming for the sake of argument that a CERN system makes sense, there is an important debate as to whether this should be staffed by City staff or outside contractors. For some calls for service, particularly the behavioral health ones to be handled by the SCU, contract responders may provide excellent service. For other calls for service within the CERN Tier 1 list, there is a question as to what staffing qualifications and capabilities are required and whether responses might be better handled by City staff as opposed to non-profit contractors. In particular, there is a question whether non-City staff responders would have the legitimacy or authority to address conflicts between residents.

The NICJR report provides examples of Tier 1 CERN-related issues (e.g., a noisy party or blocked driveways). NICJR states that the mediation skills of the non-profit team would be sufficient to gain resolution. This may not be the case. Resolution may not necessitate the police, but it might require the possibility of some form of citation (e.g., by code enforcement officials).

These are not irreconcilable issues, but they need to be thought through. In both cases, a code enforcement model might be applicable using their authority to issue citations. This will not work if staffing is with non-profit employees. If staffed with City employees, it will require increasing code enforcement staffing. The issue of responder qualifications or whether color of City authority may be necessary, or how often, is not discussed or analyzed by NICJR.

It is worth noting that for the SCU, the SCU consultant, RDA, has recommended an EMT, behavioral health clinician, and peer specialist as their staffing model.

Inquiry 5 – Screening, Triage, and Dispatching Calls for Service

Dispatch issues are at the core of the implementation of any Reimagining process. Whatever changes are recommended or approved must consider the realities faced by Dispatch.

Dispatch currently has limited triage responsibilities. It essentially dispatches officers to respond to calls for service. If a call seems to be a behavioral health call, and when the MCT is on duty (roughly 25% of the time), Dispatch also sends the MCT. Dispatch has no other triage responsibilities (other than to counsel the caller themselves).

If behavioral health, homeless, or other Tier 1 calls continue to get routed through Dispatch, this will require a major change for Dispatch. Dispatch will now have to determine who to send the call to: BPD or some other responders. In addition, if dispatching to other non-BPD, to what extent will these calls require some form of back-up.

Questions requiring consideration and not analyzed by consultant:

1. How do we coordinate 911 calls for police, SCU, CERN?
2. How will the community know who to call for which services, especially if want no BPD involvement?
3. How will responses be coordinated if some calls go to Dispatch and others go to a separate dispatching phone number?
4. What is the process for resolving these issues?

The City of Berkeley has executed a contract for a public safety consultant to work with the Fire/EMS Department in order to address 911 call processing and dispatching for fire/EMS calls for service. The City's contract provides some \$100,000 for up to 3 years for this purpose. We do not know the full scope of this project, but it intends to enhance triage responsibilities outside BPD. In addition, there is a possibility of placing a behavioral health clinician outside of the BPD dispatch including at the CBO for SCU.



Inquiry 6 – Effects on Patrol Staffing and Potential Police Savings

NICJR recommends that by removing 50% of non-violent, non-criminal calls for service from BPD that BPD Patrol staffing could be reduced by 50%. NICJR explicitly maintains a BPD role to focus on crime and violence, but NICJR does no analysis of the Patrol staffing levels necessary to perform the new BPD Patrol role.

This issue merits further discussion. The belief that removing some calls for service from BPD will have a corresponding reduction in BPD Patrol staffing needs, and that these reductions can finance the build-out of the SCU and whatever form of CERN-like entity the City

ultimately pursues, was not analyzed by the consultant.

(a) Consultant Recommendation of 50% Patrol Reduction

The consultant reviewed the Auditor's report regarding calls for service (CFS) and determined that a large percentage of types of calls for service need not be handled by BPD. The consultant also stated that some types of calls for service do need to be responded to by police.

From this "analysis", the consultant asserts that half of BPD "patrol" officers could be removed from Patrol. However, there is nothing in the consultant report that would lead to this conclusion. The consultant did not study the personnel resources it takes to respond to each type of service and made no analysis of the police resources needed to respond to those calls for service the consultant states should remain with police. The consultant just assumed, not based on analysis, that all calls for service are roughly identical in terms of staffing demands.

The major question regarding the potential for reducing police patrol staffing is analyzing the number of officers on duty at any point in time (not on average across a year) that are needed to respond to that set of calls for service deemed to require BPD (calls involving crime, violence, and other requisite BPD responses). Currently, Patrol is staffed at 22-24 officers for most shifts (1 per each of the 18 Patrol beats with some minor additional coverage) and roughly 9 officers during the "dog-watch" hours of the early morning in which each officer covering 2 of the 18 Patrol beats).

Key questions:

1. Regardless of how many Tier 1 calls for service are taken from BPD, how many fewer Patrol officers on duty at any particular time are sufficient to provide adequate coverage for those calls for service deemed to require police responses?
2. Would two-thirds of this staffing be sufficient (i.e., 14-16 officers on duty during major hours and 6 officers in the wee hours)?
3. Would half of this staffing be sufficient as stated by the consultant (i.e., 11-12 officers on duty per principal shifts and 4-5 officers for the entire city during the wee hours)?

We could imagine that BPD could adequately cover Berkeley Patrol needs with fewer beats and hence fewer officers to cover these reduced number of beats but determining

the magnitude of such reductions and creating a reduced number of police beats requires analysis and this was not studied by the consultant.^[1]

The Task Force attempted to elicit information from the Acting Police Chief during her many presentations to the Task Force, but she was not forthcoming (presumably not wanting to negotiate Patrol staffing reductions in public).

Bottom line: the operational question is not the number of calls for service of different types as per the consultant approach; rather, it is the minimum police staffing, at any point in time, that is required to respond to those calls for service that the City deems should be responded to by BPD as well as any other BPD Patrol duties. This remains to be analyzed.

(b) Patrol staffing vs. BPD staffing

In analyzing potential reductions to BPD staffing, it is important to differentiate Patrol staffing (about 60%) and all other BPD sworn staffing. In Berkeley, non-Patrol staffing includes Investigations (investigating crimes), Traffic Bureau, Community Services, Administration, among other functions. Many proponents of reducing Patrol (including the consultant), believe it is important to maintain or increase Investigations. (*Note: the consultant called for an increase of 5 officers in Investigations.*)

Assuming that many Patrol functions can be better handled by non-BPD does not lead to a corresponding reduction in non-Patrol staffing. As such, the consultant recommendation to reduce Patrol by 50% (the lack of consultant analysis to support that recommendation notwithstanding) would only reduce total BPD sworn staffing by 50% of the 60% of BPD sworn or a total of 30% reduction. Moreover, the consultant recommended that 5 of those reduced from Patrol should be re-assigned to Investigations. This would lead to a reduction of 35 officers or about \$7-8M per year. These 35 officers compare with that total BPD sworn staffing of or about 22%.

(c) Potential Unintended Consequences of Reduced Patrol Staffing

BPD “de-escalation” is based on controlling situations by responding in numbers with multiple officers. It is important to note that the efficacy of this mode of de-escalation has not been proven and bringing multiple officers on scene can escalate some instances such as behavioral health crises. This compares with the Oakland approach of using fewer officers to “control” incidents, but with a more aggressive use of weapons. Reduced Patrol staffing may make current de-escalation strategy difficult.

Query: Will reductions in Patrol officers on duty lead to arguments for additional uses of force? This was not analyzed by the consultant and will bear close monitoring.

Inquiry 7: CERN and BerkDOT

Among other concerns with NICJR's recommendation to establish a CERN Pilot Program is the presence of numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury "accident," vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Just taking the 2019 data presented in NICJR's report, these future BerkDOT activities represent ~12% of pilot calls for service to be covered in the CERN pilot. To move forward with these responses are part of CERN, when they should clearly fall under the BerkDOT framework, represents a problematic proposal and these suggestions were made without reference to the separate and parallel BerkDOT development process. Inclusion of these transportation-related calls for service within CERN requires more analysis as it relates to BerkDOT.

Inquiry 8: CERN Staffing and its Sufficiency

NICJR proposes staffing their CERN pilot as follows: "NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOS to cover each district. Each CERN district should have three teams (one team per shift) of two CERN responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation." Whatever the merits of CERN, this staffing model seems insufficient. It claims to cover 3 shifts per day with 3 teams but seems to ignore weekends. It mentions some coverage for vacation, but there will be sickness, training, and other drains on staffing. As indicated above regarding policing, it roughly takes 5x staff to cover one full staff slot 24/7. NICJR is only indicating coverage at 3x. This is a minor concern but seems to substantially understate the requisite staffing and the consequent costs.

[1] Technical note: To staff one shift 24/7, requires a minimum of 4.2 staff, just to cover the hours – i.e., 7 days x 24 hours = 168 hours/week; this requires 4.2 x 40 hour shifts. Taking into account vacation, sick leave, training, court time, etc., this 4.2 rises to approximately 5x.

[1] "The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley."

"This analysis suggests that under any scenario, officer time associated with responding to all calls for service accounts for less than half of the Police Operations Division budget. . . This result suggests that most costs are NOT associated with on-scene response." (p. 11)

Task Force Recommendations on Gender-Equitable Response Systems

A. Improving Gender Equity in Berkeley

Investments by the City to address gender-based violence could have a profound impact not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. The Task Force hosted two listening sessions for providers of gender-based violence (domestic abuse, sexual assault, human trafficking) to identify ways responses could be improved, enhanced, and reimagined. Input gathered from these sessions as well Task Force members' expertise form the basis of the recommendations listed below. It is estimated that implementation of these recommendations would cost just under one-million dollars.

Task Force Recommendations on Gender Equity

1. Provide City Leadership to Host Regular Meetings and Coordinate Services

The City should create a forum for service providers, advocates, community members and response teams (police department, behavioral health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City leadership should also participate in County efforts, like the Family Violence Council in Alameda County^[1]

Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.^[2] Outreach should be done to ensure that BIPOC leaders are at the table.



2. Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws

Countywide coordination will be needed to implement Senate Bill 320[3], which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders. Safely removing firearms in these situations is crucial, as research shows a strong association between domestic violence and mass shootings.[4]

Local courts are now required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms/ammunition.

3. Annually Update the Police Department’s Domestic Violence Policies and Victim Resource Materials

California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

4. Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 or Non-Emergency Calls

These trainings should be designed in partnership with community-based providers so that the information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.

5. Publish Victim Resources in Plain Language and Multiple Languages

Victim resources must reach the widest possible array of people, in easy-to-understand language for those with limited language proficiency or low literacy. Languages should include but not be limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.[5] Other languages that are spoken in Berkeley should also be included.

6. Screen for Domestic Violence in All 911 and Non-Emergency Calls

To reach individuals experiencing domestic violence who are unwilling or unable to come forward, domestic violence should be screened for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect's relationship to one another.

This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.



“Providers report that advocates sometimes must act as a safe middle person between the victim and police.”

7. Assign a Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim’s Request

This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g., not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. Police Response to DV Calls Should Be Accompanied by or Coordinated with DV Advocate

This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response. This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized.

Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Brightstar Research).

[1] The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: [http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

[2] <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

[3] https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

[4] “Domestic Violence, Firearms, and Mass Shootings,” <http://jaapl.org/content/early/2020/02/05/JAAPL.003929-20>

[5] These languages represent the top five languages spoken in the Bay Area and California. At a minimum, victim resources should be translated into these languages

Task Force Recommendations on Disability from People with Behavioral Health Challenges (PEERS) Listening Session

1. Include PEERS in Developing Behavioral Health Responses

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community- particularly for a non-police crisis response like a Specialized Care Unit (SCU).

2. Sufficiently Fund & Support Behavioral Health Respite Centers

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

3. Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

4. Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.

5. Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

6. Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.

Task Force Recommendations from LGBTQIA+ and Queer/Trans Listening Session with Pacific Center for Human Growth Staff

1. Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and Pacific Center for Human Growth

Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.



2. Establish Partnership between Division of Mental Health and Pacific Center for Human Growth

There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

3. Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients

There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.

Task Force Recommendations on Addressing Underlying Causes of Inequity, Violence and Crime

Along with addressing police, communications, and city response systems and practices, the Task Force firmly believes that the goal of reimagining public safety would be incomplete and ineffective if the City does not address the root causes of inequity, violence, and crime. Following are specific recommendations to address those root cause issues.

1. Public Safety and Community Solutions

This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, BerkDOT personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report.

First responders have specific training by profession, but there is a wide variety of procedures among EMS, BPD, Street Ambassadors, Social Workers, CBOS and Berkeley's Mental Health professionals. The Public Safety & Community Solutions Institute can offer a streamlined curriculum that is based on Berkeley's SCU training and broadens its utility throughout our City.

A crucial element of this training will be to provide responders with tools and practices to support their own mental health and tend to vicarious trauma that occurs inevitably and regularly on the job. Many MACRO (Mobile Assistance Community Responders of Oakland) training topics are incorporated into these recommendations. The structure and content of public safety training is currently being developed by experts for Berkeley's SCU. Training topics and modules are subsequent to what will be codified by SCU. A list of training topics and other resources is available in the Appendices.



“For too long, the response to incidents of community violence have fallen on the hands of trusted community members.”

2. Community Violence Prevention Programs

The Task Force urges Berkeley City Council to research and robustly invest into programs that curb community violence through prevention, education, mentorship, trauma stewardship, and economic opportunity. Community violence is a symptom of historically resource deprived communities, intergenerational trauma, over-policing, lack of opportunity and many other factors that impact Black, Indigenous, and other communities of color, especially those that are proximally or currently experiencing poverty.

Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success:

Center the families, youth, and individuals the most impacted by community violence. It is crucial to the response to any incident of community violence that there are trauma-informed resources and counseling available to support victims and their community. In what can be the most difficult moment in their lives, our City should have the tools necessary to respond and support them in their time of need.

Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation. For too long, the response to incidents of community violence have fallen on the hands of trusted community members and leaders who leverage their love and compassion to de-escalate further instances and begin the process of healing. Communities have been left to fend for themselves and “new models or approaches” are met with skepticism.

Hiring of Credible & Trusted Responders: Programs must hire workers who share the same background and come from the same community as those who they intend to serve. Trust from the community is critical to the success of these programs.

Transparency and Accountability: In order to build and maintain trust with communities, it is critical that its work remains visible to the community it serves. The program should interface regularly with the community through education, listening sessions, and other means of intentionally engaging Berkeley residents.

Allow Pilot Violence Prevention Programs to Grow. New programs or approaches to community violence must be allowed a runway to adapt, evaluate, and assess their

impact when launched and funding for them should not be tied to arbitrary metrics. The success of these programs comes from a long-term vision of investment, experimentation, and trust in our communities to thrive.



3. Support City Efforts to Establish Office of Equity and Diversity

Racial equity is a set of social justice practices, rooted in a solid understanding and analysis of historical and present-day oppression, aiming towards a goal of fairness for all. As an outcome, achieving racial equity would mean living in a world where race is no longer a factor in the distribution of opportunity. As a process, we apply racial equity when those most impacted by the structural racial inequities are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives. - adapted from Anti-Oppression Resource and Training Alliance (AORTA)

The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups.

An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue

to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups.

This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.

For the formation of this Office of Equity & Diversity, the Task Force advises that the City take the following steps to ensure it is done with integrity and the community's input.

Partner with trusted Community Organizations and Leaders to lead listening sessions across all of Berkeley's Districts that inform folks of the desire to establish such an Office and solicit feedback and direction on what this Office should prioritize in its work. Listening sessions should be made available in languages other than English and at times that work for a wide variety of schedules. All printed material should also be made available in other languages as well.

Integrate a community oversight and support body that works closely with Office of Equity & Diversity staff in making connections to community members and issues, evaluating approach, and ensuring ongoing success of Office's work.

We look forward to seeing the continued development of this Office of Equity & Diversity and strongly endorse that its process is transparent, community-centered, and a vital part of the foundation of Berkeley's racial equity and social justice work.

4. Implement Pilot Guaranteed Income Project

At least 20 guaranteed income pilots (often referred to as Universal Basic Income/UBI programs) have launched in cities and counties across the U.S. since 2018, and more than 5,400 families and individuals have started receiving between \$300 and \$1,000 a month, according to a Bloomberg CityLab analysis. These cities include Stockton, Compton, Los Angeles, Marin and Santa Clara Counties, and Oakland in California; Denver, CO; Gainesville, FL; Atlanta, GA; Chicago, IL; Gary, IN; Chelsea, Lynn, and

Cambridge in MA; St. Paul, MN; Jackson, MI; Newark and Paterson, NJ; Hudson, NY; Pittsburgh, PA; Columbia, SC; Richmond, VA; and Tacoma, WA.

Cities and counties have designed their programs based on similar metrics – local/regional costs of living, and income/need-based eligibility. Specific eligibility parameters were developed by each city based on locally identified priorities; factors weighed include income as a percentage of median area income, family size, legal/immigration status, former incarceration, irregular/informal employment, poverty rates in resident neighborhoods, and foster youth status. Programs durations vary between 1-3 years.

One of the few cities that has completed its pilot is Stockton (Stockton Economic Empowerment Demonstration, or SEED). The results were released in March. “According to SEED, the guaranteed income resulted in higher rates of full-time employment. It also positively impacted the mental health of recipients. Participants reported being less anxious and depressed and “saw improvements in emotional health, fatigue levels, and overall well-being.” The report notes that “SEED took a series of steps, based on conversations with legal counsel, social service administrators, institutional review boards, and other cash transfer pilots, to protect against potential benefit losses.” The goal was to augment benefits, not replace them.

Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.

[“Every U.S. City Testing Free Money Programs”, Mashable.com

<https://mashable.com/article/cities-with-universal-basic-income-guaranteed-income-programs>

“Basic Income In Cities: A Guide to City Experiments and Pilot Projects”, National League of Cities (NLC) and Stanford Basic Income Lab (BIL)

<https://www.nlc.org/resource/universal-basic-income-whos-piloting-it/>

“Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices”, The World Bank
[Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices.](#)



5. Support Police Accountability Board and Fair & Impartial Policing

The Police Accountability Board and Fair and Impartial Policing, crucial initiatives to improve the existing Berkeley police force are already underway, and the Task Force calls for them to be strongly supported and enhanced.

As the Task Force is a temporary commission, the Police Accountability Board (PAB) must assume the continuing oversight responsibility over both policing and the implementation of re-envisioned public safety. City Council, city management, City Attorney, and the police department need to honor the community-based oversight structure by including the PAB and its Director fully in the development of public safety policy. Instead, the Council and staff have moved backward, providing the most minimal level of consultation at the latest possible stage. This trend is exemplified by the surveillance technology and Early Intervention System (anti-racial profiling) policy processes, with concern about the development of internal PAB complaint hearing regulations as well.

We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.

The Council passed a strong anti-bias program, Fair and Impartial Policing, in February 2021; but very little of the program has been implemented. A transparent plan must be published, and a speedy implementation timeline agreed to. We recommend that, as discussed above, the PAB be brought into rather than excluded from the policy development process; the Early Intervention System be clearly defined as an investigative tool to assess and address the racial disparities that plague the BPD; and that implementation, findings and outcomes be regularly reported to the PAB and Council in the spirit of full transparency.

We finally recommend that Council resist the national trend to roll back the lessons of the Black Lives Matter movement and the heightened consciousness of racial injustice in the wake of the murder of George Floyd, in whose honor the Reimagining process was birthed. We must not return to the era of unconstitutional policing marked by the drug war, saturation/aggressive policing, stop-and-frisk, and the racial profiling that attends these processes. If the proposed Crime Suppression Unit, which openly harkens back to programs of yesteryear, is tainted with practices that lead inevitably to mass incarceration in communities of color, we recommend it be rejected.

Much of the work recommended in this report, including the development of behavioral health and gender-based service responses and addressing the root causes of inequity, can only be done in partnership with or led by community-based organizations (CBOS), who carry much of our communities' expertise and experience in these areas. The Task Force therefore recommends greater investment in building the service and infrastructure capacities of local relevant CBOS, so they can be effective partners in this work.

Task Force Recommendations on Sustaining Community Based Organizations

A. Why Does Berkeley Need So Many CBOS?

CBOS mean each organization is providing more individualized attention to the issue than would be the case if there were fewer, larger entities with larger caseloads, longer wait times, and fewer locations. Larger CBOS can in time as they continue to grow become more and more bureaucratic.

More specialized smaller CBOS means they can be spread out across all neighborhoods, and are responsive to the people, institutions, needs, and cultural differences of each one. It means they can offer more specialization and responsiveness by need, methodology, and target populations.



B. Community Based Organizations' Overview including Funding Summary of City of Berkeley Budget and Recommendations

The City of Berkeley prides itself in its support of community-based organizations and the incredible extension of critical services these agencies provide Berkeley residents. On the following page is a summary of City allocations to local CBOS.

FY 2022 COMMUNITY AGENCY ALLOCATIONS BY SERVICE TYPE

	General Funds	Federal Funds	Other Funds	All Sources
Arts	\$586,652	\$0	\$0	\$586,652
Childcare	\$586,819	\$ -	\$13,275	\$600,094
Community Facilities Improvements	\$24,575	\$1,113,570	\$ -	\$1,138,145
Community Media	\$230,710	\$ -	\$ -	\$230,710
Disability Programs	\$86,122	\$159,660	\$1,432,011	\$1,677,793
Economic Development	\$422,500	\$ -	\$ -	\$422,500
Employment Training	\$295,165	\$ -	\$ -	\$295,165
Health	\$2,060,256	\$160,000	\$ -	\$2,220,256
Homeless	\$8,661,884	\$634,930	\$1,405,950	\$10,702,764
Housing Dev & Rehab	\$203,475	\$250,000	\$ -	\$453,475
Legal/ Advocacy	\$895,486	\$35,000	\$ -	\$930,486
Other	\$168,104	\$ -	\$ -	\$168,104
Recreation	\$18,573	\$ -	\$ -	\$18,573
Seniors	\$9,110	\$ -	\$ -	\$9,110
Youth	\$1,040,567	\$ -	\$ -	\$1,040,567
TOTAL	\$15,289,998	\$2,353,160	\$2,851,236	\$20,494,394

	FY 2021 All Sources	FY 2022 All Sources	Percent Change
Arts	\$573,654	\$586,652	2%
Childcare	\$643,902	\$600,094	-7%
Community Facilities Improvements	\$24,575	\$1,138,145	4531%
Community Media	\$230,710	\$230,710	0%
Disability Programs	\$1,604,926	\$1,677,793	5%
Economic Development	\$422,500	\$422,500	0%
Employment Training	\$295,165	\$295,165	0%
Health	\$2,220,256	\$2,220,256	0%
Homeless	\$13,823,569	\$10,702,764	-23%
Housing Dev & Rehab	\$453,475	\$453,475	0%
Legal/ Advocacy	\$4,757,027	\$930,486	-80%
Other	\$168,104	\$168,104	0%
Recreation	\$18,573	\$18,573	0%
Seniors	\$9,110	\$9,110	0%
Youth	\$1,065,567	\$1,040,567	-2%
TOTAL	\$26,311,113	\$20,494,394	-22%

A deficit of 22% is shown above. Funding sources will have to be identified to fill this deficit and fund the recommendations in this report.



“Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels.”

C. TASK FORCE RECOMMENDATIONS for CBOS

1. Conduct Assessment on CBOS’ Capacity vs the Needs of the Community.

CBOS in Berkeley have many decades of experience in the areas of work identified in this report; behavioral health-based and gender-based service responses, violence prevention, and addressing the root causes of the multi-dimensional inequity that causes violence and crime, from income and housing insecurity. Increase safety to family stability and increase the capacity of CBOS to be more responsive, efficient, accountable and be better partners with consumers, other CBOS including equity in training and salaries.

Recommendations

1. Services delivery evaluation by consumers, staff and other CBOS
2. Reduce duplication
3. Assess capacity vs need
4. Create efficiencies by sharing financial and contract management services
5. Design well thought out strategies for coordination across systems
6. Facility repair for safety and accessibility
7. Train staff
8. Service audit
9. Financial audit

The City of Berkeley has developed a comprehensive community-based landscape with over 100 contracts for services ranging from childcare to senior care. CBOS do their work in a service environment that has very limited access to housing, employment, and treatment: they have developed innovative and effective strategies for supporting personal, family and community transformation despite these gaps. Coordinated services need to incorporate and enhance the expertise they have gained over the years.

In Berkeley, there are youth, LGBTQ, seniors, disabled, and other people ready and wanting to work and engage in recovery from drugs and alcohol or mental illness – there are families, survivors of domestic violence, people experiencing undiagnosed mental illness or serious health problems, veterans, and people who are economically poor. In all of these situations, there is trauma.

Before new initiatives are introduced into CBOS, current capacity needs to be assessed and programs evaluated. Too often emergency or stop-gap responses are implemented before conducting detailed assessment and evaluation.

Data needed:

- a. Ongoing feedback from the communities being served
- b. Ensure that staff has assisted the consumer correctly and fully completing paperwork and applications
- c. Map all services provided by CBOS, develop a map of where they are located and make every effort to spread them around town
- d. Understanding the challenges CBOS are facing
- e. Evaluation of the efficacy of our CBOS and the potential for capacity building, coordination, and networking using each other's best practices

2. Create Coordination and Communication Opportunities for CBO staff

Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.

3. Improve Referral Systems

The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.

4. Remove City Funding System Inefficiencies and Duplication

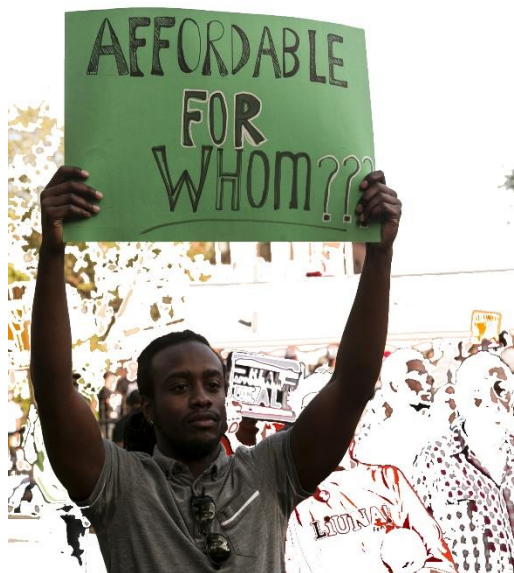
Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels. Cost of living increases are rare, and the work of the providers keeps growing. Funding decisions often require that they end up "robbing Peter to pay Paul" to balance the budgets. The City of Berkeley process takes 5 months which includes the Homeless Commission, Staff and City Manager recommendations and then Council approval. At each level the CBOS and their consumers and board members hours in lobbying, presentations, and public hearings.

Specific actions the City can take to decrease bureaucracy and increase efficiency include:

- a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs).
- b. Quarterly instead of monthly reporting.
- c. Increase baseline CBO salaries to improve their recruitment and retention.

5. Develop Additional Success Metrics for CBOS

The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.



6. Help CBOS Enhance Their Funding

All CBOS have multiple funding sources from diverse funders, but many funds are restricted to a specific segment of our populations. There are great funding gaps that exist in providing services – especially for a person not designated as “chronically homeless” This results in those consumers getting minimal, if any, help.

The funding sources beyond the City of Berkeley include foundations, corporations, faith-based institutions, Alameda County Behavioral Health Care Services, Alameda County Social Services Agency, State of California, HUD, Veterans Affairs, private donors, billing and other fees, events and sale of products produced by clients. Larger CBOS have development directors who are extremely sophisticated in applying to every RFP for which they qualify, producing highly competitive proposals at all levels. With the smaller CBOS this effort falls on the Executive Director. The biggest challenge for CBOS is raising funds from foundations and corporations.



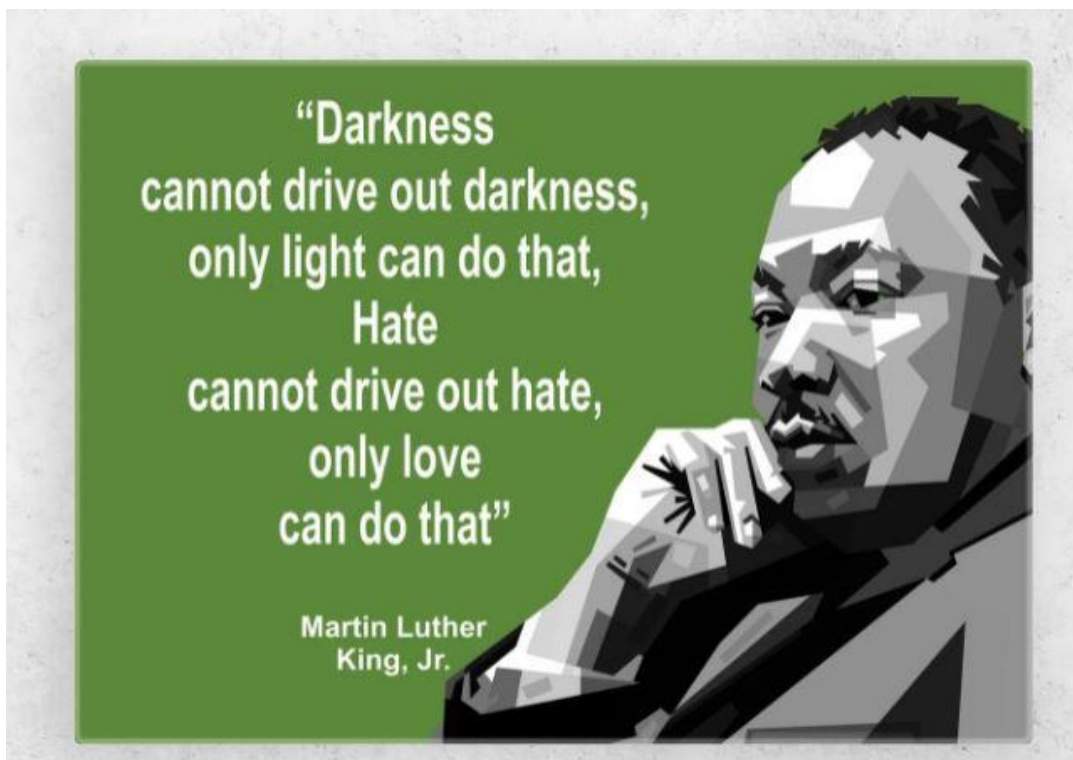
D. Strategies to Help CBOS Leverage Additional Funds Include:

1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. Such a meeting would “sell” the coordinated entry model and would demonstrate the large spectrum of options. that inhibit CBOS ability to leverage funds.
2. Create an annual citywide fundraising campaign that would benefit all CBOS. In partnership with consumers. CBOS, including donors, faith-based organizations and using interns from UCB, a public education campaign can present a powerful and accurate narrative about how CBOS approach problems through a participant or need-centered lens: What unmet need is this individual/family/ neighborhood/community experiencing, and what is the solution?

This is different than the way public entities and public systems approach problems, which is to look at issues with a trifocal lens: need, budget, and political ramifications or public reaction. CBOS, being privately operated and mission-driven, are freer to pursue innovation and creative solutions. They are able to pivot with new strategies more quickly than public systems (a speedboat or a sailboat versus an ocean liner). They are freer to engage individuals with lived experience and non-traditional resumes (and cultivate greater trust from those they serve as a result). They are geographically decentralized, with deeper connections to the neighborhoods they both operate and provide services in.

3. Train staff. The need for training is a high priority among our CBOS especially in organizations that hire people with lived experience of poverty, violence, homelessness, and other personal trauma. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified.

4. Gather feedback from consumers. While there is intention in all CBOS to gather feedback from those who use services, there is no consistent effort made to do so. It is critical in any system of care to create a feedback loop from consumers through resolution and integrate that feedback into improved service delivery. A few CBOS excel at this effort and their and Mayor's staff, existing feedback models can be reviewed, and feedback tools recommended for implementation.



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Appendix 1. Glossary of Acronyms

AAPI	Asian American and Pacific Islander
ABLE	Active Bystandership for Law Enforcement
AMI	Area Median Income
BAPPA	Bay Area Progressive Policing Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT	Berkeley Department of Transportation
BFD	Berkeley Fire Department
BIPOC	Black, Indigenous and People of Color
BMC	Berkeley Municipal Code
BPD	Berkeley Police Department
BRG	Bright Research Group
BWC	Body Worn Camera
CAD	Computer Aided Dispatch
CAHOOTS	Crisis Assistance Helping Out on the Streets
CBO	Community Based Organization
CERN	Community Emergency Response Network
CFS	Calls for Service
CIT	Crisis Intervention Training
CPE	Center for Policing Equity
CVC	California Vehicle Code
DV	Domestic Violence
EIS	Early Intervention System
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPIC	Ethical Policing is Courageous
HALO	Highly Accountable Learning Organization
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual plus
MACRO	Mobile Assistance Community Responders of Oakland
MCT	Mobile Crisis Team

NICJR	National Institute of Criminal Justice Reform
PAB	Police Accountability Board
PEERS	People with Behavioral Health Challenges
PEO	Parking Enforcement Officer
POST	Peace Officer Standards Training
QA	Quality Assurance
QAT	Quality Assurance and Training
QTBIPOC	Queer and Trans Black, Indigenous and People of Color
RDA	Research Development Associates
RFP	Request for Proposals
RIPA	Racial and Identity Profiling Act
RPS	Reimagining Public Safety
RPSTF	Reimagining Public Safety Task Force
RTEBN	Rebuilding Together East Bay-North
SAMHSA	Substance Abuse and Mental Health Services Administration
SCU	Specialized Care Unit
SEED	Stockton Economic Empowerment Demonstration
SOS Program	Safe Organized Spaces Program
TCS	Training and Community Solutions
SUD	Substance Use Disorder
UBI	Universal Basic Income

Appendix 2: Inequities, Social Determinants of Health, and Well-Being as they related to Transportation in Berkeley and Community Engagement Summary on BerkDOT

The transportation system in Berkeley and beyond imposes significant and unequal burdens across members the population, with the negative externalities of transportation system differing most significantly by income/wealth, race/ethnicity, ability, age, gender, sexual orientation, mode of transportation, housing status, and immigration status. Not only do these negative externalities manifest as limits on people’s mobility, but also limit people’s access to opportunities, including employment, education, health care, recreation and goods and services.

Inequities in Access to and Affordability of Transportation

People spend an enormous amount of their income on transportation costs - in the US, transportation is generally the 2nd largest expenditure for households after housing, accounting for about 13% of expenditures each year. However, the proportion of income dedicated to transportation costs is not even across income groups - in 2016, the lowest earning 20% of households spent 29% of their household income on transportation compared to the highest earning 20% who spent only 9% of their income on transportation.⁴⁸ This inequity has been exacerbated by the COVID pandemic, where higher income workers have often had the luxury of working from home (and avoiding commute costs) while lower income “essential” workers have had to continue their daily commutes.

There are multiple reasons that lower income households are burdened with such high transportation costs. One is that, for the most part, the cost of car ownership holds mostly constant across income levels. AAA estimates that the average annual cost of new vehicle ownership is \$9,666, or \$805.50 per month.⁴⁹ For those with older cars, costs may still be nearly as high due to poorer fuel efficiency and more frequent need for high-cost repairs. Another reason for the high burden of transportation costs on lower income households relates to the high cost and low availability of housing in job centers. Many people traveling to Berkeley for work cannot afford to live here, but instead are pushed into outlying areas with more abundant, cheaper housing but poor access to public transportation. These workers coming into Berkeley are spending huge portions of their income on fuel and repairs related to their super-commutes. Even lower

⁴⁸ Institute for Transportation & Development Policy. “The High Cost of Transportation in the United States.” Transport Matters. May 23, 2019. <https://www.itdp.org/2019/05/23/high-cost-transportation-united-states/>

⁴⁹ Ellen Edmonds. “Sticker Shock: Owning a New Vehicle Costs Nearly \$10,000 Annually.” AAA. August 19, 2021. <https://newsroom.aaa.com/2021/08/sticker-shock-owning-a-new-vehicle-costs-nearly-10000-annually/>

income households who might not be dealing with long commutes may be forced into the expensive cycle of car ownership and its associated costs when public transit options feel neither convenient nor safe enough, or when travel by bicycle is not possible because of a lack of safe routes or when residents lack adequate safe and secure bicycle storage options, especially those living in apartment buildings.

It is also critical to examine disparities in who does and does not drive a car. In particular, the youngest and oldest segments of our population don't drive, many people with disabilities cannot drive, and car ownership is prohibitively expensive for many with low incomes. In total, 40% of the US population cannot drive.⁵⁰ No one under the age of 16 in California can drive. Across the US, one in five people over age 65 don't drive and by age 80, 65% are no longer driving, while only 40% have difficulty walking.⁵¹ In the Berkeley/Albany Public Use Microdata Area, 25% of households with no car are occupied by someone with a disability, compared to 14% of car-free households where no one has a disability, and 24% of households with no car are occupied by Black residents compared to 14% of car-free households with non-Black residents.⁵²

Several cities have worked to develop policies and programs to try to address some of the inequities in access to and affordability of transportation. In November 2021, Oakland launched a Universal Basic Mobility Pilot⁵³ to give 500 East Oaklanders up to \$300 for transit and shared mobility on a prepaid debit card. These funds can be used to pay for transportation services such as AC Transit buses, BART trains, WETA ferries, BayWheels bike share, and electric scooter share. The goals of this program are both to boost equity and reduce dependence on cars. In July 2021, Pittsburgh, PA launched a similar program and will be providing up to 100 low-income residents with monthly transit subscriptions and shared mobility services for six months.⁵⁴ In Albuquerque, a 1-year pilot has been launched to make transit completely free to all residents.⁵⁵ And in January 2022, Boston launched a 2-year pilot program to make transit free on 3 MBTA bus lines that service low-income communities of color.⁵⁶

Unequal Investments in Transportation Infrastructure Led to Inequities in Adverse Outcomes

⁵⁰ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020.

⁵¹ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020. <https://www.cnu.org/publicsquare/2020/03/05/aging-population-needs-walkable-bikeable-cities>

⁵² 2018 American Community Survey PUMS data: <https://www.census.gov/programs-surveys/acs/microdata.html>

⁵³ City of Oakland. Universal Basic Mobility Pilot. <https://www.oaklandca.gov/topics/universal-basic-mobility>

⁵⁴ City of Pittsburgh. Press release: Pittsburgh Launches Innovative Mobility and Equity Initiatives Move PGH and Universal Basic Mobility. July 9, 2021. <https://pittsburghpa.gov/press-releases/press-releases/5084>

⁵⁵ City of Albuquerque. Zero Fares Pilot Program. <https://www.cabq.gov/transit/tickets-passes>

⁵⁶ City of Boston. Mayor Wu Takes Steps To Expand Fare-Free Bus Service. January 19, 2022. <https://www.boston.gov/news/mayor-wu-takes-steps-expand-fare-free-bus-service>

While some inequities in transportation outcomes relate to individual characteristics (e.g., race, ability, income, etc), others stem from historical and ongoing disinvestment in low-income communities of color. The racial and economic “redlining” of certain communities in south and west Berkeley resulted in highly segregated neighborhoods that, over time, received very different levels of infrastructure investment in items such as tree canopy, traffic calming, sidewalk and roadway maintenance, and stormwater management. This disinvestment, once a deliberate policy decision, has been perpetuated even in recent years by advocacy from well-organized, wealthy residents with political savvy and time to spare who advocate for further neighborhood improvements, while Berkeley’s lowest income residents are less able to advocate for investment in their neighborhoods given their more limited time, possible language barriers, and other barriers that often preclude full involvement in planning process.

These historic disinvestments have created a transportation system in Berkeley that is, by design, unequal in terms of safety. On top of BPDs over policing of low-income communities of color, the infrastructural elements of many of south and west Berkeley’s roads are built with high operating speeds, which is speed at which most drivers feel comfortable driving on a given roadway. For example, while 9th Street between Dwight and Bancroft is a 2-lane street that is bicycle boulevard and designated as a local street that should “discourage vehicular speeds above 15 or 20 miles per hour,”⁵⁷ it is actually a quarter mile long, 48-foot wide roadway with only one stop sign, virtually no roadway markings, and street trees only between Dwight and Channing. Contrast this with Ashby Avenue between Claremont Crescent and Ashby Place, also a 2-lane, quarter-mile long stretch, but one that, while designated as an “major street” designed to “discourage speeds above 25 miles an hour” is only 32-foot wide, exhibits numerous street markings, and has ample, mature street trees. While drivers routinely exhibit vehicle speeds well over 35 MPH on 9th Street, most traffic on Ashby hovers around 25 MPH. This shows that infrastructural elements can influence operating speed much more than simple “speed limits.”

These sorts of infrastructural inequities actually translate into further inequities in traffic stops, even when officer racial bias is removed. In Chicago, a recent study found that, despite being evenly spread across the city’s neighborhoods, automated speed and red-light enforcement cameras still issued a disproportionate share of tickets to individuals in majority-Black zip codes (the ticketing rate for Black neighborhoods was three times higher than for majority white neighborhoods).⁵⁸ Underlying these disparities was road design: all of the ten speed cameras that issued the most speeding tickets (for

⁵⁷ City of Berkeley. Transportation Element. https://www.cityofberkeley.info/Planning_and_Development/Home/General_Plan_-_Transportation_Element.aspx

⁵⁸ Emily Hopkins and Meilssa Sanchez. “Chicago’s “Race-Neutral” Traffic Cameras Ticket Black and Latino Drivers the Most.” ProPublica. January 11, 2022. <https://www.propublica.org/article/chicagos-race-neutral-traffic-cameras-ticket-black-and-latino-drivers-the-most>

going >10 MPH over the posted limit) were on 4-lane roads, and 6 of these were in majority Black census tracts. At the same time, 8 of the 10 cameras that issued the least tickets were on 2-lane streets, but just 2 of these were in majority Black census tracts. Similar findings also came out of an analysis in Washington DC, where automated traffic enforcement resulted in “drivers in black-segregated neighborhoods receiving] double the average number of moving violations per capita, while drivers within white-segregated areas receive[d] just one eighth the average.”⁵⁹

Systematic disinvestment in infrastructure also plays a role in who suffers most from the severe and fatal collisions that we continue to see on our streets. There is an epidemic of traffic violence on US streets - in 2020, an estimated 38,680 people were killed in traffic collisions in the US, with a fatality rate higher than has been seen since 2007⁶⁰. This is similar to the number of deaths in the US annually from gun violence⁶¹. Motor vehicle crashes are the number one killer of children and teenagers in the US, representing 20% of all death of children ages 1-19⁶². In Berkeley, between 2010 and 2019 an average of three people died and at least 32 people were severely injured due to traffic violence every year⁶³. These numbers have increased in recent years - in 2019, 6 people were killed and 69 were severely injured in traffic collisions in Berkeley⁶⁴, and while 2021 data have not yet been analyzed for Berkeley, we do know that at least 7 traffic fatalities occurred⁶⁵.

The burden of this traffic violence does not fall equally across all groups. Historic disinvestment of infrastructure in low-income communities of color means that traffic fatalities are overwhelmingly suffered by Black and Brown people - Black and American Indian/Alaska Native people suffered the highest rates of traffic deaths in the US between 2015 and 2019⁶⁶. And in 2020, while there was a 7% increase overall in traffic deaths in the US compared to 2019, the increase was 23% for Black people and 11%

⁵⁹ William Farrell. “Predominantly black neighborhoods in D.C. bear the brunt of automated traffic enforcement.” DC Policy Center. June 28, 2018. <https://www.dcpolicycenter.org/publications/predominately-black-neighborhoods-in-d-c-bear-the-brunt-of-automated-traffic-enforcement/>

⁶⁰ National Highway Traffic Safety Administration. “Early Estimate of Motor Vehicle Traffic Fatalities in 2020.” Publication DOT HS 813 (2021): 115. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813115>

⁶¹ Centers for Disease Control and Prevention. “All Injuries.” Accessed January 13, 2022. <https://www.cdc.gov/nchs/fastats/injury.htm>

⁶² Cunningham RM, Walton MA, Carter PM. “The major causes of death in children and adolescents in the United States.” *New England Journal of Medicine* 379, no. 25 (2018): 2468-2475. <https://www.nejm.org/doi/full/10.1056/nejmsr1804754>

⁶³ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021. https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁶⁴ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁶⁵ Emile Raguso. “Update: Man who died in marina crash ID’d as James Israel of San Anselmo.” *Berkeleyside*. November 3, 2021. <https://www.berkeleyside.org/2021/11/03/fatal-crash-berkeley-marina-at-least-1-person-dead>

⁶⁶ R. Retting, M. Richardson, H. Smith, S. Turner, An Analysis of Traffic Fatalities by Race and Ethnicity | GHSA, Governors Highway Safety Association, (2021). <https://www.ghsa.org/resources/Analysis-of-Traffic-Fatalities-by-Race-and-Ethnicity21>

for American Indian/Alaska Native people⁶⁷. In Berkeley, we see similar disparities, and the collision injury rate is highest for Black people - 2.6 times higher than for white people across all injury collisions and 1.7 times higher for severe and fatal collisions. For severe and fatal injuries of pedestrians in Berkeley, the rate is over twice as high for Black pedestrians compared to white pedestrians (2.2 times higher).⁶⁸

The City's Vision Zero Annual Report 2020-2021 acknowledges that "[w]e know that people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, and people with disabilities are over-represented in fatal and severe injury collisions."⁶⁹ The City has also designated much of south and west Berkeley an Equity Priority Area for prioritizing infrastructure improvements to remedy systemic and inequitable underinvestment (the Equity Priority Area considers historic Home Owners' Loan Corporation (HOLC) "redlining," racial/ethnic composition, property value, and cultural centers)⁷⁰. While 37% of Berkeley's streets (by mile) can be found in the Equity Priority Area, almost half (42%) of Berkeley's severe and fatal collisions occur on streets in the Equity Priority Area.

The Overarching Impacts of Transportation on Well-Being

As discussed, how we plan, build, and enforce our transportation system has a profound effect on the well-being of Berkeley's residents. Berkeley has historically leaned heavily on police enforcement purportedly to achieve transportation and public safety goals. This ongoing reliance on enforcement has dubious efficacy yet profound negative effects on the well-being of many Berkeleyans. The humiliation, stress, trauma and fear of violence that many in our community experience during traffic stops is harmful and these negative experiences are overwhelming burdened by those in our community who are already the most vulnerable by virtue of their race/ethnicity, income, gender, sexual orientation, housing status, or immigration status. Accompanying this are the negative impacts of fines and fees associated with traffic stops and parking enforcement - once again, these are most detrimental to those in our community who are already the most vulnerable, and for whom a costly ticket could mean an inability to pay for life-saving prescription medications, bus fare to get to work, heating, or rent. Our most vulnerable communities, who live in fear of police surveillance on our streets and

⁶⁷ National Highway Traffic Safety Administration. "Early Estimates of Motor Vehicle Traffic Fatalities and Fatality Rate by Sub-Categories in 2020." Publication DOT HS 813 (2021): 118. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813118>

⁶⁸ From a forthcoming analysis from Walk Bike Berkeley using 2006-2020 collision data from SWITRS

(<https://iswitrs.chp.ca.gov/Reports/jsp/RawData.jsp>). Analyses exclude collisions with parked cars or other objects and also exclude collisions on interstates (but include state highways like Ashby and San Pablo).

⁶⁹ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷⁰ City of Berkeley. 2020 Pedestrian Plan. January 2021. https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/2020%20Pedestrian%20Plan%20FULL%20adopted.pdf

spiraling fines and fees, become limited in their freedom of mobility, thus reducing their access to jobs, school, health care, recreation, and goods and services, and other essential opportunities. These same communities also live under the constant threat of traffic violence on streets that are designed for high speeds following years of structural disinvestment. Taken together, Berkeley's transportation system is failing many of its residents, sacrificing the comfort and convenience of some at the expense of the well-being of others. There are steps Berkeley can and should take to improve our transportation system, but we must do so in a thoughtful, equitable way that achieves safety and mobility justice for all.

Community Engagement Findings relating to BPD Vehicle, Bicycle, and Pedestrian Law Enforcement

Philando Castile, Sandra Bland, Walter Scott, Duante Wright, Sam DuBose. As we tragically have seen across the country, traffic stops present a significant threat to Black and other people of color, with about a quarter of US police shootings beginning with a traffic stop.⁷¹ Thankfully, in Berkeley, there have not yet been any instances of police shootings stemming from traffic stops (likely because of the size of the city, not because of any specific BPD practices), but fatal encounters are not the only outcome of concern with racially-biased police stops. Constant over-surveillance and the underlying threat of police violence while driving, walking or biking is stressful, humiliating, and often traumatic. If stopped, analysis from the US Department of Justice shows that Black and Hispanic people are more than twice as likely to experience threats or use of force during police stops with the police⁷², and reviews of body camera footage have shown that police officers speak significantly less respectfully to Black people than white people during traffic stops, even after controlling for a wide variety of factors.⁷³ It is therefore critical that we listen closely to the voices of Berkeley's most affected residents to better understand their lived experiences being in public spaces and in the presence of BPD.

As part of a separate, but parallel, process to create a Berkeley Department of Transportation (BerKDOT), the City commissioned a citywide, representative survey⁷⁴ to better understand the transportation needs of Berkeley residents and their perceptions

⁷¹ Cheryl W. Thompson. "Fatal Police Shootings Of Unarmed Black People Reveal Troubling Patterns." January 25, 2021. NPR. <https://www.npr.org/2021/01/25/956177021/fatal-police-shootings-of-unarmed-black-people-reveal-troubling-patterns>

⁷² Davis E, Whyde A, Langton L. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. "Contacts Between Police and the Public, 2015." <https://bjs.ojp.gov/content/pub/pdf/cpp15.pdf>

⁷³ Voigt R, Camp NP, Prabhakaran V, Hamilton WL, Hetey RC, Griffiths CM, Jurgens D, Jurafsky D, Eberhardt JL. "Language from police body camera footage shows racial disparities in officer respect." *Proceedings of the National Academy of Sciences* 114, no. 25 (2017): 6521-6526. <https://www.pnas.org/content/114/25/6521>

⁷⁴ The survey was a hybrid email-to-web/live telephone survey of 630 adult City of Berkeley residents in September 2021, sampled to be representative of Berkeley's population. Black and Latinx residents were oversampled to reach 100 respondents so that robust inference could be made for these groups. Interviews were conducted in English and Spanish by trained, professional interviewers, and both landlines and mobile phones included.

of policing as it relates to transportation. The survey found that only 39% of people in Berkeley actually feel that police enforcement of traffic laws makes them feel safer as they get around Berkeley, and a full 69% feel that having "police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people."⁷⁵ Adding to this, while only 20% indicated fear of being treated unfairly based on their race if stopped by a police officer in Berkeley, this number skyrocketed to 54% among Black respondents. Also, while an overall small percentage of Berkeleyans (14%) expressed that a fear of being stopped by the police impacts how they get around Berkeley, 30% of Black respondents described having their mobility limited for this reason. This phenomenon, dubbed "Arrested Mobility" by mobility justice scholar Charles T. Brown,⁷⁶ is "the assertion that Black people and other minorities have been historically and presently denied by legal and illegal authority, the inalienable right to move, to be moved, to simply exist in public space. Unfortunately, this has resulted — and continues to result — in adverse social, political, economic, environmental and health effects that are widespread and intergenerational."

While no questions on the overall Reimagining Public Safety Survey specifically addressed community perceptions of vehicle, bicycle, and pedestrian law enforcement, qualitative findings gleaned from the numerous Listening Sessions with impacted residents (conducted by NICJR and Task Force members) provide some insight into how community members feel about BPD's role in this arena. Sessions in which these topics were discussed included those with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, and LGBTQIA+ service providers.

Across focus groups, there was agreement that BPD dedicates an outsized amount of time to vehicle stops, and that these stops are performed in a manner that disproportionately impacts Black residents. Comments were also made about a rippling harmful effect of police presence, including traffic stops, on people within neighborhoods, even when these people are themselves not the subject of a stop - the presence of police cars, flashing lights, and multiple armed officers in one's community can trigger trauma for those simply observing traffic stops.

Another common theme expressed by impacted residents during these sessions is that of feeling surveilled, hyper-visible, and viewed with suspicion when in public space. This includes experiences shared by Black and Latin residents of feeling like outsiders in their own city and Latin UC students being racially profiled by both BPD and UCPD

⁷⁵ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

⁷⁶ Brown, CT. "Arrested Mobility: Exploring the Adverse Social, Political, Economic & Health Outcomes of Over-Policing Black Mobility in the U.S." National Association of Chronic Disease Directors. Sep 18, 2020. <https://vimeo.com/460197268>

when on campus. These experiences were described as being both stressful and hurtful. Listening group participants described how these encounters can also effectively limit their mobility and ability to access work, school, essential places and recreation. We heard one example of this from former Task Force Commissioner Diaz, describing that he couldn't even get to high school without being surveilled and harassed by BPD for as he traveled to Berkeley High, having to go well out of his way to navigate around neighborhoods that he was told were off-limits under the terms of his probation.⁷⁷

Community Engagement Findings regarding the Creation of BerkDOT

To date, there have been several opportunities for community members to weigh in on the creation of BerkDOT and the transfer of traffic enforcement duties to unarmed civilians. Overall, the community is supportive of this approach, but feedback indicates that Berkeley must be thoughtful in its approach as it moves forward with this new initiative.

During the listening sessions with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, there was a general openness to the idea of unarmed civilians taking over traffic enforcement, but there were concerns voiced about the safety of the civilian responders, as well as skepticism expressed by Black residents that a switch to civilian responders would reduce the racism and disparities currently associated with traffic stops. And during a listening session that included Parking Enforcement Officers (PEOs), unsworn staff who currently sit under BPD, there was concern expressed that being moved out of BPD would be problematic. Specifically, the PEOs indicated that sitting organizationally within BPD “produces a more professional and respected workforce.”

While central to the re-imagining process, the development of BerkDOT is primarily being handled in a separate, parallel process with Public Works staff taking the lead. This has included community engagement through the representative survey the City commissioned to better understand the transportation needs of Berkeley residents and to gauge their support for the transfer of traffic enforcement and other transportation-related duties out of the BPD. Respondents of this survey overwhelmingly supported moving at least some transportation duties out of BPD (76% supported this idea), and 75% specifically supported the idea of moving traffic enforcement out of BPD.⁷⁸ These findings held across a wide range of demographic groups (including gender, race/ethnicity, and identification as LGBTQ). Also of note, only 36% felt it was important

⁷⁷ Reimagining Public Safety Task Force Meeting, July 8, 2022. https://www.youtube.com/watch?v=mHj8FPDp_BE Minute mark 1:58

⁷⁸ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

to have police enforcing routine moving vehicle violations and issuing traffic tickets, only 21% felt it was important for police to be tasked with enforcing bicycle and pedestrian regulations and issuing tickets, and only 14% felt it was important for police to oversee the enforcement of parking regulations and issuing of parking tickets.

In addition to the citywide, representative survey, Public Works also worked with consultants at Equitable Cities and Fehr & Peers to conduct three separate listening sessions with high school students of color, college and university students of color, and religious minority groups of color in the City of Berkeley during the months of October and November 2021 (n=20 total participants). Every participant in all three of these listening sessions felt it was a good idea to remove traffic enforcement from the police and transfer it over to unarmed civilians.⁷⁹ Participants in the college student listening session expressed a belief that this move will “make marginalized communities feel safer overall,” and that if this civilian workforce could be well-trained in anti-racism, it would “really ease some of the disproportionate burdens that may be placed on low-income folks or people of color.”

⁷⁹ Citation forthcoming when BerkDOT listening session data are posted publicly.

Appendix 3: LGBTQIA+ and Queer/Trans Listening Session

The Pacific Center for Human Growth, a LGBTQIA+ and Queer/Trans Behavioral Health Provider located in Berkeley⁸⁰

The Pacific Center for Human Growth, or namely the Pacific Center, is the largest regional LGBTQIA+ behavioral health provider serving LGBTQIA+ people, Queer and Trans people including QTBIPOC, with individual, peer support, and community behavioral health programs and services. Located in Berkeley, the Center is designed to serve LGBTQIA+ people with mild to moderate behavioral health needs from Berkeley and other cities in Alameda County. Currently, the Pacific Center operates remotely due to COVID.

The findings below reflect conversations with five Berkeley behavioral health provider staff, all of whom work with the LGBTQIA+ and Queer/Trans community. Of the five providers, two identify as genderqueer, and two identify as BIPOC. Two of the individuals expressed that as QTBIPOC folx, they have more lived experience with police interactions as individuals than as clinicians but did their best to only speak of experiences encountered as service providers.

Listening Session Findings

- LGBTQIA+ members define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, and other identity markers to convey understanding about the impacts of policing on their public safety—which is different from solely racial, ethnic, and heterosexual norms.
- On the topic of intersectionality, one staff member explained the importance of factoring in additional identity markers by saying “if you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world— changes everything.”
- The types of violence happening for LGBTQIA+ people are defined by one provider in terms of hot and cold violence, and it is noted that they commented Trans Femme Black and Brown people as most susceptible.
 - Hot violence is “immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.”
 - “Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional microaggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom

⁸⁰ By Margaret Fine and Janavi Dhyani. Margaret is the Chair of the Mental Health Commission for the City of Berkeley. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients

and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.”

- This LGBTQIA+ provider further highlighted the critical need to have a nuanced understanding of how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with policing and crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them.
 - This provider discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, and/or further escalation of a crisis due to the presence or role of the police. She discussed the trauma as: “I think of families, [a police presence is] traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients....”
 - One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.

There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed, and be killed.”

- The Pacific Center, as an LGBTQIA+ space, can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging because of violence to the physical building and to people at the Pacific Center.
- More than one provider talked about the lack of Queer and Trans “safe” spaces in the community-at-large, especially for transgender women of color, unhoused, youth, and BIPOC.
- The LGBTQIA+ provider also discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and stable life existence.

Discussion

This LGBTQIA+ provider brought up the importance of intersectionality when talking about the police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members. There have been hate crimes by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

Recommendations

- Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.
- There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is also a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.
- There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.

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Appendix 4: PEERS Listening Session for People Living with Behavioral Health Challenges⁸¹

The PEERS listening session included 12 participants who shared their lived experiences with behavioral health challenges and policing in Berkeley. Before this listening session, there was extensive outreach by the Associate Director for the Alameda County Network of Mental Health Clients [describe methodology].

- Generally, the participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley.
- Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors, and their impact on a policing response to a mental health crisis.

Findings:

- Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”
- The main emerging themes from the PEERS Listening Session focused on their perceptions and experiences about 1) feeling stigmatized as “public safety threats” and regarded so by officers; 2) officers unease connecting with people experiencing a mental health crisis; 3) the role of de-escalation if any; and 4) feeling traumatized or re-traumatized by police during mental health crises.

⁸¹ By Janavi Dhyani and Margaret Fine. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients. Margaret is the Chair of the Mental Health Commission for the City of Berkeley.

- **PEERS felt perceived as “public safety threats” by police.**
 - PEERS discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.
 - The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.
- **PEERS perceived officers as uneasy about connecting with people experiencing a mental health crisis and potentially escalating a crisis**
 - Participants discussed their experiences interacting with officers. One participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.”
 - In addition, another participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for a person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated, “we need to learn, develop a field of knowledge of people in altered states.”
 - This participant further underscored that police officer “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”

- **PEERS feeling traumatized or re-traumatized by police during mental health crises**
 - One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated, “So many of us have been harmed when we are treated when we are in crisis.”
 - Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment 61 Appendix J people shared.

Behavioral Health Recommendations:

- **Include PEERS in Developing Behavioral Health Responses**

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community--particularly for a non-police crisis response such as a Specialized Care Unit (SCU).

- **Sufficiently Fund & Support Behavioral Health Respite Centers**

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-

in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

- **Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police**

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

- **Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health**

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.

- **Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health**

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

- **Account for Overlapping Systems of Care for People Living with Mental Health Challenges**

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.

- **Further Research Recommendations**

- Peers indicated the need to explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public to inform mental health crisis response.
- There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments—both alone and co-responding with the mobile crisis unit.
- It is further important to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with behavioral health challenges, and the types of crisis response that work for them in the community.
- There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and/or other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.
- There is a need to explore perceptions and experiences of people living with behavioral health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and other factors.
- **Homelessness:** Research with people living with behavioral health and housing challenges could further inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded and the accumulation of additional impacts on their mental health.
- **Homelessness:** It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both.

- **Substance Use:** There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with behavioral health challenges.

It is crucial to consider the nature of trauma-informed, de-escalation, and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal, and incarcerations involvement due to alcohol and drug use.

Specifically, there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

- **Overall** crisis response to people experiencing behavioral health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect individuals. The role of police during a mental health crisis is a turning point for people with behavioral health challenges in the community and there is a need to thoroughly understand police behavior.

For more information regarding the effectiveness of Peer Support work in behavioral health care services, the following literature review has been provided:

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Appendix 5: Training and Community Solutions (TCS) Institute Training Topics

- Mental Health First Aid
- Principles of trauma-informed care, response, and practices
- Supporting residents experiencing symptoms.
- Considerations and tools when supporting youth and elders.
- Safety planning and advanced directives for mental health episodes
- Suicide identification, risk screening, and intervention skills
- Potential Providers: Cypress Resiliency Project, Alameda County Community Mental Health Trainings
- Responding to Substance Use Crises
- Principles of harm reduction
- Managing possible overdose situations
- Harm reduction resources
- Substance abuse & misuse: symptoms, understanding pharmacology and negative interactions
- Symptoms and types of mental illness, brain injury, or dementia
- Potential Provider: Substance Abuse Mental Health Services Administration

- Conflict Resolution, Mediation, Communication & De-escalation Training
- Peer support - principles of practice and effectiveness
- De-escalation, disengagement, and conflict mediation
- Communication principles and methods
- Implicit Bias - recognizing, overcoming
- Identifying behavior impacted by trauma and support mechanisms
- Identifying and overcoming communication barriers
- Potential Provider: CIT Trainings with NAMI

- Basic Training
- CPR
- Stop the Bleed
- First Aid
- Blood-borne Pathogens Training

- Team Safety and Logistics
- Planning and Positioning for Safety
- Scene Assessment and Situational Awareness
- Interacting with BPD, BFD & EMS and understanding protocols of each
- Transport of Service Recipients

- Documentation and Reporting
- Privacy, Confidentiality, HIPAA Compliance

Self-Awareness

ACES (Adverse Childhood Experiences) training (Potential Provider: ACEs Aware)

Mindfulness based Resilience Training & Meditation

Know Your Conflict Style ~ Thomas Kilmann Conflict Mode Instrument

Community-specific Competency – cultural humility in serving: LGBTQIA+, BIPOC, immigrants, veterans, formerly incarcerated, unhoused, youth, elders

Kingian Nonviolence Training

A philosophy and methodology that provides the knowledge, skills, and motivation necessary for people to pursue peaceful strategies for solving personal and community problems. Nonviolence is a systematic framework of both conceptual principles and pragmatic strategies to reduce violence and promote positive peace.

Potential Provider: East Point Peace Academy

Community Health Worker/Peer Counseling Skills

What services exist, what they do, who is eligible, and how they are accessed

Referral process

- City and county emergency response programs
- City and county resources
- Community-based and mutual aid services
- Motivational Interviewing

Trauma Training

- Navigating mental health crisis, substance crisis, DV crisis,
- Human Trafficking, Victims of Sexual Assault Awareness
- Historical and Intergenerational Trauma - A Public Health Crisis (90 minutes offered by Cypress Resiliency Project)
- Vicarious Trauma, Toxic Stress and Burn-out (90 minutes offered by Cypress Resiliency Project)

- Case Scenario & Role Play Work
- Recreate Mental Health Crises to test trainees in real time
- Simulations/manufactured spaces to test readiness and appropriate disposition of trainees

- Ride Alongs

- BPD
 - BFD Paramedics
 - City of Berkeley Dispatch
 - Paul Kealoha Blake of Consider the Homeless
-
- Self-Care Plan Established
 - Each first responder has a mentor/preceptor for X period of time for support
 - Identify tangible practices first responder will employ to maintain their ongoing mental & emotional well being
 - Create an actual plan

What metrics determine a successful completion of the training?

1. Successfully complete all modules with certificate
2. Successfully engage in simulations by responding appropriately in simulated crisis scenarios
3. Determine a way to gauge service recipients' experience, modify training to improve overall service delivery

For police officers:

1. EPIC (Ethical Policing is Courageous)

Resources:

Peace Education by Ian Harris of University of Wisconsin
Alameda County Citizen Programs & Crime Prevention
CA Peace Officer Standards & Training Basic Courses

Appendix 6: Community Violence & Prevention Programs

1. San Francisco Violence Prevention Services:
<https://violenceprevention.sfgov.org/>
2. Street Violence Intervention Team: Annual Report 2018
3. Street Violence Response Team:
<https://violenceprevention.sfgov.org/coordination.html>
4. Youth Employment/Growth Opportunities:
<https://violenceprevention.sfgov.org/employment.html>
5. Roadmap to Peace Initiative - SF
6. PDF Pamphlet:
<https://sfgov.org/juvprobation/sites/default/files/Roadmap%20To%20Peace%20Initiative.pdf>
7. Website: <https://www.ifrsf.org/rtp?locale=en>
8. United Playaz - SF
9. Program Lists: <https://unitedplayaz.org/our-work/>
10. Notably, leads SF's Gun Buyback program
11. Annual event
12. Employs formerly incarcerated individuals and community members
13. Anywhere between 200-300 weapons taken off the streets per event
14. Cash paid for pistols and long-firearms
15. No questions asked of participants dropping off firearms
16. Weapons are taken in for inspection and destroyed shortly after unless reported stolen or used in a crime and kept as evidence
17. Deep partnership with community organizations and San Francisco City Departments to ensure success
18. Oakland Violence Prevention Coalition (VPC), Oakland
19. <https://www.oaklandvpc.org/>
20. Multiple community-based initiatives working collaboratively including street/neighborhood outreach, violence prevention/mediation and post-shooting response, community healing/restorative justice, Neighborhood Impact Hubs, health services, shelter/housing responses
21. Cure Violence - New York, Baltimore, Chicago, Philadelphia
22. Report: <https://cvq.org/wp-content/uploads/2021/09/Cure-Violence-Evidence-Summary.pdf>
23. Reductions of
24. 45% violent crime (Trinidad)
25. 63% shootings (New York City)
26. 30% shootings (Philadelphia)
27. 45% shooting in first week of program (Chicago)

28. Advance Peace - Sacramento

29. Report: <https://www.advancepeace.org/wp-content/uploads/2020/04/Corburn-and-F-Lopez-Advance-Peace-Sacramento-2-Year-Evaluation-03-2020.pdf>

30. Data:

31. Reduced homicide and nonfatal injury shootings by 20% from January 2018 and 2019

32. Every \$1 spent saved between \$18 and \$41 dollars in emergency response, health care, and law enforcement - saving the city money!

33. Group Violence Intervention Strategies - Boston, Chicago, Indianapolis, New Orleans, Oakland, Stockton

34. Reduced shootings that result in injustice by 30%

35. Report: <https://nnscommunities.org/impact/impact/>

Appendix 7: Strategy for Employment Programs

Employment Programs that Work for High Barrier Job Seekers including Those At Risk of Justice System Involvement or Homelessness

A Transitional Jobs strategy lowers barriers to unemployment for persons with complex challenges including homelessness. Offering whole person case management services with solid referrals into safety net services increases the chance of success. It is also important that participating in the program leads to permanent employment opportunities with livable wages and benefits.

- Examples of Transitional Job Training Careers
- Culinary and Food Preparation
- CNA – Certified Nursing Assistant
- Home Care Aide
- Administrative
- Customer Service
- Solar Installation
- Auto Mechanic
- Gardening and Landscaping
- Maintenance and Janitorial
- Construction
- Violence Prevention / Peer to Peer Role Models
- Clean City Programs / Street Ambassadors
- Youth mentor
- Security Guard
- Shelter Assistant

Example of Local Employment and Training Programs

- [Rising Sun Center for Opportunity \(risingsunopp.org\)](http://risingsunopp.org)
- [Kitchen on Fire](#)
- [The Bread Project](#)
- [Sprouts Cooking Club | Cooking Classes | Chef-In-Training Program \(sproutscheftraining.org\)](http://sproutscheftraining.org)
- [Home | West Oakland Job Resource Center \(wojrc.org\)](http://wojrc.org)
- <https://www.oaklandca.gov/services/assets> (employment for seniors)
- [Building Opportunities for Self-Sufficiency \(BOSS\) Career Training and Employment Center](#) for justice involved individuals

- City of Berkeley Adult School [CTE Program Pathways - Google Docs](#)
- [Employment Programs – Goodwill Industries of the Greater East Bay \(eastbaygoodwill.org\)](#)
- [Environmental Training Center | Berkeley Youth Alternatives \(byaonline.org\)](#)
Environmental Training Center for ages 16-24
- Inter-City Services [Home \(icsworks.com\)](#)
- Multicultural Institute [Multicultural Institute \(mionline.org\)](#) support day laborers find economic security and housing

[North Cities One Stop Career Center](#) – inside of Berkeley Adult School

Complementary Educational Classes

- English As a Second Language
- English and Math Literacy
- Adult Basic Education and GED classes
- [Computer Technologies Program - Berkeley, CA \(ctpberk.org\)](#)
- [DigitalLearn](#) Digital Learning – basic computer skills to navigate word processing programs, the Internet for job search and resume creation

Appendix 8: SOS Program (Richmond Model)

SOS Richmond and Rebuilding Together: A Model STREETS TEAM for homeless encampment engagement

Safe Organized Spaces Richmond (SOS), a program of Rebuilding Together East Bay-North (RTEBN), will collaborate with project partners/subcontractors, the City of Richmond departments, other public agencies, and private entities to provide outreach and support unsheltered people who reside in homeless encampments across the City of Richmond.

RTEBN is a local 501c3 nonprofit that has been serving the community since 1992 with a focus on community revitalization. RTEBN will host this effort by providing its management and administrative services and will charge a 10% administration fee as well as provide the services of its Executive Director to oversee all administrative aspects of the SOS programs. RTEBN will provide the organizational infrastructure and capacity needed to ensure the smooth and efficient functioning of the programs. It will also provide leadership for fund and programs development and facilitate SOS Richmond's growth to become a fully functioning stand-alone organization.

SOS Richmond has been operational since 2019 and uniquely focuses its mission on improving safety and providing essential care for homeless encampment dwellers in informal structures and unhoused vehicle-dwelling households on city streets and other unsupported locations. The Area Director will direct the development and operation of the Streets Team for daytime encampment and neighborhood engagement and provision of basic amenities, and for nighttime neighborhood responses related to public safety and quality of life issues. He will also coordinate activities to support forthcoming interim sheltering programs.

Program partners are other Richmond organizations that will be subcontracted to provide services such as: staff training for workforce readiness, professional skills, and personal development; food and water distribution; community and leadership development; toilets, hand washing stations, and other amenities and infrastructure; and other essential encampment-based and interim sheltering supports.

SOS Richmond's programs address situations in which homeless people are living in conditions that are unacceptable for all concerned by providing resources to address immediate situations, and providing the support needed for people to take responsibility for their surroundings and ultimately obtain safe transitional shelter and a pathway to permanent housing.

The Streets Team is a workforce development program that employs homeless individuals to fill a critical gap for improvement of unsafe conditions for the health and security of unhoused populations and neighbors impacted by homelessness. Employees participate in life skills and employment-related sessions to promote mainstream behaviors for the purpose of enabling them to build on skills and develop a work history for eventual employment elsewhere.

The Streets Team responds to homelessness at parks, freeways, train tracks, creeks and on neighborhood streets at key locations throughout Richmond.

Fifteen paid unhoused individuals currently serve as neighborhood stewards and role models who lead essential safety and health efforts in encampments. They are afforded access to more hours, responsibilities, and opportunities for advancement. The additional resources afforded by this contract will enable SOS! Richmond to scale up to as many as 60 paid employees and interns.

The Streets Team will provide outreach through the provision of trash cleanup, sanitation and hygiene interventions, empowerment processes, and community liaison services that lead to improved encampment and neighborhood conditions. Community-integrated efforts will engage public, nonprofit, community-based and business sectors to leverage basic amenities for encampment residents, address individual and community needs at encampments, and improve relationships between encampment communities and the neighborhoods where encampments are located.

The Streets Team will be supervised by two Field Supervisors. The daytime Field Supervisor will lead, model, oversee, and hold personal and team accountability with supervision of the Streets Team's staff and intern "Safety Guardians" to conduct mobile and localized encampment and neighborhood engagement services, with a focus on delivery of basic amenities according to a predictable daytime schedule.

The Field Supervisor will oversee the Streets Team's second shift as an assertive community liaison for improving neighborhood quality of life. The mobile team will support and lead a homeless engagement team of local safety guardians who respond to neighborhood complaints and steward street and encampment hotspots.

The program will utilize equipment, supplies and materials such as sanitation, hygiene and water supplies, trash bags, gloves, masks, vests, materials to maintain vehicles and equipment, safety PPE, fuel, food/beverages, office materials, printing, trash disposal trailer, etc. It will accommodate debris disposal costs for Republic Services tipping fees.

The organizations will work at a Central Richmond office space and meeting space, and costs may also include storage of supplies and donated materials, and storage of heavy equipment and vehicles.

Streets Team service activities will include:

Cleanup of trash and dumping. SOS will expand and deepen its debris removal to locations throughout Richmond, including existing and abandoned encampments, public spaces such as parks, creeks, streets, and anywhere that trash accumulates. Since receiving its first city grant in 2019, SOS! Richmond has had a significant positive impact on encampments and their surrounding neighborhoods. The Streets Team currently removes five tons per week from dumped locations. It is anticipated that the team will remove and dispose of 8-10 tons of trash per week.

Encampment residents are encouraged and motivated to steward their surroundings and keep them clean and safe. SOS! Richmond's approach is to recruit and train encampment residents to self-manage their spaces and prepare trash for removal and disposal by the Streets Team's mobile engagement team. Encampment dwellers will benefit from improved living conditions, a healthier environment, and safer and more organized camp communities. This is made possible by cultivating trusting relationships, and Streets Team members use their unique knowledge of localized cultures, dynamics, and nuanced encampment experiences to gain trust and model leadership. Team members can relate to their unsheltered peers on a level that is not possible with institutional service providers, enabling them to foster empowerment and positive behavior.

Improvements in collaboration and shared protocols among these unhoused leaders, and public agencies and neighborhood groups, will provide their eyes on the ground for the Streets Team to be responsive to new needs each day, thus benefitting the City and relieving the overwhelming problem of illegal dumping. Through this process, stakeholders improve the perception of public parks, streets, and other prominent places as safe spaces, inform perceptions about homelessness, and increase cross-sector cooperation.

The Streets Team models this cleanup activity for local encampment residents and neighbors alike and raises public awareness about neighborhood safety. As the Streets Team conducts its sanitation and outreach efforts, SOS! Richmond communicates with neighborhood partners and community leaders, public agency representatives, attends neighborhood council and civic group meetings, and shows up on neighborhood streets ready to engage in conversations with housed and unhoused neighbors and respond to

their concerns and needs. It organizes for greater levels of communication and cooperation about the problems of homelessness. Such public awareness efforts will ultimately result in the introduction of interim sheltering, and eventually permanent housing, solutions in Richmond neighborhoods.

Deliver mobile showers to locations near unhoused neighbors. The Streets Team will operate the Shower Power program, a collaborative, coordinated effort that includes a mobile shower trailer that travels to homeless encampments and locations where clusters of people reside in vehicles. SOS Richmond partners with other community organizations to deliver a constellation of essential services for unsheltered residents of Richmond with the Shower Power program as its cornerstone. Services include hot showers, delivery of food, water and supplies, and other services as described below.

The mobile shower will visit at least five locations per week for 3-4 hours per day, serving 100 or more homeless people each week. Masking, social distancing and sanitation protocols are strictly enforced by trained workers. The team will continue to secure public and private hosts to provide water, electricity, and greywater effluent drainage at locations near encampments. In addition to a hot shower, the unhoused individuals receive food and drinking water; new socks and underwear, and access to clean clothing; personal protective equipment such as face masks, gloves, and sanitizer; hygiene supplies, sanitation supplies and trash bags; tents, tarps, sleeping bags and blankets for those without them; assistance navigating the Coordinated Entry System of homeless services, including health care and information about housing.

Shower Power serves as a draw to engage people with additional services, bringing in people who might not otherwise seek the help they need. The showers are a point of convergence of people and resources in partnership with community-based, nonprofit, and public agency partners, including active relationships with the County's CORE mobile homeless outreach, Health Care for the Homeless, Free Meals on Wheels, and other collaborative partners. Brothers of International Faith will host food distribution alongside Shower Power at shower service locations.

A driver and at least two staff members are required to deliver and set up the mobile shower unit, welcome and survey shower program participants, distribute supplies, engage with participants to discuss their needs, and clean and disinfect the units after each use. The budget presented in this contract assumes an aligned delivery of Streets Team sanitation and Shower Power hygiene services.

Deploy additional amenities that provide for trash storage, portable toilets, drinking water, wastewater disposal, and power at encampment and street locations, scattered

sites for off-street parking, and future transitional villages. Currently unsupported encampments will be gradually supported with the introduction of amenities. Managed encampments will be maintained with more robust service and leadership-building, and interim sheltering locations will be similarly supported with these basic amenities. Many of these resources will be provided by community-based efforts of in-kind supporters – people who live in Richmond and want to see the problems of homelessness addressed for an improved civil society with safety net supports.

The infrastructural improvements will be delivered and managed by the Streets Team in collaboration with public/private partners who invest in the safety of encampment residents and their impacted neighborhoods. These actions demonstrate to encampment residents that they have a responsibility to utilize and secure the infrastructure and steward their surroundings, in addition to addressing their most dire and basic needs. Program partners will work with SOS/RTEBN to lease, site, secure, manage and service any debris, toilet, water, and wastewater systems that are contracted for interim use to improve public health.

Leader-building and workforce development activities so that unhoused residents are more responsive to their peers' and neighborhood's needs. The Streets Team identifies, recruits and trains unhoused residents who demonstrate competencies, enthusiasm, and reliability to provide outreach and basic amenities to encampments, engage in trash removal, and support peers and adjacent housed neighbors. Outreach efforts identify volunteers who demonstrate their leadership and motivation to make changes in encampment and neighborhood quality of life. Interns receive a modest stipend while they train for potential employment. Employees receive a decent wage and the support needed to sustain their jobs and become productive members of society. Workforce training by program partners will support the efficacious employment of unhoused individuals so that they provide their services to Richmond's neighborhoods in response to public health and safety concerns and needs.

Each day in the field, unhoused individuals are encouraged to demonstrate their personal initiative and leadership qualities as volunteers and are invited to join the Streets Team in its fulfillment of a predictable schedule of field activities. The volunteer is encouraged to regularly communicate with the Field Supervisor to begin and sustain the volunteer status.

Volunteers join staff to participate in staff meetings to brainstorm about problems and receive group in-field training to learn basic tasks and responsibilities. Program partners will be sub-contracted to increase the training that employees receive, who will be paid to attend in-class training sessions to learn basic soft skills, handling hazardous materials,

conflict de-escalation and motivational interviewing, problem-solving skills and education about trauma-informed care, and peer engagement, leadership, and empowerment.

Each employee applicant is required to complete volunteer and employment paperwork, obtain a CA ID, Social Security card, phone, and bank account for direct deposit, and demonstrate eligibility to work. They are assisted in this process by the Director, Field Supervisor, and SOS volunteers. Interns and employees are supported to secure transportation and conduct legal vehicle registration and operation. Each applicant will be assisted with developing a professional resume.

Streets Team members are expected to be the models for others, not only in their work performance but also in their personal living arrangements and relationships. Interns and employees are continually encouraged and supported to make personal improvements in their lives to obtain more stable dwellings and living conditions, and improve their personal health, emotional stability, and overall satisfaction and wellbeing. Employees are prioritized to participate in the interim sheltering opportunities as they are developed by SOS! Richmond and the City. Each employee is expected to benefit from obtaining permanent housing and the means to sustain it with employment and an active “personal program” that keeps people working on their personal health.

Workforce development focuses on practicing teamwork according to a daily communication system and clear performance standards that are modeled by the Field Supervisor. Employees demonstrate their accessibility and dependability. They learn to model a positive outlook and the motivation for improving neighborhood quality-of-life and encampment living conditions. They are supportive of their peers to help them be healthy and engaged in Safety Guardian activities. Each Streets Team member recommends new volunteers to become Streets Team members. As an employee begins to excel in job performance, the hours increase and become more regular, responsibilities are nuanced and shaped to that individual’s aptitudes and strengths, and the employee advances in hourly and then salaried pay rates.

Local engagement focuses on safety, problem-solving and personal welfare to improve public safety. One of the most pressing issues at unsupported and managed encampments is the need for improved security to support public safety. It has thus far been difficult to implement successful security measures, even at managed encampments. The Streets Team will engage local stewards to work during late afternoons and evening hours to target three activities: trash collection, problem-solving, and advocating for people’s welfare. These activities together will bring more attention

and care to situations that otherwise might result in problems with safety. Such activities may increase self-management practices among encampment dwellers.

The Streets Team is composed of local stewards and a mobile team. A local steward will be present at larger encampment locations to provide for “traditional” Streets Team activities such as trash cleanup. An additional task for select employees will involve talking with individuals to focus on welfare checks. By casually offering to support people’s needs, staff will seek to address what is not working and problem-solve in the moment or at the earliest next opportunity. With clipboard in-hand and by asking one or two simple questions, the Streets Team can respond to people’s expressed needs. In response, the Streets Team’s mobile team, Area Director, SOS volunteers, and program partners, including Housing Consortium of the East Bay (HCEB), will be responsive to these needs. The local steward will also lead in the empowerment of unsheltered residents to steward their locations to improve personal and public health, safety, and neighborhood order. Improving safety and security will thus involve proactive steps that can be taken by working with the residents who are receptive to support and are willing to participate.

Individually focused engagement will lead to community development at locations where people lack access to caring, trusted, and sustained relationships. The activity of securing and managing shared public spaces will lead to safer, more organized environments which will improve conditions and relationships in neighborhoods impacted by homelessness. The health and safety-focused engagement and empowerment activities will help to provide stewardship that supports the security of public spaces.

Mobile team to act as assertive community liaisons and problem solvers at problematic neighborhood locations. The mobile team will operate two shifts during the day and into the night to provide responses to neighborhood complaints or concerns related to homelessness and address these in a sustained and proactive manner. The team’s expansion of its capacity as assertive community liaison will improve neighborhood quality of life with its presence at problematic encampment and curbside locations and increase civility at public spaces. The mobile team will function as field supervision for the local stewards and Streets Team members as they work in the field. They will also provide observation and responses for the Secure Scattered Sites to ensure that host properties and the households residing on-site are safe and acting in accordance with contractual agreements.

The mobile team fulfills a basic function of picking up trash bags and debris that is dumped at specified locations. As the mobile team travels across Richmond and fulfills

the Streets Team's work at specific locations according to a predictable schedule, the team will also be responsive to requests for support from local guardians, concerned neighbors, public agencies, including CORE's mobile outreach (CORE ceases its work at 4PM), and other public and private groups and institutions that express their neighborhood's needs.

The team will answer these basic needs at encampments, streets, and other locations where unhoused individuals otherwise lack support, especially in the evenings when problems most often arise. It will regularly check in on individuals, especially vulnerable ones, and will keep track of where they are, how their needs are being met, and assist them in obtaining support and access to services in collaboration with program partners and mainstream providers. The mobile team will pass out bags, collect filled bags, and use their clipboards to keep track of promises for support.

The mobile team will provide a presence to deter illegal dumping and provide prompt responses when these calls are dispatched. It will also practice a light touch to address those concerns of quality-of-life and civility that can be safely responded to and which may mitigate public agency responses.

When practicable and safe, the mobile team can respond to concerns related to homelessness during evenings and nights until 3AM. It is during these late hours when a presence might make the difference in preventing crime and disorderly behaviors, especially at locations where local stewards request support and supervision by the mobile team for problem-solving.

The mobile homeless engagement team will address neighborhood complaints. Collaboration with city and county agencies will expand for assertive public safety responses, improve communication lines with neighborhood housed residents, leaders, and groups, and potentially integrate with real-time dispatch call systems.

Manage and support Safe Parking Host program locations for vehicle dwellers. Interim sheltering solutions will offer safety, stability, and a cleaner, healthier environment, as well as a pathway to permanent housing. As tent and vehicle-dwelling households are disbursed from encampment locations, SOS Richmond will recruit the support of public and private property owners (churches, nonprofits and eventually businesses) to temporarily utilize vacant lots and parking lots to provide stable and secure transitions for select households. Secure sites are contracted for one to four households with private hosts. In its role as liaison and resource provider, SOS Richmond facilitates a successful relationship between household, host and immediate neighbors. The Streets Team will support the host and the households residing at each scattered site, manage

the provision of on-site amenities, and provide centralized services that bring households to convergent resources. The mobile team will support the security of these sites in the evenings and ensure that households adhere to contractual agreements.

The Safe Parking Host program will support the provision of basic needs such as safe and stable shelter, food, water, and hygiene, as well as a sense of community, purpose, dignity, and hope. For each resident, a personalized service plan will be developed based on individual need, and focused on procurement of housing, may include medical and dental care, housing assistance, help applying for benefits and health insurance, employment counseling, job training or job placement, financial literacy counseling. The scattered site program will be for those who are not in need of mental health and substance abuse services.

Hosts will be interviewed by the SOS Director to establish what amenities are already present on the site and what types of situations they can accommodate (such as disability, children, etc.), and to gather information that will assist in selecting one or more households that are likely to be compatible with the host and the immediate surroundings. Interested vehicle dwellers will be interviewed by the SOS Field Supervisor and the Case Manager to determine their needs in terms of resources, supportive services, and the functionality of their vehicles.

Once the host's permit is approved, contractual agreements will outline the responsibilities of Host, SOS, and Guest. The Streets Team will assist the hosts with preparing their sites for the arrival of the guests. Depending on the site, this may include arranging for installation of a portable toilet and handwashing station, procurement of a drinking water storage tank, and any other assistance deemed necessary by the host. They will assist the guests with meeting any compliance requirements related to the vehicle. The Field Supervisor will provide coaching for each household to prepare them for the responsibility and to promote accountability in their role as steward of the host's property. Once the guests have been settled at the site, a Streets Team member will visit on a regular basis to assist with any needs the guests may have, and to ensure that the arrangement is working out for both parties.

Appendix 9. Police Accountability and Civilian Oversight

The scope of this appendix focuses on three subject areas:

1. Fair and Impartial Policing
2. Strengthening the Police Accountability Board
3. Saturation policing versus evidence-based constitutional policing

NICJR makes a brief mention of the PAB. Neither discuss policing strategies especially the Crime Suppression Unit, other than to affirm the move of low-risk and non-criminal matters away from the BPD sphere.

1. **Fair and Impartial Policing:** In February 2021, the City Council adopted the Fair and Impartial Policing platform recommended by the mayor's working group, and referred it to the City Manager for implementation, with a consultative/oversight role given to the PAB, which came into existence on July 1, 2021.

The platform had significant overlap with the Reimagining initiative in areas such as reducing the police footprint, BerkDOT, and de-emphasizing stops for low-level, non-criminal, and especially non-safety related vehicle infractions.

Racial disparities in police stops, searches, outcomes (enforcement yield) and use of force were the impetus for the formation of the working group in 2018-2019. This is also the area where the F&I platform made its distinctive contribution.

The core element of the platform addressing discriminatory stops is the Early Intervention System (EIS), which has been shown in neighboring cities to reduce racial disparities in police encounters.

While the BPD has a provision for an Early Warning System (EWS), the EIS will be an important departure in two ways. Firstly, it may be triggered by a statistical indication of racially disparate policing. Secondly, the goal is not only to locate, assist, and correct individual outlier officers, but to investigate, understand and address patterns and departmental problems giving rise to systemic disparities.

The program was mandated almost a year ago, and the elements of the EIS were elaborated over three years ago, in late 2017, by the Police Review Commission. The BPD has drafted an amended EWS/EIS policy but has not shared it with the PAB oversight body, the F&I working group, or members of the

City Council, though it has shared it with the police association, which represents the officers conducting the disparate stops.

Important elements of the EIS program passed by Council include, among others:

- b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers.
- c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity.
- c. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
- f. An outside observer from the PAB shall sit in on the risk management and/or EIS program.

The Task Force strongly recommends that the *city administration take stronger steps to ensure the rapid implementation of the Council's F&I platform.* Notwithstanding the explanations by the authorities for their delay, including the pandemic, staff vacancies, and a rise in some categories of crime, in the six plus years since BPD's racial disparities came to light the disparities in stops remain as high as ever.

The raw numbers of Black and white civilians stopped by police are roughly equivalent and given the wide demographic disparity between the two groups, there is over a six to one disparity in a Black person's odds of being stopped by Berkeley police compared to a white person's, with the attendant legal, physical, psychological, and financial costs that entails. And the chances of a Black civilian who is stopped receiving no enforcement is about 25% higher than for a white civilian, indicating that many more Black people are stopped for no legitimate reason.⁸²

⁸² See charts in Fair and Impartial Working Group presentation to RIPSTF, May 19, 2021, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Fair%20and%20Impartial%20WG%20-%20Task%20Force.pptx-1.pdf

Fairness and impartiality are not simply an option for the police, one among many priorities, or something they can do when they get around to it. The issue of racial disparities is clearly documented and demand immediate change. The methods to address it have been laid out. The government has mandated implementation. After years of delay, the legitimacy of the public safety system is being undermined at a cost to the whole city.

Specific recommendations:

- Bring PAB representation into the EIS planning sessions.
- Clarify the plan for establishing and operating the EIS, including its use as a tool to investigate the reasons for the stubborn, systemic persistence of racial disparities in Berkeley policing.
- Set a near-term timeline for implementation.
- Report on implementation, findings, and outcomes to the PAB and the Council.

2. Police Accountability Board and Director:

The passage of Measure ii a year ago was a big step forward for police accountability. But the PAB can only succeed if it has maximum support from both city administration and City Council. The Task Force strongly recommends the following steps as examples of support for the PAB:

- The Surveillance Ordinance imposes specific responsibilities on the City Manager when acquiring new surveillance technologies, including presenting a Surveillance Use Policy for PAB review before the Council may vote to acquire, use, or pay for such technologies.⁸³ A similar process is required by the Police Equipment and Community Safety Ordinance with regard to each Controlled Equipment Impact Report and Use Policy.⁸⁴ *Council should go beyond these minimum requirements to request PAB advice prior to making even a policy decision to proceed toward such acquisitions.*
- Council placed a provision in Measure ii stating that BPD must share General Orders with the PAB within 30 days of implementation. This was a step back from the past practice of the BPD and PRC working together to develop such policies. Yet this charter provision represents only a minimal requirement. *Council and city management should establish a higher standard of practice that emulates the past practice with the PRC.*

⁸³ Specific triggers requiring presentation of the Use Policy to the PRC, now the PAB, include seeking, soliciting, or accepting grant funds for, acquiring, using, or entering into an agreement to share or use another party's surveillance technology. "ACQUISITION AND USE OF SURVEILLANCE TECHNOLOGY,"

<https://berkeley.municipal.codes/BMC/2.99.030>

⁸⁴ <https://berkeley.municipal.codes/BMC/2.100>

The BPD and city management need to see the PAB as a partner in making policing policy. It should never be the case that the BPD says they cannot share a proposed policy with PAB because they are sharing it first with the police association.

- Measure ii gives the City Council the power to review and override the PAB regulations governing the civilian complaint review process. *When PAB proposes a provision that will make it easier for people from historically marginalized communities to raise and pursue complaints of police misconduct, such a provision should carry a strong presumption of support from the Council.*

3. Saturation Policing versus Constitutional or Evidence-Based Policing: Key to the proposals from the Fair and Impartial Working Group, later approved by the City Council, was this understanding of evidence-based policing:

Dr. Frank Baumgartner’s analysis reveals that “investigatory stops” (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior) allow for the most officer discretion and open the possibility of implicit bias.⁸⁵

Based on analyses of more than 9 million stops, Baumgartner’s team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.⁸⁶

Such investigatory or pretextual stops were demonstrated in the extreme by the New York PD’s massive stop-and-frisk practice that was ended by federal court order in 2013. Judge Shira Sheindlin ruled that the tactic violated the U.S. Constitution’s Fourth Amendment’s prohibition of unreasonable searches and seizures.⁸⁷

A related concern is the strategy of zero tolerance and aggressive policing, which “has been found to produce statistically insignificant changes in crime, on average. It also runs the risk of damaging police-community relations, both locally and even at the national level.”⁸⁸

⁸⁵ *Suspect Citizens*, Dr. Frank Baumgartner, 53-55 and 190-192

⁸⁶ Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University

⁸⁷ <https://civilrights.org/edfund/resource/nypds-infamous-stop-and-frisk-policy-found-unconstitutional/>

⁸⁸ <https://www.rand.org/pubs/tools/TL261/better-policing-toolkit/all-strategies/zero-tolerance.html>

Also related is the practice of “saturation policing.” A 2017 Georgetown study shows:

The saturation of certain neighborhoods suggested extremely tight surveillance and disruption of everyday movements primarily of young Black males. In the *Floyd v. City of New York* trial on constitutional violations in the conduct of stop and frisk activity, one of the litigated facts was that police stops were concentrated in neighborhoods with high percentages of Black and Latino residents, net of the influence of local crime rates.⁸⁹

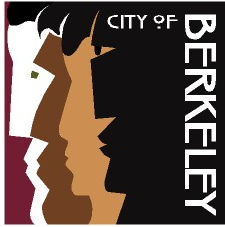
Saturating communities of color with police is counter-productive in two ways. It is a very inefficient way to locate and apprehend violent actors, as police attention is spread throughout an entire community rather than focused on the small number of perpetrators. It also leads inexorably to racial profiling, excessive force, and mass incarceration.

A proposal has been introduced for the Berkeley City Council to create a Crime Suppression Unit within the police department. Little information on this Unit has been released, but sponsors refer to the Drug Task Force that operated in the historically African American district of South Berkeley for many years. The DTF incorporated many of the worst elements of saturation policing, aggressive policing, stop-and-frisk, and the national “drug war.” It had a reputation in the Black community for abusive tactics, racial profiling, and the targeting of an entire population regardless of any evidence of criminal conduct.

No policing unit be developed that uses these discredited policing tactics. They are unfair and damaging to Black and Brown communities, reinvigorating the regime of mass incarceration, called “the New Jim Crow,” that has not yet been dismantled.⁹⁰ And they do not work, because they waste police resources that should be used to solve violent crime by instead focusing on low-level offenders or simply on community members who may fit a racial profile. Instead, Berkeley must put our moral, organizational, and financial resources behind a new vision of “holistic, equitable and community-centered safety” as discussed elsewhere in this report.

⁸⁹ https://www.law.georgetown.edu/georgetown-law-journal/wp-content/uploads/sites/26/2019/10/fagan-new-policing-new-segregation_ACCESSIBLE.pdf

⁹⁰ <https://newjimcrow.com/>



Office of the City Manager

REVISED AGENDA MATERIAL for Supplemental Packet 2

Meeting Date: March 10, 2022

Item Number: 2

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

Submitted by: National Institute for Criminal Justice Reform

A summary of the changes:

- Removed photo on the bottom of page 12
- Changed the diagrams on page 18 to run horizontal as opposed to vertical
- Replaced HALO graphic on page 24

- Corrected the page numbers in the Table of Contents on page 155
- The language regarding the incident with Vincent Bryant on page 8 has been corrected.

Reimagining Public Safety in Berkeley:



FINAL REPORT AND IMPLEMENTATION PLAN



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INTRODUCTION

On July 14, 2020, the Berkeley City Council (Council) made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directives known as The George Floyd Community Safety Act. Central to the proposal was a commitment to achieve a "new and transformative model of positive, equitable, and community centered safety for Berkeley."¹

Direction was given to the City Manager to collaborate with the Mayor and select Councilmembers to inform City of Berkeley (City) investments and reallocations to be incorporated into future Budget processes and to contract with independent subject matter experts to analyze the scope of work and community needs addressed by the Berkeley Police Department (BPD), to identify a more limited role for law enforcement, and to identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments.

The National Institute for Criminal Justice Reform (NICJR) was selected through a Request for Proposal process to conduct this work in partnership with Bright Research Group, which led the community engagement; Renne Public Law Group, who has provided guidance on policy recommendations; Pastor Michael Smith, who supported the community engagement and outreach; and Jorge Camacho, the Policy Director of the Justice Collaboratory at Yale Law School.

This Final Report and Implementation Plan is the culmination of NICJR efforts over the past 10 months, a body of work reflected in the following deliverables:

1. **New and Emerging Models of Community Safety and Policing** report;
2. **Berkeley Calls for Service Analysis**;
3. **Alternative Responses** report;
4. **Community Engagement** report; and
5. A project **website**.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

REPORT INFOGRAPHIC SUMMARY



The City of Berkeley's George Floyd Act referenced NICJR's reform model of Reduce – Improve – Reinvest. This report is also primarily organized in those sections: Reduce the footprint of law enforcement; Improve the quality of law enforcement and public safety; and Reinvest into community and services. Some of the recommendations in this report are programs or policies that have been tried in other jurisdictions and have a track record of effectiveness or promise, other recommendations are new ideas, aligned with the goal of Reimagining!

The body of this report is already 40 pages for a total of 272 pages, including the appendices, therefore the below graphic provides a quick overview of the detailed recommendations included in this report instead of repeating the narrative.

Reduce

- › Implement Tiered Dispatch & CERN model, thereby reducing BPD patrol duties
- › End pre-text stops
- › Eliminate BPD vacant positions through attrition
- › Creation of BerkDOT

Improve

- › Implement Highly Accountable Learning Organization (HALO)
- › Launch new Progressive Police Academy
- › New Police Accountability Board
- › Implement BPD improvement measures

Reinvest

- › Launch Guaranteed Income program
- › Launch Community Beautification Employment Program
- › Increase funding to CBOs for “fundamental cause” services:
 - › Poverty
 - › Homelessness
 - › Education
 - › Substance abuse
 - › Unemployment and underemployment



BACKGROUND

Berkeley City Council George Floyd Act

In response to the national outcry for police reform, and in line with the City's long history of progressive policy making, the Berkeley City Council formally adopted the George Floyd Community Safety Act which included the following package of referrals, resolutions, and directions:

1. Have the City's elected Auditor perform an analysis of the City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
2. Create plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
3. Analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consists of trained crisis-response field workers who would respond to calls that the Public Safety Communications Center operator evaluated as non-criminal and that posed no imminent threat to the safety of community members and/or Police Department or Fire Department personnel.
4. Evaluate initiatives and reforms that reduce the footprint of the Berkeley Police Department and limit the Police Department's scope of work primarily to violent and criminal matters. This work should include an evaluation of programs and services currently provided by the Police Department that could be better served by trained non-sworn city staff or community partners.
5. Aspire to reduce the Police Department's budget by 50% to generate resources to fund the following priorities:
 - Youth programs;
 - Violence prevention and restorative justice programs;
 - Domestic violence prevention;
 - Housing and homeless services;
 - Food Security;
 - Public health and Mental Health services including a specialized care unit;
 - Healthcare;
 - New city jobs;
 - Expanded partnerships with community organizations, and
 - Establishing a new Department of Transportation to administer parking regulations and traffic laws
6. Engaging 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.
7. Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and

implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

8. Analysis of litigation outcomes and exposure for city departments in order to guide the creation of city policy to reduce the impact of settlements on the General Fund.

Recent History of Problems with Policing in Berkeley

Although immediately inspired by the events of 2020, the Council's George Floyd Act came on the heels of a period of challenges with the BPD:

February 12, 2013: Death of Kayla Moore, Black transgender woman in mental health distress

Kayla Moore, a Black transgender woman with schizophrenia, died in her apartment on Allston Way while BPD officers were responding to a call for a "wellness check." During the incident, half a dozen police officers forcibly held her down. The family of Kayla Moore filed a lawsuit in 2014 against the City of Berkeley, however, the City contended that minimal and appropriate force was used and sought a dismissal of the lawsuit in federal court, which was ultimately granted.



December 6, 2015: Use of Force at Black Lives Matter protests

During a Black Lives Matter protest in Berkeley on December 6, BPD was accused of beating peaceful protesters and journalists, and using excessive amounts of teargas without justification.²

In 2017, the City of Berkeley reached a settlement with several plaintiffs who sued the City and BPD for the attack. Seven plaintiffs received \$125,000 and BPD agreed to amend its use of force policy.³

March 26, 2018: Black child falsely accused, chased, and run over by car

On March 26, 2018, on Telegraph and Stuart, a Black child in the 7th grade was chased and grabbed by a white man, who mistook the Black child roughhousing with a white female classmate on the sidewalk as an assault. The boy was then struck with a car by another man as he ran in fear of his safety. The family was told by a white police sergeant that nothing unlawful actually happened, and determined that the man chasing the child did not commit any crime, rather he was lawfully attempting to make a citizen's arrest. In addition, the child's grandmother, who is his legal guardian, reported that she was told by BPD that she had no right to any written reports or documentation of the incident without a court order.⁴

² <https://www.kqed.org/news/10402266/berkeleys-police-chief-on-protests-tear-gas-use>

³ <https://www.dailycal.org/2017/02/05/city-berkeley-reaches-conditional-settlement-lawsuit-regarding-police-use-force/>

⁴ <https://www.berkeleyside.org/2018/05/18/opinion-the-willard-school-community-wants-answers-from-berkeley-police-about-a-troubling-incident>

May 2018: Report Reveals Racial Disparities in BPD Stops and Searches

An **analysis** by the nationally renowned Center for Police Equity published in May 2018 found the stops and searches conducted by BPD were racially disproportionate. The report states:

“Our analysis of BPD vehicle and pedestrian stops found that Black and Hispanic persons were more likely than White persons to be stopped by BPD. Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot. Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving, and slightly less likely to be stopped on foot. In addition to their much higher stop rates, Black and Hispanic drivers (and pedestrians) were also searched at much higher rates. Once stopped, Black drivers were searched at a rate four times higher than their White counterparts (20% compared to 5%), while Hispanic drivers were searched at three times the White rate (15%).”

March 14, 2020: Less-lethal shooting of unarmed Black man, Ashby & Sacramento St.,

A BPD officer used a less-lethal weapon to shoot William Dean Brown, a Black man kneeling on the ground with his empty hands in the air. He was shot within a distance of 12 feet and was hit in the torso, and quickly handcuffed and tackled by three officers as soon as he hit the ground.

June 9, 2020: BPD Chief mentions shooting protesters at City Council Meeting

Just after a march organized by The Way church protesting the killing of George Floyd, then BPD Chief Andrew Greenwood made a comment during a Council meeting to discuss whether to permanently ban the use of tear gas as a method of crowd control. City Councilmember Susan Wengraf asked Greenwood what kind of alternative tools would be best to use if a crowd turned violent and police could not use tear gas, to which Greenwood replied “Firearms. We can shoot people.” His statement immediately prompted a call from the community for his resignation.⁵

June 30, 2020: Officer shooting at Black man and minors in vehicle, North Berkeley

BPD Officer Cheri Miller fired her gun at three teenagers accused of shoplifting at CVS. Miller got out of her vehicle with her gun drawn, and, within less than a minute of her arrival, she had ordered the driver, 19-year-old Brandon Owens of Concord, a young Black man, to get into his car and put his keys on the roof. When Brandon got back into his vehicle, he began to drive away from the officer who then shot at the moving vehicle three times. There were two minors in the car with Brandon. Miller was found not to have committed any crime, but was found in violation of BPD’s deadly force policy and was fired.

December 17, 2020: Use of force Parker and Mathews St., Southwest Berkeley

55-year-old David Frazier and an unnamed passenger were pulled over for multiple vehicle code violations. The initial call was categorized as a routine traffic stop. When Frazier finally stopped after multiple attempts from BPD, two officers approached Frazier’s vehicle and began to forcefully attempt to pull Frazier out of the front seat, punching and pulling on him. The three officers were unsuccessful in gaining control over Frazier and then stepped back and pulled out their batons and began to beat Frazier while he sat in the front seat. Two more officers then approached the passenger side of the vehicle with their guns drawn, broke the passenger window, pulled the passenger out, handcuffed him and dragged him away. Frazier was dragged out of the car and tackled by five or six officers, handcuffed, and forced to sit upright on the hood of a police vehicle.

⁵ <https://www.berkeleyside.org/2020/06/13/marchers-in-berkeley-demand-resignation-of-police-chief>

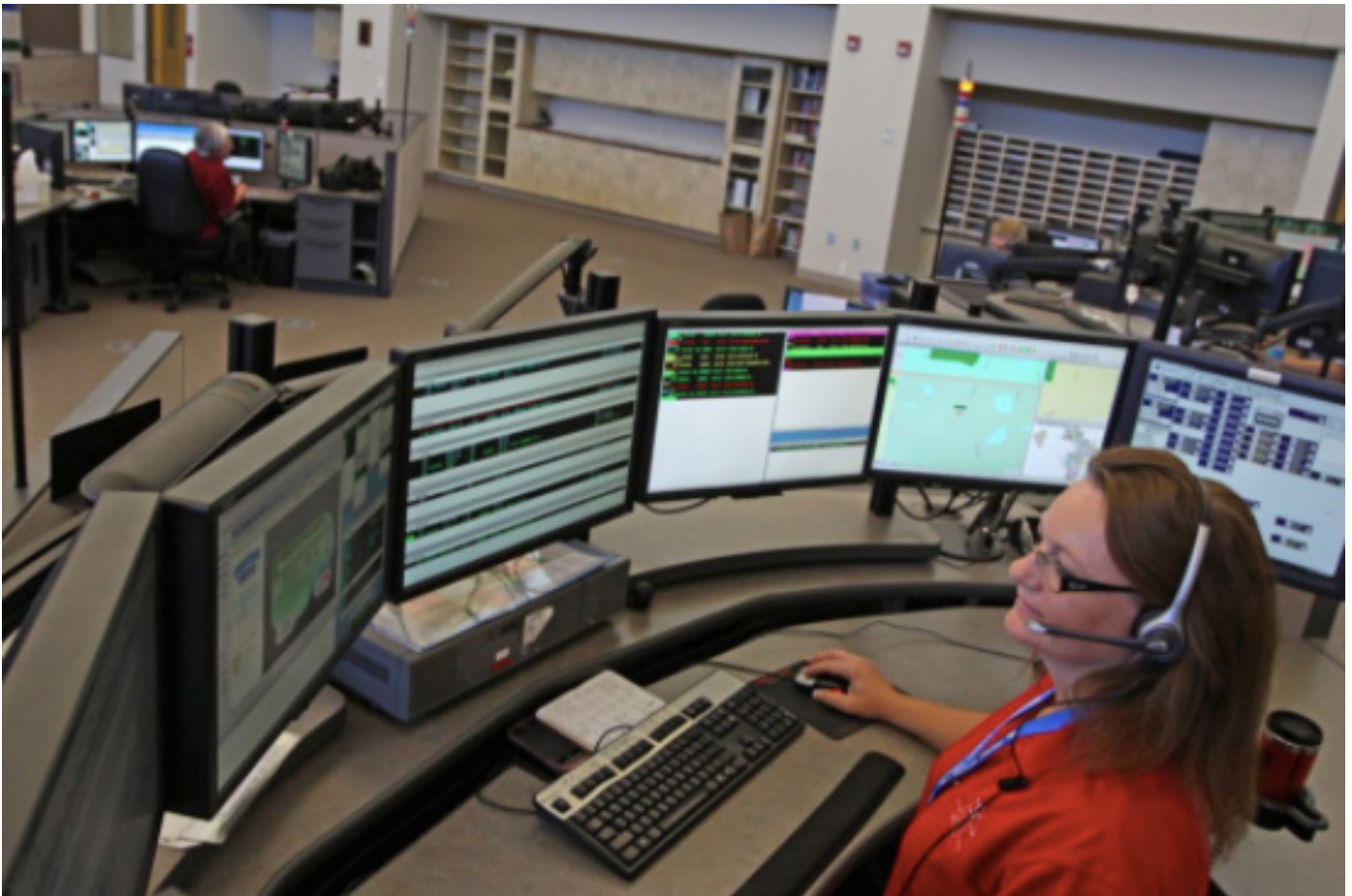
January 2, 2021: Shooting of unhoused Black man with mental illness, Shattuck Ave., Downtown Berkeley

Vincent Bryant, a 50-year-old unhoused Black man who suffers from mental illness, was accused of stealing food items from the downtown Walgreens. Responding to 911 calls of a robbery, police found Bryant in a nearby courtyard. Bryant pulled out a bike chain and reportedly wound up preparing to swing the chain at officers when he was shot by both less than lethal foam rounds as well as one officer firing her firearm, striking Bryant in the jaw, causing severe injuries.

Reimagining Public Safety Task Force

As part of the George Floyd Act, the City created the Reimagining Public Safety Task Force (RPSTF), which was charged with making recommendations to the consultant (NICJR) and city staff on structures and initiatives to outline a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of Reduce, Improve and Reinvest as proposed by the NICJR, considering, among other things:

- The social determinants of health and changes required to deliver a holistic approach to community-centered safety;
- Defining an appropriate response to calls-for-service including size, scope of operation and powers and duties of a well-trained police force;



- Limiting militarized weaponry and equipment; and
- Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce restorative and transformative justice models, and reduce or eliminate use of fines and incarceration. Options to reduce police contacts, stops, arrests, tickets, fines, and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative, and other positive programs, policies, and systems.

The Task Force is comprised of:

- One (1) representative appointed by each member of the City Council and Mayor,
- One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission,
- One (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President,
- One (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and
- Three (3) additional members appointed “At-Large” by the Task Force.

District 1 - Margaret Fine	Youth Commission - Nina Thompson
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Jamie Crook	Berkeley Community Safety Coalition - Jamaica Moon
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Vacant
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	



NICJR REPORTS

NICJR produced drafts of the following series of reports then received feedback from the RPSTF and City staff and made necessary edits and additions then finalized:

1. New and Emerging Models of Community Safety and Policing Report
2. Berkeley Calls For Service Analysis Report
3. Alternative Responses Report
4. Community Engagement Report

Included below is a brief description and summary of each of those reports. Links to the full reports are included below and the reports are appendices G through J.

New and Emerging Models of Community Safety and Policing Report

The **New and Emerging Models of Community Safety and Policing** report includes detailed overviews of a variety of examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. Highlighted below are some of the programs included in that report that informed NICJR's final recommendations for the City's reimagining work:

Emerging Non-Enforcement Models of Community Response include the Crisis Response Unit (CRU) and Street Crisis Response Team (SCRT).

The City of Olympia, Washington implemented the CRU in April of 2019 to serve as an option to respond to behavioral health calls for service. CRU teams consist of mental health professionals that provide support such as mediation, housing assistance, and referrals to additional services to their clients.⁶ Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.⁷

The SCRT is a pilot program launched in November 2020 and administered by the Fire Department in San Francisco, California. The program targets individuals experiencing behavioral health crises. SCRTs consist of a behavioral health specialist, a peer interventionist, and a first responder. 911 calls that are determined to be appropriate for a SCRT are routed accordingly by dispatch. A team responds to calls in an average of 15 minutes.⁸

Non-Law Enforcement Crime Reduction Strategies include the Mayor's Action Plan (MAP) in New York City, NY. Launched in 2014 in fifteen New York City Housing Authority properties, MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources.⁹ Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.¹⁰

⁶ <https://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx>

⁷ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

⁸ <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

⁹ <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

¹⁰ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

Calls for Service Analysis

The Berkeley City Auditor conducted an extensive report on BPD Calls For Service (CFS or events) which was published in July of 2021. NICJR conducted a complementary **Calls for Service Analysis** as part of its work on the City's remaining effort.

The three primary objectives for the NICJR CFS report were to 1) provide an analysis of BPD CFS according to NICJR's crime categories; 2) map NICJR's crime categories to NICJR's proposed Tiered Dispatch model; and 3) identify which CFS should be responded to by a non-BPD alternative.

The proposed Tiered Dispatch model and Community Emergency Response Network (CERN) reduce the burden on police to respond to certain calls for service and improve outcomes through community response to lower level and non-criminal incidents. The CERN will use community safety and problem solving responders who have expertise in community engagement, crisis response, de-escalation, and conflict mediation and resolution skills. Implementing the Tiered Dispatch and CERN can serve to increase public safety by refocusing law enforcement officers on the most serious crimes, applying a more appropriate response to public health and quality of life CFS, and more effectively utilizing public dollars and resources.

A review of over 358,000 CFS over the 5-year study period (2015-2019) found that over 81 percent of BPD CFS were for non-criminal events. Only 7.4 percent of CFS were for felonies of any kind. NICJR's assessment of viable alternative responses indicated that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent of CFS requiring BPD to be present, but to serve in a support, rather than a lead role.

As a result of an assessment of the CFS and the narrative of the actual incidents, NICJR recommended that alternative response options be developed for the 50 percent of CFS that were determined to not require a law enforcement response.

Alternative Response Report

The **Alternate Responses Report** expands upon the Calls for Service analysis, providing a detailed overview of NICJR's Tiered Dispatch model, the CERN, and describes how specific call types are assigned to the four tiers:

- **Tier 1:** Non-Criminal: 911 calls and other CFS that are not crimes, like noise complaints or suspicious persons
- **Tier 2:** Misdemeanors
- **Tier 3:** Non-violent felonies
- **Tier 4:** Serious and violent felonies

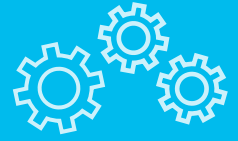
Eventually, all Tier 1 and some Tier 2 CFS should be able to be responded to by the CERN or other non-police responders.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources.

A description and implementation plan utilizing Tiered Dispatch and the CERN model are outlined in detail in the Implementation Plan below.

Community Engagement Report

Berkeley's Reimagining Public Safety process has included comprehensive outreach and engagement of local community members in an effort to develop a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's RPSTF and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of BPD and crisis response; and their perspectives on and priorities for reimagining public safety. More than 2,700 people responded to the survey. NICJR and its partners, as well as RPSTF members, held 14 listening sessions to hear from community members, especially hard to reach community members and those not well represented in the survey, including: the unhoused residents, formerly incarcerated, youth, Black residents and Latinx residents. Details of the survey responses and listening session feedback are contained in the [Community Engagement Report](#).



IMPLEMENTATION PLAN

Based on the extensive research that was conducted by NICJR and partners, input from the community engagement process, feedback from the Task Force and other stakeholders, NICJR provides the following detailed recommendations to the City of Berkeley categorized in the Reduce – Improve – Reinvest framework.

REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

- Implementation of the Tiered Dispatch/CERN model
- End pretextual stops
- Implementation of BerkDOT, which should further reduce the size of BPD

Tiered Dispatch/Emergency Response Network

The graph below depicts the response to certain 911 and other calls for service based on the Tiered Dispatch model, which contemplates a tiered response to CFS based on the nature of the call as reflected below:



As reflected in the CFS Analysis, 81 percent of the 358,000 calls for service to BPD between 2015 -2019 were for non-criminal events. While some of these calls were determined not to be appropriate for non-police response based on an analysis of call narratives, NICJR recommends that 50 percent of these non-criminal calls be handled by a non-police response.

With BPD freed up to focus its efforts and attention on serious and violent crime, community-based responders can focus on the variety of needs that fall into the identified 50 percent of non-police calls. In addition to being available twenty-four hours a day, seven days a week, the CERN would be designed to build on the professional skills and expertise of non-sworn staff and to utilize collaborative community partnerships and the other necessary resources to appropriately and holistically respond to individuals in need. Some examples of this in practice include:

- **The Albuquerque Community Safety Department** provides a third option when individuals call 911, instead of only having the option of police or fire department services. Community Safety responders are dispatched with and without other first responders (Police and Fire). Community Safety responders may have backgrounds as social workers, peer to peer support, clinicians, counselors, or other similar fields.¹¹
- **The Durham Community Safety Department** dispatches trained, unarmed responders that may include licensed clinical social workers and mental health clinicians paired with paramedics to calls involving mental or behavioral health needs, minor traffic accidents, quality of life issues (trespassing, loitering, panhandling, etc), and calls for general assistance.¹²
- **New York City B-HEARD (Behavioral Health Emergency Assistance Response Division) Program** focuses on using a mental-health centered response to 911 mental health calls. The B-HEARD teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.¹³

A national poll conducted in June of 2021 found that 70 percent of likely voters support a non-police response for 911 calls about mental health crises, and 68 percent support the creation of non-police emergency response programs.¹⁴ In many jurisdictions, police are the first to respond to 911 calls about people experiencing issues related to mental health, homelessness, and substance use. However, police officers report not having the proper training or expertise to appropriately respond to those situations and often resort to their training and treat non-criminal situations as crimes.

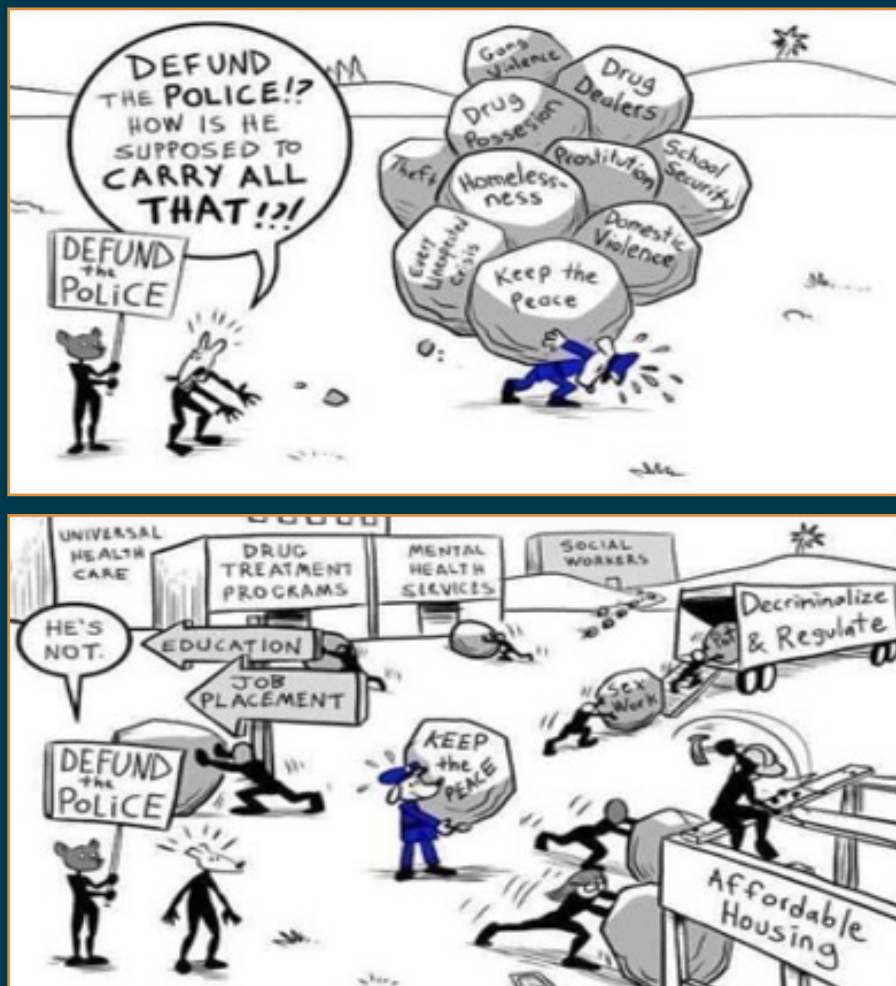
Chief Eric Hawkins of the Albany, NY police department said, “Fundamentally I don’t have a problem with the basic premise to defund the police, and that is police officers should be doing police work and not social work. Police officers shouldn’t be the point of contact for individuals with mental health issues, substance abuse issues, or unhealthy family structural issues.”

11 <https://www.cabq.gov/acs>

12 <https://durhamnc.gov/4576/Community-Safety>

13 https://www1.nyc.gov/assets/nypd/downloads/pdf/public_information/b-heard-public-faqs-5-27-2021.pdf

14 <https://theappeal.org/the-lab/polling-memos/likely-voters-support-non-police-emergency-response/>



Development and implementation of the Tiered Dispatch model advances the Berkeley City Council's July 14, 2020, direction "to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police's scope of work primarily to violent and criminal matters".¹⁵

Tiered Dispatch/CERN Pilot Program

Based on the information garnered from the preparation of its deliverable reports and an understanding of the approaches being taken by jurisdictions across the country, **NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.** Upon implementation of the pilot phase of the Tiered Dispatch/CERN, BPD would no longer respond to the identified subset of Tier 1 (non-criminal) calls for service which would instead be handled by the CERN responders.

NICJR recommends contracting with local Community Based Organizations (CBOs) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

The call types designated for the pilot phase are the 13 call types listed in the Table below. This subset of Tier 1 calls, selected due to the combination of high volume of calls and incidents that could be effectively handled by community responders, accounts for 89,283 total calls or approximately 25 percent of all calls over the 5-year study period.

¹⁵ <https://www.cityofberkeley.info/RIPST.aspx>

Tier 1 Subset of CFS for Pilot	# of calls in 2015	# of calls in 2016	# of calls in 2017	# of calls in 2018	# of calls in 2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17,754	17,997	18,279	18,121	17,132

Tiered Dispatch/CERN Pilot Program Implementation Steps

NICJR recommends that the City develop and issue a request for proposals to contract with Community Based Organizations (CBOs) to become CERN responders.

NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOs to cover each district. Each CERN district should have three teams (one team per shift) of two CERN responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation.

For the pilot program, each CERN district would include the following staff:

- 8 Community Intervention Specialists
 - 3 of the Community Intervention Specialists would be leads, to have a lead Community Intervention Specialist (CIS) on each shift
- 1 CERN Supervisor
- 3 CERN Dispatch/Administrative staff

A position overview for the Community Intervention Specialist is included as Appendix A.

Although as a part of the RFP process applicant CBOs would submit proposed budgets, a sample budget of one CERN team is included in Appendix B. According to BPD's June 10, 2021, budget presentation to the City

Council, the Department is currently holding \$6.4 million in annual salary savings in vacant positions while the Reimagining Public Safety process plays out. These funds more than cover the costs of a CERN pilot. This budget does not include training and technical assistance for the CERN and BPD dispatch that NICJR suggest be provided by an organization that has implemented an alternative response program.

Dispatch

The following information was provided by BPD about dispatch:

Dispatchers are trained to identify approximately 170 pre-established call types for CFS in the CAD system. Some call types may be administrative and specific to BPD or categorized by California penal or vehicle code, and others are categorized by the Berkeley municipal code. Dispatchers are also trained to identify about 40 pre-determined call types for fire and EMS CFS.

The dispatcher identifies an applicable call type to assign the CFS based on what the caller is describing. The call type also determines the response level priority. The reliability of the call type assignment is dependent upon what the dispatcher is being told by the caller. Often the information the dispatcher obtains is unclear, fractured, or incomplete.

If the information or circumstances of an incident do not clearly fit a call type, BPD uses a 'catch all' call type description that dispatchers apply to initiate a response to the CFS. Some examples of call types include:

- 415 (Disturbance)
- SUSCIR (Suspicious Circumstance)
- 10-42 (Welfare Check)
- UNK (Unknown Problem)
- PCVIO (Miscellaneous Penal Code Violation)
- ADVICE (Advice)

Therefore, the outcome of the CFS can be very different from the original call type assignment. Call types may change based on receiving new information prior to an officer arriving on-scene. Once an officer arrives on-scene the call type remains the same, but the final disposition or outcome of the CFS can be different from the call type when dispatched.

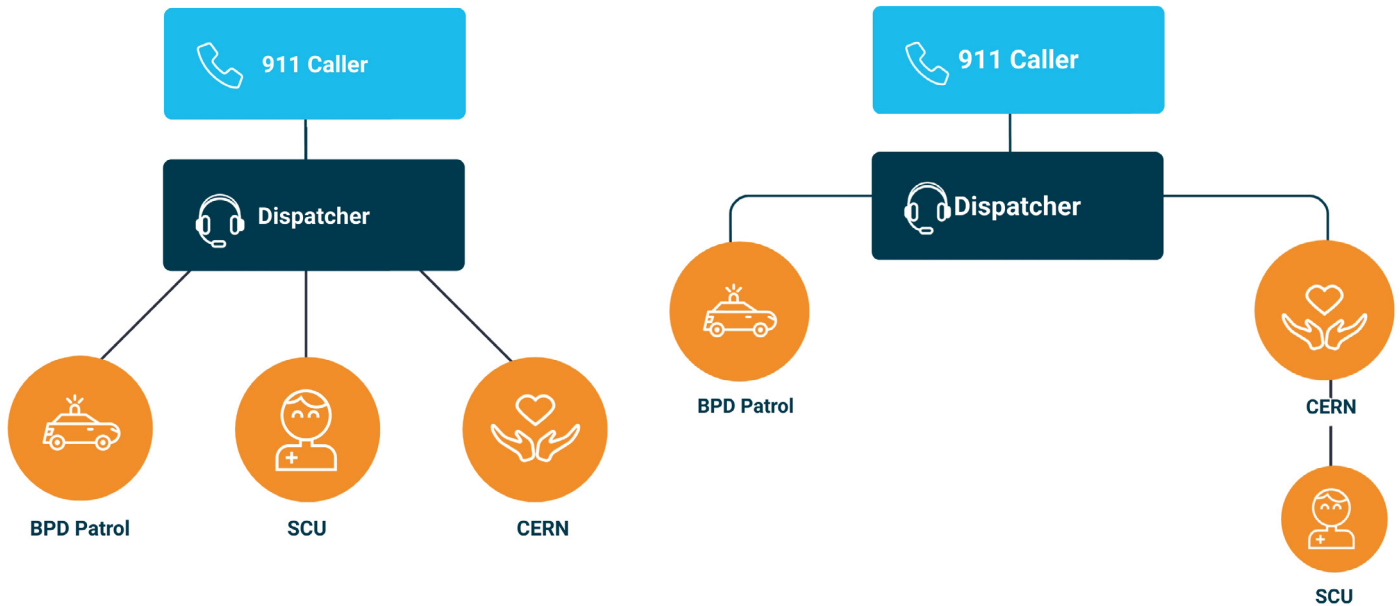
To implement the Tiered Dispatch/CERN model, training will be needed for dispatchers. But, per the process described above by BPD, there is not much of a change to how dispatchers will be asked to operate. When dispatchers identify a call as one of the 13 pilot program call types, they will send that call to the CERN Dispatch in the CERN district the call is coming from.

NICJR has suggested the 13 call types for the pilot initiative based on an examination of the call for service data including the call type at intake as well as final disposition. Appendix C includes a summary of and some actual Berkeley 911/CFS incidents among the 13 suggested call types to be in the pilot.

BPD currently receives many calls to its non-emergency phone line and often dispatches officers to those CFS. The CERN would also receive those CFS through BPD dispatch but the CERN should also have its own direct non-emergency line to receive CFS directly from the community that do not have to be routed through BPD.

Specialized Care Unit (SCU)

The City of Berkeley has initiated several police reform/public safety reimagining initiatives in the past 18 months, including the development of a SCU that was separate from this Reimagining Public Safety process. NICJR consultants worked with the Task Force and consultants on the SCU project to collaborate on community outreach addressing response to mental health calls. In the broad survey that received more than 2800 responses, a large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed.¹⁶ NICJR has received occasional updates on the SCU development process. The final report on the SCU is due to be released on the same day as the submission of the draft of this Final Report to the City and Reimagining Public Safety Task Force. With the understanding that the SCU will respond to calls for service related to mental health and substance abuse, NICJR recommends that either the SCU becomes a division of the CERN and responds to the specified call types identified in the SCU development process or that the SCU becomes a separate, third dispatch option. Both options are depicted below:



Example Tiered Dispatch/CERN Response from Call to Completion

A Berkeley resident who lives in an apartment building calls 911 at 2:00 a.m. saying there has been ongoing loud music and noises coming from a nearby unit in the apartment building. The dispatcher determines that the call is a 415E - Noise Disturbance call in South Berkeley and routes the call information to the South Berkeley CERN. The CERN dispatcher calls or radios the Community Intervention Specialist team on duty and provides them information about the call, both verbally and in the CAD, and directs them to the call.

The CIS team arrives on scene and hears the loud music. They knock on the door that the music is emanating from and talk with the occupants. After some discussion using their mediation training, the CIS team convinces the occupants to turn down their music. The lead CIS enters notes into the CAD (or other data system if an alternative is decided upon)

In 2019, according to the BPD CAD data, there were at least 1,000 disturbance calls for service involving loud music. Nearly all of those calls were responded to by a sworn police officer.

Once the pilot has been initiated, NICJR recommends the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Implement regular CERN debriefs to assess circumstances in which officers were asked to respond and the associated outcome, as well as when they were not called and the associated outcome -- this will assist in identifying potential expansion or reduction of specific types of CFS in each response tier and allow the City to better tailor the program to the community needs;
3. Evaluate administrative, budget, and staffing implications from the transfer of services, noting both successes and challenges that impact program implementation - i.e. vacant positions, staff turnover, access to data, additional or specific training needed etc.;
4. Gradually expand the pilot to have CERN respond to all Tier 1 CFS

Alternative responses should be piloted and scaled after proven effective. As the Tiered Dispatch system is built out, BPD patrol staffing can be reduced through attrition and the budget can be reduced, and more funds can continue to be made available to support alternative responses and investment in addressing root cause issues.

NICJR is not recommending officer layoffs, but reducing the BPD budget through attrition. According to data provided by BPD, in the five years between 2016-2020, an average of 17 officers per year left the Department.

As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

Potential CERN CBO Providers

There are a small number of community based organizations in Berkeley that could operate a CERN. Three of these are briefly highlighted below:

Building Opportunities for Self-Sufficiency (BOSS)

Established in 1971, Building Opportunities for Self-Sufficiency (BOSS) oversees a variety of programs and services encompassing housing, reentry, violence prevention, employment, education, and criminal justice policies. A major initiative BOSS has created is Neighborhood Impact Hubs, which provide resources and services to neighborhoods in Alameda County that experience concentrated poverty and violence. Supports provided include job training, community outreach, peer support, mediation, and others.¹⁷

BOSS also operates many transitional and permanent housing sites for individuals experiencing homelessness. Specialists known as Housing Navigators work to provide housing to individuals and families in the BOSS Network as well as those referred to the organization by way of the 211 Coordinated Entry System and Alameda County Behavioral Health Care Services.¹⁸ BOSS also manages Street Outreach teams in Oakland, working in neighborhoods with high rates of violence. BOSS has worked in Berkeley since its inception.

Bonita House, Inc.

Bonita House, Inc. is a non-profit organization that provides an array of services ranging from treatment for psychiatric and substance use disorders, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The organization takes a social rehabilitative approach to assisting people recovering from mental health and substance use disorders.¹⁹

Currently, Bonita House, Inc.'s Creative Wellness Center (CWC) is funded by the City of Berkeley and serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions. Bonita House recently launched a Community Assessment and Transport Team (CATT) to serve as a crisis response system. This program is a joint effort among Alameda County Health Care Services Agency programs, 911 dispatch, the County Sheriff's Office, and others. Through CATT, a mental health provider and an Emergency Medical Technician will be available in a mobile transport unit to assist clients with a medical assessment along with transport to further services.²⁰

Bay Area Community Services (BACS)

Bay Area Community Services (BACS) was established in 1953 to elevate under-served individuals and families by supplying innovative behavioral health and housing assistance in northern California. BACS' philosophy centers on a trauma-informed, person-centric approach.²¹ The organization's North County Housing Resource Center (HRC) connects adults across Alameda County with housing opportunities. Services include housing navigation, financial assistance, legal workshops, and connections to additional resources.²² The HRC is a part of Berkeley's Coordinated Entry System (CES), an initiative which aims to more effectively tackle homelessness.²³

Another major program BACS administers is the Berkeley Pathways STAIR Center. The Berkeley Pathways STAIR Center is a re-housing program that assists individuals experiencing homelessness with transitioning into permanent housing in West Berkeley.²⁴ Open twenty-four hours a day, seven days a week, individuals at the STAIR Center are connected to case managers, supplied with meals and storage, and provided mental health services.²⁵ A critical component of the program is street outreach, in that outreach workers sustain

¹⁷ <https://www.self-sufficiency.org/supportsjcf>

¹⁸ <https://www.self-sufficiency.org/housingnavigation>

¹⁹ <https://bonitahouse.org/about-us/>

²⁰ <https://bonitahouse.org/catt/>

²¹ <http://bayareacs.org/who-we-are/>

²² <http://www.bayareacs.org/wp-content/uploads/2019/07/HS-Flyer-HRC-North-County.pdf>

²³ <https://www.cityofberkeley.info/homeless-entry/>

²⁴ <https://alamedakids.org/resource-directory/view-program.php?id=1223>

²⁵ <https://chancellor.berkeley.edu/sites/default/files/berkeleypathwaysinformation.pdf>

a presence in Berkeley's encampments and build relationships with their residents. During the first year of the STAIR Center, 170 individuals acquired a STAIR bed, with 101 clients exiting the shelter to permanent housing.²⁶

Berkeley Police Department Staffing & Budget Implications with Implementation of Tiered Dispatch & CERN

Implementation of the Community Emergency Response Network (CERN) Pilot:

According to BPD's June 10, 2021 budget presentation to the City Council, the Department is currently holding \$6.4 million in annual salary savings in 30 vacant positions (23 sworn/7 un-sworn) while the Reimagining Public Safety process plays out. These funds more than cover the costs of implementing a CERN pilot, which is estimated to cost \$2.5 million.

Full Implementation of Tiered Dispatch and CERN:

BPD has 164 total sworn officers.²⁷

According to a BPD presentation to the RPSTF, as of March 2021, there were 97 officers assigned to the Patrol Division, not including 16 reserve officers.²⁸

Based on NICJR's assessment of Calls for Service (CFS), it was determined that 50% of CFS could be responsibly responded to by an alternative response program, like CERN. If fully implemented well, in stages to ensure safety and quality, Tiered Dispatch and CERN could result in a 50% reduction in the BPD's Patrol Division.

Reduce BPD Patrol Division by 50%:

- Reducing the Patrol Division by 50% would equate to 49 officer positions.
- We suggest transferring 5 officers to the recommended Quality Assurance and Training Bureau under the new HALO initiative.
- We suggest transferring another 5 officers to investigations to increase the solve rates of serious and violent crime.
- This would leave 39 officer FTEs to eliminate.
- Cost per officer: \$245,656 annually
 - Step 3 Median salary: \$56.24 per hour x 2080 hrs (year of work) + 110% for benefits and other compensation (this fringe rate verified by City Administrator)
 - Does not include equipment costs (car, gun, computer, phone, protective equipment etc.)

Savings:

- Eliminating 39 FTEs in the patrol division would generate an annual savings of \$9,580,584.
- These dollars can be used to fund the CERN as well as increased investment in fundamental cause issues (education, housing, employment, drug treatment, mental health, etc).

²⁶ https://www.cityofberkeley.info/Clerk/City_Council/2019/09_Sep/Documents/2019-09-24_Item_41_Pathways_STAIR_Center__First_Year_Data_Evaluation.aspx

²⁷ Quick Facts - City of Berkeley, CA

²⁸ Berkeley Patrol Operations (cityofberkeley.info)

Time Frame:

- Reallocate funds from current vacant BPD positions to fund the CERN pilot and investment in community based services as identified in the Reinvest section of this report.
 - 23 current sworn vacancies x \$245,656 = \$5,650,088²⁹
- Three CERN teams (which would serve one CERN district for 24 hours) have an estimated annual cost of \$1.26 million (see Example CERN Budget in Appendix B)
 - The proposed pilot includes 6 CERN teams (two districts, one team per shift for three shifts a day) for an estimated annual cost of \$2.52 million
- BPD Annual attrition rate: 17 officers per year at annual savings of \$4,176,152.
- With the annual attrition savings: Expand CERN each year by 6 CERN teams (doubling each district's staff or dividing the city into three districts) at an estimated cost of \$2.52 million and invest the remaining \$1.65 million in community-based services.
- Though the final decision will have to be determined by the outcomes of the pilot, NICJR estimates a fully implemented CERN in Berkeley would have:
 - 3 CERN Districts: 2 teams per shift, per district for a total of 6 teams per shift across the 3 districts, for a total of 18 teams.
 - 18 CERN teams = estimated cost of \$7.59 million.
 - Full implementation can be achieved two years after the pilot is initiated.
 - Two years of attrition equals 34 eliminated positions, 5 positions short of the full 39 identified as able to safely reduce from the Patrol Division. Revaluation after two years can determine the need for those 5 positions or move forward with elimination to increase investment in community-based services.

A Note about Violent Crime: (Update by BPD on 10/19/21)

- In 2020, total Part One crime in Berkeley decreased by 11% overall.
- Part One Violent Crime decreased by 13% (81 crimes), and Part One Property Crimes decreased by 11% (738 crimes).
- In the first six months of 2021, total Part One crime in Berkeley decreased by 12% overall compared to the same timeframe in the prior year. Part One Violent Crime decreased by 10% (29 crimes), and Part One Property Crimes decreased by 12% (362 crimes).
- Homicides increased from zero in 2019, to five murders in 2020. There were no homicides in the first six months of 2021.
- Robberies decreased by 26% with 274 incidents as compared to 369 in 2019.
- In the first half of 2021, robberies decreased by 1% with 148 incidents as compared to 150 in the same timeframe in 2020.
- Shootings: There were 40 confirmed shooting incidents in 2020 versus 28 in 2019. There were 38 confirmed shooting incidents in the first nine months of 2021 versus 26 incidents in the same timeframe in 2020.
 - Confirmed shooting incidents include loud report calls where shell casings or other evidence of gunfire is found. In 2019 and 2020, arrests were made in at least a third of these incidents.

²⁹ Budget (cityofberkeley.info)

End Pretextual Stops

Pretextual or “pretext” traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime, or when officers have made the stop on a low level violation assuming the driver or vehicle occupants are guilty of more serious offenses the officer is trying to find. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.³⁰ However, most of these stops do not actually yield any contraband or weapons.³¹ Because the nature of pretextual stops relies heavily on officer discretion, there is a high likelihood that implicit racial biases come into play. Such stops that end in violence or death disproportionately affect Black and Latino drivers.³²

Despite public concern, elimination of pretextual stops does not increase crime rates. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.³³

Pretextual stops are in the process of being regulated in many states across the country. Oregon’s Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.³⁴ Virginia policymakers recently passed a bill restricting pretextual stops.³⁵ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.³⁶ Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.³⁷ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.³⁸ The City Council also approved the recommendations of the Mayor’s Workgroup on Fair and Impartial Policing, which included the elimination of pretext stops.

BerkDOT

Another element of the George Floyd Act passed by the Berkeley City Council was to create the Berkeley Department of Transportation (BerkDOT), the purpose of which would be to enhance safety and mobility in Berkeley. Although California law does not currently allow for an alternative response to traffic stops, the vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.

30 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

31 <https://www.law.upenn.edu/live/files/7898-rudovskyoslj>

32 <https://www.berkeleyside.org/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

33 <https://inpejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

34 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

35 <https://lis.virginia.gov/cgi-bin/legp604.exe?202+sum+HB5058>

36 <https://theappeal.org/traffic-enforcement-without-police/>

37 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

38 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

- Implementation of HALO
- Creation of Bay Area Progressive Police Academy
- Implement additional police reform measures: Increase diversity of BPD leadership; Increase standards for Field Training Officers; and further amend the BPD Use of Force policy

Highly Accountable Learning Organization

During community listening sessions with Black, LatinX, system-impacted, and unstably housed / food-insecure residents there was a common perception amongst participants that the BPD is racist and classist. They expressed feeling targeted and unsafe with a militarized, aggressive approach to policing by BPD.³⁹ A Highly Accountable Learning Organization (HALO) is one that holds staff accountable and continues to learn and grow. A HALO police department is one where staff hold each other accountable, where management trains, coaches, and encourages staff and admonishes and disciplines when necessary. A HALO police department continually learns and improves its performance. It immediately responds to poor performance, critical incidents, and problematic staff with accountability, learning, training, and correction. A HALO police department provides significantly more training than the minimum required by the California Peace Officer Standards and Training (POST).



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NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization. BPD's HALO initiative would include the following:

- Implementation of a peer intervention program like EPIC and ABLE which train officers to intervene when they observe fellow officers engaged in inappropriate behavior.
- In line with recommendations from the Mayor's Task Force on Fair and Impartial Policing which were adopted by the Council, BPD should implement or improve on the Early Intervention System (EIS). The EIS should be designed to catch problematic officers early and provide appropriate training and correction or discipline and dismissal.
- Creation of Quality Assurance and Training Division: Significantly expand the current Training Unit and develop a Quality Assurance and Training Division that provides additional training, reviews body worn camera footage, and reviews critical incidents and complaints to develop officer and squad specific trainings.
- Increase Transparency: Provide regular reports to the public and increase the open data portal.

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and to intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.⁴⁰

³⁹ Page 38 of the Community engagement report

⁴⁰ <http://epic.nola.gov/home/>

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening. These factors include a lack of confidence in their ability to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.⁴¹

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.⁴²

Data has shown that police departments where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.⁴³ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.⁴⁴

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{45 46} The training consists of a minimum of a one-time, eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.⁴⁷ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.⁴⁸

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.⁴⁹ Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers, and growth in officer well-being.⁵⁰ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

41 <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>

42 Id.

43 <https://www.apa.org/monitor/2017/10/police-misconduct>

44 <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

45 <https://www.law.georgetown.edu/cics/able/>

46 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

47 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

48 <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

49 https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

50 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

Early Intervention System

Early intervention systems (EIS) – also known as Early Warning System (EWS) or Early Warning and Intervention System (EWIS) – can be thought of as a personnel management or risk management tool designed to identify potential problematic behavior that puts the individual, organization, and/or community at risk. These systems consolidate a variety of data as well as indicators to analyze for potentially problematic behavior as early as possible. Indicators include but are not limited to: use of force incidents; citizen complaints; and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a “peer officer comparison system” where officers assigned to the same beat are juxtaposed.⁵¹ Once an officer is identified by the EIS for habitual misconduct, training, supports, and services to aid the officer are provided to encourage officer wellbeing and aid in behavioral change that is consistent with organizational and community goals. Continued monitoring of officer progress, as well as frequent reviews of EIS data, is necessary for successful implementation.⁵² The collection and analysis of aggregate data within EIS is also recommended to be utilized to identify problem areas within teams, units, departments, or entire organizations.

Examples of areas that EIS commonly tracks are:

Performance category	Possible considerations
Arrests, especially excessive ‘discretionary’ arrests	May signify underlying bias of officer or over-zealousness; or could be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Traffic Stops	May highlight concern over bias if indicative of profiling, may be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Use of force by type (e.g., baton, pepper spray, gun, etc.)	Limited use of less lethal may indicate underlying fear or lack of confidence in ability to resolve encounters with a minimal amount of force. May uncover bias, overly aggressive tendencies, lack of verbal ability, lack of skill or training in de-escalation.

In February 2021, the Mayor’s Task Force on Fair and Impartial Policing recommended the implementation of an EIS and outlined the following seven areas in which the EIS should focus:

1. Evaluate and assess stop incidents for legality and enforcement yield.
2. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.
3. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates. In the risk management process, the responsible

⁵¹ <https://samuelwalker.net/issues/early-intervention-systems/>

⁵² <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>



personnel in the chain of command reviews and discusses the available information about the subject officer and the officer's current behavior.

4. Absent a satisfactory explanation for racially disparate behavior, monitor the officer. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
5. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.
6. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.
7. Report the results of this data analysis quarterly.

In response to the Fair and Impartial Policing recommendations, BPD has indicated it is implementing an EIS for traffic, bike, and pedestrian stops, which is a very good start. NICJR recommends that the EIS should also be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau described below.

Quality Assurance and Training Bureau

In order for BPD to become and maintain a Highly Accountable Learning Organization, it must have an internal accountability and continual improvement process and structure. To this end, as a part of the HALO initiative, **NICJR recommends that BPD either expand its current Personnel and Training Bureau or create a new Quality Assurance and Training (QAT) Bureau.** The QAT Bureau would be responsible for supporting officers and personnel throughout the Department to maintain and increase high standards and professionalism, as well as quickly detect and correct any patterns of misconduct.

The QAT Bureau should examine every complaint filed, every Use of Force, and regularly examine BWC footage to assess where individual officers, squads, and the entire Department need additional training, specialized training, and coaching, to address the specific deficiency discovered through the complaint, incident, or pattern observed.

Unlike current operations, if the QAT Bureau observed discourteous treatment by an officer, they would be authorized and required to pull that officer into a special training and/or coaching session. The QAT Bureau would then review the BWC footage of officers in that squad to determine if there was an issue with the entire squad and sergeant.

The QAT Bureau would also increase the number and quality of trainings currently offered in the Department. POST, which oversees mandated training of officers in California, only requires 40 hours of training per year, but local departments can go beyond that minimum. Under the HALO initiative, BPD officers should receive far more training than the minimum POST requirements. In addition to *more* training, the QAT unit would provide not just one-size fits all training to a group of officers, but specifically tailored training to individual officers and squads based on their needed improvements or after critical incidents.

BPD has conducted a number of good trainings for its officers and non-sworn staff, including: Fair and Impartial Policing; Principled Policing; Bias Based; Communication-Keeping Your Edge; and Implicit Bias (a full listing of the trainings BPD provided to NICJR is in Appendix D). Based on the information BPD provided, there has not been a single Fair and Impartial Policing training in five and a half years, and not one held for all officers for the past seven.

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."⁵³ **Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.**⁵⁴

One of the trainings BPD should add for all officers is a full day Procedural Justice course. According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."⁵⁵

A comprehensive evaluation of procedural justice trainings found that "training increased officer support for all of the procedural justice dimensions. Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."⁵⁶ Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department. In Oakland, CA, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the community teach a portion of the procedural justice training. BPD should increase its use of local community members providing training to officers.

To implement the QAT Bureau, **NICJR recommends that BPD transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau and rename it the Quality Assurance**

53 <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

54 <https://nicjr.org/wp-content/uploads/2021/08/GeneralNewAndEmergingReport.pdf>

55 <https://cops.usdoj.gov/proceduraljustice>

56 <https://www.scholars.northwestern.edu/en/publications/training-police-for-procedural-justice>

and Training Bureau and amend the duties of those officers to achieve the above goals. With the implementation of the Tiered Dispatch model, the patrol division will have significantly less work load and officers can be reassigned to other duties, like the QAT Bureau.

Increased training hours will require negotiation with the union and the City Manager's Office will have to engage with the Meet and Confer process to implement these changes.

Greater Transparency

The issues of accountability and transparency in policing are intertwined and efforts to address each often include both. There are, however, specific efforts that work to daylight information about departmental activities as well as individual officers' behaviors for the purposes of identifying patterns and problems.

BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

The Oakland Police Department (OPD) recently implemented a series of Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.⁵⁷

The dashboards were created with input from OPD staff and leadership, community based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last twenty-four hours.⁵⁸ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.⁵⁹ One necessary improvement with these systems is allowing the public access to the information.

Bay Area Progressive Police Academy

The following section of this report provides detailed research, components, and recommendations to support the development of a Bay Area Progressive Police Academy (BAPPA) to address what has been identified as a significant and stark mismatch between the primary reasons for calls for service and the training that officers receive to appropriately respond to those calls.

A progressive training program like BAPPA understands, values, and reinforces through the appropriate proportion of skill building and practice that first and foremost an officer must create a positive relationship with the community and that relationships are built on communication and personal interaction. BAPPA instructors would teach using guidance, coaching, and feedback, rather than humiliation or demands for



⁵⁷ <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

⁵⁸ <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

⁵⁹ <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

compliance. The approach emphasizes critical thinking, active and engaged learning, and thoughtful, informed, and quick analysis. It also prioritizes a strong understanding of human behavior including behaviors exhibited by individuals experiencing high degrees of stress, shock, trauma, or in more extreme circumstances, a mental health crisis, and integrates real-life scenarios and debriefs that teach which responses are likely to escalate or de-escalate a situation.

The BAPPA structure would be centered on adult learning models and focus on the demonstrated acquisition and application of well-practiced skill as opposed to rote memorization. The content of the curriculum will include honest discussions about civil rights, the Constitution, what it means to connect to, uphold, and exhibit the values inherent in a community guardian, and to serve a community in which you are responding to highly vulnerable, rather than just potentially threatening people. The program's focus is to hold both officer safety and public trust in equal proportions -- not in competition or as mutually exclusive.

Although activists' concerns and complaints dominate the headlines, when asked to reflect on the relevance and utility of their academy experience, much of the criticism has come from officers themselves.^{60 61} Police administrators have also expressed that they do not believe that police academy training is sufficient in preparing officers for the reality of the work they are asked to do.⁶²

The general disconnect between academy training and job preparation tends to revolve around two interrelated topics concerning the content and delivery of academy curriculum: 1) the typical paramilitary format fails to prepare recruits to work in a manner consistent with the community-oriented police services model; and 2) it is delivered in a manner that is inconsistent with basic principles of adult-learning theory and styles. Essentially, in order to produce officers who are able to successfully perform community-oriented policing techniques (e.g., proactive collaboration with community members), **police academies must train recruits to be independent, creative problem solvers who are connected to the human impact of their decisions and see their role as a guardian, not a warrior.**⁶³

According to a resolution authored by Berkeley City Councilmember Ben Bartlett and co-sponsored by Mayor Jesse Arreguin in June 2020:

“Berkeley Police Department recruits currently train at the Contra Costa County Sheriff’s Office Academy Training Center, Sacramento Police Academy, Santa Clara County Sheriff’s Office Justice Training Center, and Alameda County Sheriff’s Office Academy Training Center. Unfortunately, these facilities are paramilitary in structure, potentially instilling the warrior mentality that forces a divide between law enforcement and the public and promotes fear. Additionally, the Alameda County Sheriff’s Office’s history of using military technology, deploying armored vehicles, equipping deputies with automatic rifles, and support for Urban Shield casts doubt on the ability of the Alameda County Sheriff’s Office Regional Training Center in Dublin to train cadets in a progressive, non-paramilitary manner.” The resolution goes on to say:

“Rooting out the paramilitary aspect of policing begins with transforming police training. It necessitates equipping officers with practical and effective decision-making methods that prioritize de-escalation and reserve use of force as a last resort. It necessitates teaching police officers that they have the power and the choice to perpetuate or defeat injustice. It necessitates engaging officers with the history of their profession and challenging their socioeconomic and racial biases.”⁶⁴

60 <https://www.emerald.com/insight/content/doi/10.1108/13639519810206600/full/html>

61 <https://psycnet.apa.org/record/1987-29889-001>

62 <https://heinonline.org/HOL/LandingPage?handle=hein.journals/injposcim4&div=25&id=&page=>

63 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6950698/#B2-ijerph-16-04941>

64 <https://www.cityofberkeley.info/uploadedFiles/Clerk/Progressive%20Police%20Academy%20June%202020.pdf>

Unfortunately, the approach in which most police academies continue to be conducted is in a paramilitary fashion. This means that recruits are held to a high standard of discipline and regimentation seemingly for discipline and regimentation sake. They utilize the mentality of a warrior going to battle and view the police force as being an occupying army. This approach has been referred to as the “warrior mentality” for many years. Instilled or reinforced in police officers at the academy, the warrior concept is saturated throughout police culture. Another, more insidious problem in a military-style academy is the



behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). In this way, academy training staff are often indistinguishable from military drill sergeants, who verbally harass and even demean recruits who are not measuring up.⁶⁵ Pushups, extra running, and writing reports are used as punishment for failure to demonstrate skills and/or properly follow directions. Although this type of approach can sometimes build camaraderie, it has not been shown to effectively build recruits' skill. There are, however, many other ways to build camaraderie while achieving the primary goal of improving the recruit's skill and ability to do their job. What the paramilitary model has been shown to do is contribute to a fairly high dropout rate. This is especially true in organizations that have implemented newer hiring practices that recruit more mature individuals, with advanced degrees and whose education, training, and life experience has taught them to ask questions, critically analyze, debate, and discuss rather than just follow orders. Which means that the paramilitary training model results in high drop-out or failure rates amongst the very recruits departments are attempting to attract and retain.

The contrast to the warrior mentality is the guardian mentality, which promotes community engagement, the establishment of meaningful relationships, and providing support to residents. The notion of being a guardian or protector of the public is a noble one, one in which trust and respect can replace fear and intimidation. If police agencies are committed to hiring officers who will do things differently and exemplify the guardian qualities, they must create agencies that exhibit those same qualities and train recruits in a manner that reinforces them.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality. In order to leverage resources as well as build a regional approach, BAPPA is proposed as a partnership between area cities that may have similar goals to transform their police departments, which may include: Berkeley, Albany, and potentially Oakland.

⁶⁵ Couper, D.C., *Arrested Development: A Veteran Police Chief Sounds Off About Protest, Racism, Corruption and the Seven Steps Necessary to Improve Our Nation's Police*, Indianapolis, Indiana: Dog Ear Publishing, 2011.

Other Police Reform Measures:

Increase Diversity of BPD Leadership

Overall, BPD has a relatively diverse sworn staff as it relates to Berkeley's demographics in terms of race and ethnicity. But there is a significant disparity in gender, with males making up 86 percent of sworn staff. BPD also only tracks gender as male or female; this should be changed. Another concern is that, of the 13 executive staff in the Department (Lieutenants/Captains/Chief), nine are white, three are Asian, one is Black, and none are Latinx (a chart of BPD personnel by race and rank is in Appendix E). Intentional focus on increasing the racial and gender diversity of BPD line staff and leadership will be important in the near term.

Increase Standards for Field Training Officers

The Minneapolis police officer who murdered George Floyd was a Field Training Officer (FTO) despite having 13 previous complaints leveled against him and he was involved in three previous shootings.

BPD should amend its policy to disallow any officer from becoming a Field Training Officer who has either more than two complaints or any one sustained complaint in any 12 month period.

Further Amend the BPD Use of Force Policy

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.



REINVEST

Berkeley is an affluent city with resources, one of the most well regarded academic institutions in the country, and a progressive electorate that supports social programs. Unfortunately, this combination of assets has not resulted in appropriate and sustained investment in the most vulnerable populations in the city.

The City of Berkeley must increase its investment in communities, families, and individuals who: live in poverty, are unhoused, are unemployed, are underemployed, have mental health challenges, and/or have substance abuse challenges. Particular attention to racial and ethnic intersectionality with respect to these socio-economic demographic characteristics is critically important (especially in relation to Black and Latinx communities). The Community Engagement Report, Appendix J, includes a wealth of input and ideas for investment from many of Berkeley's most vulnerable populations. The information contained in this report can serve an ongoing benefit in addressing the needs of the community and its unique diversity.

When the Tiered Dispatch/CERN model is fully implemented, up to 50 percent of calls for service in the City can be diverted to a non-police response, allowing for BPD staffing to be responsibly and safely reduced and the Department's budget to be significantly reallocated.

Even before the BPD budget can be reduced and reallocated, the City should use General Fund dollars and other revenue sources to increase investment in "fundamental cause" drivers of trauma, crime, and violence. These fundamental causes include, but are not limited to:

- Poverty
- Homelessness
- Education
- Substance Abuse
- Unemployment and underemployment

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

- Launch a Guaranteed Income program to provide monthly stipends to individuals and families living under the poverty level
- Launch a Community Beautification Employment Program
- Increase Funding for Community Based Organizations

Guaranteed Income

The poverty rates from the national to the local level show deepening poverty levels as we get closer to home. In 2019, the national poverty rate was 10.5 percent and in California it was 11.8 percent.⁶⁶ Drilling down, we find that Alameda County's poverty rate was 14.1 percent and that Berkeley's was 19.2 percent.⁶⁷ The 2019 American Community Survey conducted by the U.S. Census Bureau reveals that nearly 36 percent of Black and 24 percent of Latino residents live below the poverty line, compared to only 12 percent of white residents.⁶⁸ Consistent with those findings, immigrant Californians experienced a poverty rate of 21.6 percent, compared to 14.4 percent for non-immigrants, and poverty among undocumented immigrants was 35.7 percent. More

⁶⁶ <https://www.statista.com/statistics/205434/poverty-rate-in-california/>

⁶⁷ <https://www.census.gov/quickfacts/berkeleycitycalifornia>

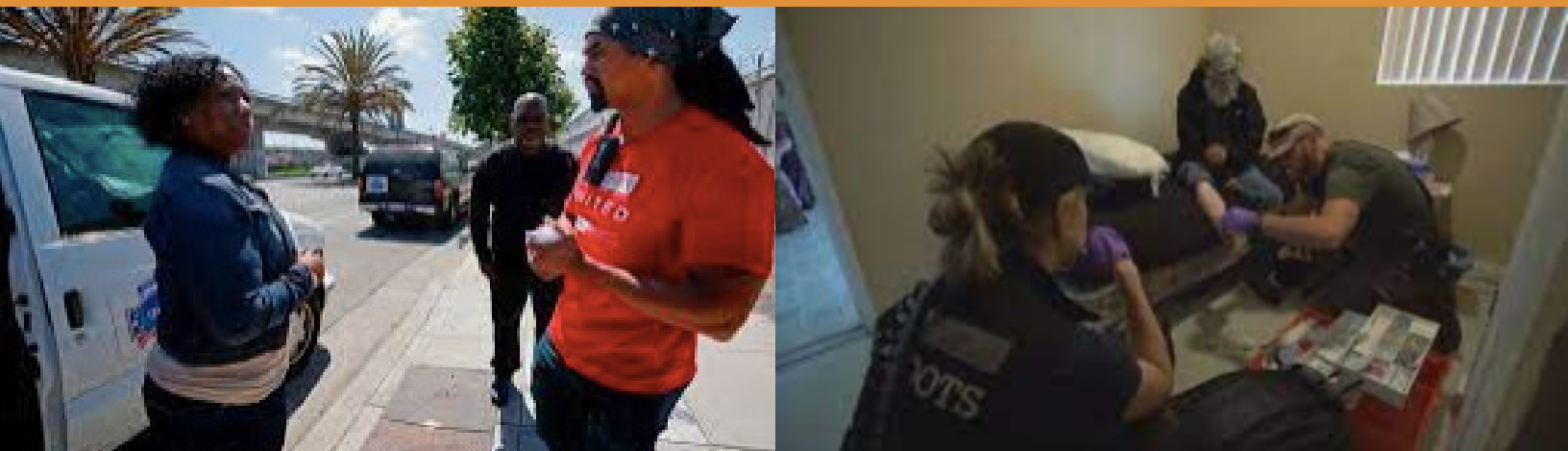
⁶⁸ <https://www.census.gov/programs-surveys/acs>

than one in five (21.4 percent) Latinos lived in poverty, compared to 17.4 percent of African Americans, 14.5 percent of Asian Americans/Pacific Islanders, and 12.1 percent of whites.⁶⁹

While Guaranteed Income or Universal Basic Income (UBI) programs have recently become popular in the United States, the state of Alaska has a program that provides regular unconditional payments to residents. The Eastern Band of Cherokee Indians Casino Dividend in North Carolina has given every tribal member between \$4,000 and \$6,000 per year since 1997. Studies of both efforts have shown a reduction in crime associated with the unconditional cash payments. These findings have been replicated in international studies, including one in Namibia which showed a direct correlation between UBI and crime reduction. There are smaller pilot efforts currently underway in the United States. Oakland recently launched a Guaranteed Income program and San Francisco is starting in 2022. In Jackson, Mississippi, Springboard to Opportunities and the Magnolia Mothers Trust are giving \$1,000 per month to Black mothers.

In Stockton, California, 125 residents have been receiving \$500 per month, since February 2019. Former Stockton mayor Michael Tubbs launched the initiative in the city and championed several Mayors from across the country in coming together to pledge to launch UBI initiatives in their cities through Mayors for a Guaranteed Income. A preliminary study of the Guaranteed Income program in Stockton found several positive outcomes, including that recipients were “healthier, showing less depression and anxiety and enhanced well-being.”⁷⁰

Berkeley should launch a Guaranteed Income pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000. These families should be provided a monthly stipend of \$750 at an annual cost to the City of \$1.8 million, a sum that can be taken from: the General Fund; federal funding already received or forthcoming, or the soon to be passed Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.



Community Beautification Employment Program

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated and unhoused people to help beautify their own neighborhood. Hire and train no less than 100 formerly incarcerated and unhoused Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.” has been changed to

⁶⁹ <https://www.census.gov/programs-surveys/acs>

⁷⁰ [SEED_Preliminary+Analysis-SEEDs+First+Year_Final+Report_Individual+Pages+.pdf \(squarespace.com\)](#)

“blight abatement, tree planting, planting and maintenance of community gardens, making and tracking 311 service requests, and other community beautification projects.

There are many Berkeley and Bay Area CBOs that are capable of implementing this program, including the Center for Employment Opportunity (CEO) that operates a crew-based employment program for people on probation in Alameda County or BOSS, which has also provided similar services. However, this program would be focused on beautifying Berkeley neighborhoods and employing Berkeley residents.

A recent study showed that community beautification efforts in Philadelphia had a direct impact in reducing violence in those neighborhoods.⁷¹

Under AB 109 Criminal Justice Realignment, each year Alameda County receives an allotment of funds from the state to serve adults in the community who are under probation supervision and for other related operations. The Alameda County Board of Supervisors has mandated that half of those funds be allocated to community based services. In fiscal year 2019-2020, Alameda County received more than \$50 million in Realignment funds from the state, with \$25 million of it dispersed to community services.⁷²

According to Alameda County Probation Department data, five percent of probation caseloads are from Berkeley. Of the annual \$25 million in Realignment funds allocated to community services each year, 5%, or \$1.25 million, should be spent on Berkeley residents. CEO also provides a crew based employment program in Oakland, which serves 80 people at an annual cost of \$345,000. If Berkeley receives its fair share of Realignment funding, it would more than cover the cost of the Community Beautification Employment program.

Increase Funding to Community Based Organizations

CBOs that provide services to those who are unhoused, live in poverty, have mental health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ should receive an increase in funding using Reinvest dollars. A list of Berkeley CBOs that provide such services are included as Appendix F.

For FY 2022, the City of Berkeley plans to spend \$20,484,394 to support CBOs; this allocation level represents a 22 percent decrease from the \$26,311,113 amount allocated to these organizations in FY 2021.⁷³ At the same time, BPD’s FY 2022 budget saw an increase, from \$65,460,524 (adopted FY21) to \$73,228,172 (proposed FY22), an 11.9 percent increase.⁷⁴

Increased funding can come from Measure W funds (described below); when the BPD’s budget is gradually reduced; the soon to be passed Infrastructure Bill; and concerted efforts to increase philanthropic dollars. Many Foundations, locally and nationally, are interested and have funded Reimagine Public Safety efforts. If the City of Berkeley adopts the innovative measures in this report and through other efforts being developed from the George Floyd Act, it will attract greater investment from philanthropy.

The City of Berkeley should increase funding to CBOs in one of two ways:

- An across the board 25% increase of grant amounts to currently funded CBOs
- Create a local government agency to be the centralized point of coordination, such as a Department of Community Development to develop a detailed plan to increase the investment in local CBOs that provide services to address fundamental cause issues.

71 Citywide cluster randomized trial to restore blighted vacant land and its effects on violence, crime, and fear | PNAS

72 http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_12_12_19/PUBLIC%20PROTECTION/Regular%20Calendar/item_3_AB_109_rpt_12_12_19.pdf

73 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

74 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

In Oakland, the Reimagining Public Safety Task Force recommended a \$20 million increase in funding to CBOs to be distributed through the Department of Violence Prevention. In response, the City Council allocated \$17 million to DVP and required the Department to develop a plan on how to disperse the funds to local CBOs. Berkeley could do something similar through the creation of the Department of Community Development.

Measure W

In November of 2020 Alameda County voters passed Measure W, a sales tax measure that is anticipated to generate \$150 million per year to provide housing and services for the unhoused. The funds are to be distributed geographically based on the number and percentage of unhoused individuals in each jurisdiction. The measure will establish a half percent (0.5%) sales tax increase for 10 years to provide essential County services such as housing, mental health services, job training, and other social safety services. Funded housing programs will include rapid rehousing, ongoing rental subsidies, expanded emergency shelters, and permanent supportive housing in certain cases.

As of 2019, there were approximately 1,108 unhoused people living in Berkeley, constituting 13.8 percent of Alameda County's unhoused population.⁷⁵ Berkeley should therefore expect to receive 13.8 percent of the \$150 million annually, which amounts to \$20.7 million for housing and other social services. The measure contemplates annual audits and citizen oversight, program components that Berkeley residents can leverage to ensure adequate spending and care is provided to unhoused people and people experiencing mental health crises in Berkeley in addition to ensuring safe, secure housing.



⁷⁵ [Berkeley+Homeless+Count+2019.pdf \(squarespace.com\)](#)

Implement Advance Peace Program

Berkeley has a relatively low rate of gun violence, but has experienced an increase in the past year. As of December 9, 2021, Berkeley has had 48 confirmed calls regarding gunfire compared to the same time last year when 39 calls were recorded⁷⁶. This represents an increase of approximately 23 percent. When compared with the numbers from 2019 (28 incidents of confirmed gun violence), the increase is further magnified resulting in a 71 percent increase. NICJR recommends the City implement the renowned Advance Peace program.

Advance Peace is a nonprofit organization that focuses on achieving tangible reductions in cyclical and retaliatory firearm-related assaults and deaths. The organization was formed in response to an analysis done by the City Council in Richmond, CA that found gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.⁷⁷ This goal is achieved through the implementation of strategic partnerships and interventions that strengthen neighborhood ties and promote community welfare. Advance Peace works to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in gun violence.

Leveraging their relationships in the community, Advance Peace staff known as Neighborhood Change Agents (NCAs) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. Advance Peace's main program is the Peacemaker Fellowship, which provides transformational opportunities to young men involved in lethal firearm offenses by placing them in a high-touch, personalized fellowship. The Fellowship provides life coaching, mentoring, connection to needed services, and cultural and educational excursions to those deemed to be the very most dangerous individuals in the city. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation. Since the establishment of the ONS, firearm-related homicides have declined in Richmond by more than 70 percent. For individuals enrolled in the Peacemaker Fellowship, 77 percent have not been involved in any gun violence activity.⁷⁸ The Peacemaker Fellowship has been replicated in the cities of Stockton and Sacramento, CA, with promising outcomes.⁷⁹

Implementation of the Advance Peace program will cost the City approximately \$500,000 per year.

⁷⁶ <https://www.berkeleyside.org/2021/05/22/2021-berkeley-gunfire-map>

⁷⁷ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

⁷⁸ <https://www.advancepeace.org/about/the-solution/>

⁷⁹ <https://www.advancepeace.org/about/learning-evaluation-impact/>

CONCLUSION

NICJR is proud to present this Final Report and Implementation Plan to the Mayor, City Council, City Manager and the Reimagining Public Safety Task Force.

The research and experience of NICJR and its partners; the feedback and input from the Task Force and City staff; and the engagement with and input from the community all culminated in the innovative ideas presented in this Final Report. This report and our recommendations provide a blueprint to move toward a public safety model that is community centered. As police reform efforts move forward, the City will have greater resources and additional information on continuing the process of mental health specialists and CBOs taking leadership of responding to the needs of the communities most impacted by the inequities in the current system and provide the necessary supportive resources for those in greatest need.

Through implementing the recommendations in this report and the other parallel processes (SCU, BerkDOT, etc), the City of Berkeley is poised to transform its public safety system, improve the outcomes of Berkeley residents, and become a national model for other cities to emulate.

By safely and responsibly reducing the footprint of law enforcement in Berkeley, vastly improving the quality of policing, and significantly increasing investment into community based services, Berkeley will have truly reimagined public safety.

NICJR would like to thank its partners: Bright Research Group, Pastor Michael Smith, Renne Public Law Group, and Jorge Camacho of the Justice Collaboratory at Yale Law School. NICJR would also like to thank the Task Force, a group of passionate and committed volunteers who spent many hours working to make Berkeley a better city for all its residents. Lastly, NICJR thanks and appreciates all the members of the community who participated in a listening session, completed the survey, attended a community meeting, or in any way participated in this process.

IMPLEMENTATION PLAN

REDUCE

Recommendation	Estimated Cost	Funding Source	Timeline
Establishment of a Tiered Dispatch/CERN Pilot Program.	\$2,532,000, plus some costs associated with training for Dispatch.	Current BPD vacant positions.	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.
Contracting with local Community-Based Organizations (CBOs).			
Full Implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.	\$7,596,000	Reduction of BPD Patrol Division by 50%.	Two years after implementation of the pilot initiative.

IMPROVE

Recommendation	Cost	Funding Source	Timeline
Berkeley Police Department should become a Highly Accountable Learning Organization (HALO).			
BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.	Joining ABLE is free of cost.	N/A	Within six months of approval from City Council.
Expand the Early Intervention System to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.	No additional costs.	N/A	Within six months of approval from City Council.
Transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau. Rename it the Quality Assurance and Training Bureau and amend the duties of those officers to achieve the above goals.	No additional costs.	N/A	Within six months of approval from City Council.
BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.	Internal re-organization can achieve this goal without additional costs.	N/A	First report should be issued July 1, 2022.

Develop a Bay Area Progressive Police Academy (BAPPA).	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies.	Launch two years after City Council approval.
Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.	Training costs.	Savings from eliminating patrol positions through attrition.	Within six months of approval from City Council.

REINVEST

Recommendation	Cost	Funding Source	Timeline
Launch a Guaranteed Income pilot program.	\$1,800,000	General Fund; federal funding already received or forthcoming, from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.	Launch within six months of approval from City Council.
Launch a Community Beautification Employment Program.	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents.	Launch one year after approval from City Council.
Increase Funding for Community-Based Organizations.	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the Infrastructure Bill; and concerted efforts to increase philanthropic dollars.	FY 22-23.
Launch the Advance Peace Program	\$500,000	General fund	Launch in first quarter of FY 2023, on going for at least three years.



APPENDICES

- A. Overview of Duties for CERN Positions**
- B. Example Annual CERN Team Budget**
- C. Tiered Dispatch/CERN Pilot Calls for Service Summaries**
- D. FIP and Related Course Training History**
- E. FY 2020 Year End Workforce Report**
- F. Community Based Organizations and Nonprofits Providing Services in Berkeley**
- G. New and Emerging Models of Community Safety and Policing Report**
- H. Berkeley Calls for Service Analysis**
- I. Alternative Responses Report**
- J. Community Engagement Report**

APPENDIX A

Community Intervention Specialist Position Overview

A Community Intervention Specialist (CIS) responds to non-criminal and low level 911 and other Calls for Service (CFS) in Berkeley as a part of the Community Emergency Response Network (CERN). CISs help to address, mediate, and resolve challenges, emergencies, conflicts, and other causes for CFS.

CISs will respond to a wide array of calls and situations and must engage the community in a thoughtful, patient, serious and compassionate manner.

Although the work of a CIS will evolve as the CERN develops and will always be dynamic and fluid, the following are the general duties of a CIS:

- Respond to emergency and non-emergency calls for services in Berkeley and attempt to resolve the problem, like noise complaints and neighbor disputes.
- Use mediation and de-escalation skills and tactics to ease tensions and mediate conflict
- Help those in need of support, including providing water, food, and encouragement.
- Communicate well with your team and with the CERN dispatcher
- Use compassion and empathy when engaging with the community and those in crisis
- If a situation escalates and proves dangerous and/or a deadly weapon is involved, call for an officer to respond
- Write notes and reports and perform other administrative tasks

Necessary Qualifications

- Experience working in diverse communities
- Experience working in crisis and/or high stressful situations
- Experience with mediation
- Lived experience in the justice system and/or neighborhood groups is welcome and encouraged
- Works in a professional manner
- Is energetic and passionate about serving the community
- Proficient in writing and use of a computer
- Bachelor's degree, preferably in social work or public health field, or no less than five years of experience relevant to this position

APPENDIX B

Example Annual CERN Team Budget

Personnel		FTE %
ED or other Org Manager	25%	\$50,000.00
CERN Supervisor	100%	\$90,000.00
CERN Dispatcher (3)	100%	\$75,000.00
Lead CIS (3)	100%	\$75,000.00
CIS (5)	100%	\$70,000.00
Subtotal		\$ 360,000.00
Fringe (25%)		\$90,000.00
Total Personnel		\$360,010.00
Operations		
Office Rent		\$36,000.00
Supplies		\$6,000.00
Vehicles (3)		\$105,000.00
Fleet gas and maintenance		\$32,400.00
Insurance		\$10,000.00
Radios (6)		\$1,500.00
Cell Phones (10)		\$2,000.00
Cell Phone lines		\$12,000.00
Water & Snacks		\$3,000.00
Uniforms		\$1,000.00
Total Operations		\$208,900.00
Subtotal		\$568,910.00
In-Direct (10%)		\$56,891.00
TOTAL		\$625,801.00

APPENDIX C

Tiered Dispatch/ CERN Pilot Calls for Service Summaries

Vehicle Double Parking, Blocking Driveway or Sidewalk, Inoperable or Abandoned

Calls for service (CFS) BPD receives related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned are call types that lend themselves to having an alternate response. Of the 3,690 CFS in the tier 1 subset of call types that were for the previously mentioned, only 56 percent were handled by BPD Parking Enforcement Division.

Any reason for parking enforcement not handling closer to 100 percent of call types falls short because the aforementioned call types are non-criminal and not likely to necessitate a sworn police response. Examples of CFS related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned, include an array of narratives that summarily and accurately capture the call type.

General Disturbance and Noise Disturbance

CFS BPD receives related to general disturbances or noise disturbances are also call types that may be better served with an alternate response. CERN community responders who are better equipped to mediate conflicts or de-escalate situations through a community centered approach may serve as a better option than dispatching sworn officers. BPD would not be precluded from responding to the call types, but rather a second option if needed.

Disturbance and Noise Disturbance CFS are generally non-violent and non-criminal in nature. In some cases, an argument or heated debates are categorized as disturbances and in other cases petty theft from retail stores are categorized as disturbances. In other cases, by the time an officer arrives to the scene the responsible parties are either unable to locate or gone on arrival. In many of the Noise Disturbance call types, officers were able to make contact with the responsible parties and ask them to cease what they were doing or move along. These types of calls are prime examples of how an alternate response would work in Berkeley.

Found and Lost Property

Found and lost property call types include calls where an individual has either found or lost money, credit cards, their wallets, and other personal property.

Non-Injury Accident

Calls for service (CFS) BPD receives related to certain non-injury collision may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. Unless there are barriers that legally preclude civilian personnel from handling certain types of property, civilian personnel or telephone reporting can serve to address these call types.

Although there may be some cases where major injury collisions occur, most collisions that occur in Berkeley are relatively minor and can be handled by civilian personnel within a traffic unit or the Berkeley Department of Transportation (BerKDOT) that is being developed. In cases where there are no injuries to be reported, civilian personnel or BerKDOT can handle these calls to take reports. Individuals may also call in to a telephone reporting unit to make a report.

Suspicious Person, Vehicle, Circumstances

Calls for service (CFS) BPD receives related to suspicious person, vehicle, or circumstances may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. CERN allows for community responders to request officer assistance if needed. In some cases, an officer is needed, but in many other cases, the suspicious person or vehicle is gone on arrival or unable to be located. Suspicious circumstances call types are usually a suspicious person or vehicle driving around or someone doing something seemingly out of the ordinary leading someone to call 911. Most of the time, the call types do not necessitate the need for a sworn response, even for welfare checks.

911 Call Narratives from Computer Aided Dispatch (CAD) Data

Disturbance Call Narratives:

"2 MALES HEARD IN A 415, CLOSE TO THE CLUBHOUSE, TOO DARK TO GET ANY FURTHER, Dispatch received by unit 4A9, 1194 on 2, 4 people admonished and moved along." (Sworn Officer)

"Refusing to leave for 3 hours .. Smell of marijuana .., nature of call: refuse to leave, rp is front office manager, guest, guest, resp / guest in room 3128; wm mid 50's 507 wild hair grey north face jacket and blue jeans guest has two boxer dogs brown in color aggressive with guest, dispatch received by unit 5a16, dispatch received by unit 5a18, dispatch received by unit 5a16, subject gone on arrival unable to locate from room, no further service requested." (Sworn Officer)

Noise Disturbance Call Narratives:

"4 or 5 people on the sidewalk talking loudly, dispatch received by unit 6a7, quiet on arrival and departure 1008 no paper." (Sworn Officer)

"Very loud music, walls are shaking, dispatch received by unit 4a7, code 4, dispatch received by unit 4a7, secured apt bldg, u/r rp, unable to gain access to complex, no answer on intercom, quite from street." (Sworn Officer)

"Nature of call: loud music, loud music coming from van ifo rp wants quieted, dispatch received by unit 2a7, music was coming from an rv. The driver was a dj and was practicing. Driver agreed to stop." (Sworn Officer)

Found and Lost Property Call Narratives:

"rp at 1630 berkeley way, found credit card, Dispatch received by unit 7A4, The credit card was not active. I destroyed the credit card." (Sworn Officer)

"Found wallet, has dl, rp will leave the wallet on her front steps if she leaves her house, found in front of her garage, dispatch received by unit 1a16, dispatch received by unit 1a16, dispatch received by unit 1a16." (Sworn Officer)

Non-Injury Accident Report Call Narratives:

"UCPD was flagged down, req bpd response, blk toyota highlander vs silver buick sentry, dispatch received by unit 3a6, silver buick, reg valid from: 05/02/14 to 05/02/15 yrmd:05 make:buick btm :4d vin : 1040 jackson st apt 423 city:albany c.c.:01 zip#:94706, 11-82 only. Parties exchanged info." (Sworn Officer)

"Rp driving a "bauer's" company bus, hit a parked a vehicle on the street, victim vehicle is silver volvo rp req'ing pd due to it being a company vehicle - and so the victim doesn't think he is a victim of 20002, dispatch received by unit 7a6, contacted the rp pannell who advised that he hit a parked vehicle causing minor damage. Pannell's vehicle also had minor damage. I stood by while pannell left a company print out with the victim vehicle that contained the insurance information and contact information. No further service was requested." (Sworn Officer)

Suspicious Circumstances Call Narratives:

"On ca between delaware and francisco, 2 males poss working on a car, rp thinks looks sus, 1 of the males shined a green led light on the rp, veh is a red sportscar, poss corvette, hood was up on car, occ: 5 min ago, rp is passerby, walking dog, rp unable to give desc on subjects, dispatch received by unit 6a5, dispatch received by unit 7a2, reg valid from: 09/24/14 to 09/24/15 yrmd:76 make:chev btm: 9405 bass rd city:kelseyville c.c.:17 zip#:95451, proves ok" (Sworn Officer)

"Someone left a bag outside rp's house yesterday, rp is concerned because it has a gang mark on it, bldg is not secure, bag is outside apt #3, dispatch received by unit 5a6, black faux purse with no id and a meth pipe and two baggies of crystalized substance." (Sworn Officer)

"Ladder leaned up against the fence and a bag of potato chips in the backyard, occ: 0830 - 1830 hours, nature of call: 1021, dispatch received by unit 7a12, i contacted rp via telephone. He advised that he did not think that a crime occurred, but rather

someone may have used his backyard as an escape route during a police pursuit. Ladder granted access to the eastern neighbors yard. That neighbor advised nothing was taken. I thanked him for the information and advised that i would pass it on to my supervisors. He did not have cameras in his backyard that would assist pd tho. No further pd service requested. Nfi msc only.” (Sworn Officer)

Suspicious Person Call Narratives:

“2 males out in the area on bikes with flashlights 10 prior both poss bma’s 20’s both tall-- 600 thin build both in dark heavy coats or parkas unknown description pants no bags seen, nature of call: poss casing, nature of call: poss casing -10 prior, reg mens style bikes no further desc last wb stuart then nb college, broadcast, rp at 2745 stuart st in #2 will be leaving in 20 mins for work, dispatch received by unit 5a8, dispatch received by unit 5a10, unable to locate.” (Sworn Officer)

“On grant between parker st and blake, male living in a camper, house is under construction, bma, 50-60 5’8 med build with dark color sweat shirt, occ 2 mins prior tor, camper dark green is parked ifo the vacant house , rp thinks subj is casing the house under construction, dispatch received by unit 4a17, dispatch received by unit 4a5, dispatch received by unit 4a11, vehicle is gone on arrival c4 doing area check, unable to locate, susper is gone on arrival, attempted to contact rp with negative results” (Sworn Officer)

“2 bm’s with ties and clip boards, unknown what they wanted., ls eb on woolsey on ft, no further desc, dispatch received by unit 7a6, dispatch received by unit 6a7, 2nd caller from woolsey, 2 bm’s, 20’s.... #1 whi shirt, a tie and clipboard. #2 red and black jacket, no further desc., gone on arrival unable to locate.” (Sworn Officer)

Suspicious Vehicle Call Narratives:

“White van light off running and creeping around neighborhood for past 30 mins, 2 males in vehicle, wm’s or hm’s, flat bcst, vehicle still in the area, now ifo 2808 garber, gmc van, plate, now headed towards college, 2nd rp, dispatch received by unit 4a15,

dispatch received by unit s11, dispatch received by unit 3a6, dispatch received by unit s11, gone on arrival unable to locate.” (Sworn Officer)

“Ongoing issues with same vehicle driving around the elmwood area at night, rp thinks vehicle is casing, vehicle is now parked at elmwood laundry in parking lot, white gmc, washington plate, unknown if occupied, usually occupied by 2 hm’s aprox late 20’s - 30’s, dispatch received by unit 2a7, unoccupied.” (Sworn Officer)

“Blk chrysler with red rims, 4 yr old child in the car all by herself, rp is a witness just driving by, unknown plate on the chrysler, dispatch received by unit 2a3, rp now says there is an adult asleep in the car still thinks we should check it out, nature of call: 1042, dispatch received by unit 2a5, proves ok mother and daughter waiting for their father, who is a mechanic across the street, to get off work.” (Sworn Officer)

Vehicle Double Parking Call Narratives:

“Vehicle blocking roadway, construction vehicle, near Malcolm x school, double parked, large white work truck. Vehicle moved.” (Parking Enforcement)

“Vehicle double parked / blocking reporting parties vehicle from getting out, blk Audi sedan, hazards are on, reporting party in beige Nissan alt, gone on arrival.” (Parking Enforcement)

Vehicle Blocking Sidewalk Call Narratives:

“Blk Honda accord 8jdt371, no record, neighbor is in wheelchair has not been able to pass by, waiting for lock smith.” (Sworn Officer)

Vehicle Blocking Driveway Call Narratives:

Vehicle: white Honda, information given to parking, vehicle is a Honda clarity, the vehicle is in compliance and is not blocking the driveway homeowner can get into and out of the driveway, i will call and advise the reporting party of this.” (Parking Enforcement)

Abandoned Vehicle Call Narratives:

“Car has been at location for 2 1/2 weeks, vehicle: blk Dodge min van, nothing suspicious about vehicle per reporting party.” (Sworn Officer)

“Nature of call: 1 week, parked on sidewalk, windows down, back full of garbage, white ford pickup (late 80s) Husteads Towing en route.” (Sworn Officer)

Inoperable Vehicle Call Narratives:

“Across from, need flat bed, silver ford titanium sedan (TN), whole front end is smashed, tire is pushed in backwards with rim down to the ground, SVR Notes: BERRY BROS TOW, SILV FORD TITANIUM DWIGHT WY, #821, 19-1967, berry bros tow advised eta 20-30 min.” (Sworn Officer)

“Gold Toyota camry no rear lic plate, nb adeline from stanford seen just prior, rear tire look as if it's about to fly off, rear right, unable to locate, gone on arrival.” (Sworn Officer)

APPENDIX D

FIP and Related Course Training History

Professional Standards Division Personnel and Training Bureau

Fair and Impartial Policing:

Description: The science of human bias indicates that even the best officers might manifest bias and therefore even the best agencies must be proactive to achieve Fair and Impartial Policing. This training presents what is known about human biases and provides guidance to promoting Fair and Impartial Policing in the areas of policy, training, supervision/accountability, leadership, recruitment/hiring, institutional practices/priorities, outreach and measurement.

Keynote Speaker is Dr. Lori Fridell, former Director of PERF and a nationally recognized expert on Racially Biased Policing. BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
8/17/10	Dr. Lori Fridell	12	8 and Community Members
11/5/12	Dr. Lori Fridell	12	10
11/16/13	Dr. Lori Fridell	12	4***Train-the Trainer Course***
4/22/14 to 10/31/14	BPD	8	267
11/18/14	Dr. Lori Fridell	12	11 and Community Members
4/9/16	Dr. Lori Fridell	12	17 and Community Members

Fair and Impartial Policing Policy Training:

Description: The Berkeley Police Department will hold trainings on General Order B-4, Fair and Impartial Policing. The training will cover the purpose, definition, and policy related to Fair and Impartial Policing as well as the responsibility to report misconduct. Statistical dispositions and common questions related to this new policy will also be addressed. Presented by BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/23/14 to 11/25/14	BPD	1	167

Biased Based Policing:

Description: California State Commission on Peace Officers Standards and Training has developed a DVD course, "Bias Based Policing: Remaining Fair and Impartial" (formerly known as racial profiling) to satisfy the Continuing Professional Training requirement. This course is mandated by POST. This course was administered by supervisors and requires group discussion on topic.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/1/14 to 2/27/15	BPD	2	177

Principled Policing:

Description: This course provides a “how to” on teaching policy approaches that emphasize respect, listening, neutrality, and trust, while also addressing the common implicit biases that can be barriers to these approaches (implicit bias). Instructors were certified and trained by the California Department of Justice.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
9/21/16	DOJ	16	3***Train-the-Trainer Course***
5/15/17	CA POST	16	3***Train-the-Trainer Course***
12/28/17 to 1/25/18	BPD	8	64
12/17/20 & 1/14/21	BPD	4	88

Crisis Intervention Training:**36 to 40-hour Crisis Intervention Course:**

Description: Law enforcement personnel will receive information about mental illnesses, crisis and suicide intervention techniques, common psychiatric medications, crisis intervention training for adolescents, cultural competency in the community, post-traumatic stress disorder and officer resiliency, assessing the risk for violence in a mentally ill individual, Welfare & Institution Code 5150 “(mental health hold) procedures, Mobile Crisis information and community resource contacts. CIT trained officers develop an increased understanding of mental illness which enables them to effectively coordinate appropriate interventions for individuals with mental illness.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
7/28/11 to 10/26/18	Various	36-40	75 and counting

8-hour Crisis Intervention Course:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
1/31/13 to 5/13/13	BPD	8	106

2-hour Crisis Intervention Update:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
12/28/15 to 4/21/16	BPD	2	181
12/27/18	Berkeley Mental Health	2	17

Crisis Intervention for Dispatchers:

Description: This course is designed to provide Public Safety Dispatchers with an overview of mental illness, tools to assess suicidal callers, and crisis intervention techniques. Mental health issues unique to the youth, veterans, and senior citizens are discussed. Excited delirium and agitated chaotic events are explained.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
5/21/14 to 8/30/17	Alameda County Behavioral Health	16	17

Crisis Negotiations for Dispatchers:

Description: This course will provide the student with an understanding of hostage negotiations principles, knowledge of the various roles, responsibilities and challenges a Dispatcher may face in such a situation. Students will also learn techniques used by negotiators; field unit response to negotiations incidents; and techniques for dealing with the aftermath and stress management. It will also provide the student with the necessary information to practically apply these principles during critical incidents such as: Hostage situations Barricaded subjects Suicidal subjects when the student may be the call taker. This course also addresses “Swatting”.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/30/16 and 9/21/17	IXII Group	8	2

Communication- Keeping Your Edge:

Description: California State Commission on Peace Officers Standards and Training has developed a web based course, “Communications-Keeping Your Edge” to satisfy the Perishable Skills Continuing Professional Training requirement. This course is available to POST regulated employees at the POST Learning Portal online and its completion is mandated every two years.

The training will include verbal and non-verbal communication techniques, including responding to rude and abusive individuals, active listening, deflection, re-direction, and other communication techniques.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	POST	2	All Sworn

Tactical De-escalation:

Description: ***First POST approved Tactical De-escalation training***

The student will receive instruction designed to educate law enforcement officers in the theory, methodology, and application of tactical de-escalation skills. Course instruction is intended to provide the student with an in-depth understanding of tactics used to handle unarmed non-compliant subjects, subjects armed with weapons other than firearms, and subjects who may attempt suicide by cop. The course consists of lecture, video review and hands-on/practical tactical de-escalation training for in-service officers.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
6/14/16 to 10/27/16	BPD	8	135
8/13/18 to 3/12/20	BPD/Various	8	76

Harassment Prevention Training:

Description: Gov. Code 12950.1 (Amended by **SB 1343**) and the City of Berkeley prohibit harassment on the basis of sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, pregnancy, sexual orientation, gender, gender identity, gender expression, military and veteran status, and any other classifications protected by state or federal law.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	COB/BPD	1 to 2 depending on rank.	All Personnel

LGBT Awareness for Law Enforcement:

Description: This interactive course includes five modules that are designed to address the following learning outcomes:

1. The student will explain the difference between sexual orientation and gender identity and how these two aspects of identity relate to each other and to race, culture and religion.
2. The student will define terminology used to describe sexual orientation and gender identity.
3. The student will identify ways to create an inclusive workplace and to support LGBTQ+ co-workers.
4. The student will identify key moments in the LGBTQ+ civil rights movement.
5. The student will understand how hate crimes and domestic violence impact LGBTQ+ people.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
June - July 2021	Out to Protect	4	All Personnel

Upcoming Trainings:

Personnel and Training are currently in the process of scheduling additional 8 hour Implicit Bias training for the Fall 2021

APPENDIX E

FY 2020 Year End Workforce Report

ATTACHMENT 16: POLICE DEPARTMENT WORKFORCE BY OCCUPATIONAL CATEGORIES, RACE & GENDER

POLICE DEPARTMENT	TOTAL	M	F	WHITE		BLACK OR AFRICAN AMERICAN		HISPANIC OR LATINO		ASIAN		NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER		AMERICAN INDIAN AND ALASKA NATIVE		TWO OR MORE RACES		MINORITIES
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	
DEPARTMENT * REPRESENTATION	160	134 83.8%	26 16.3%	76 47.5%	15 9.4%	19 11.9%	4 2.5%	20 12.5%	3 1.9%	16 10.0%	2 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 1.9%	2 1.3%	69 43.1%
ALAMEDA ACS		85.7%	14.3%	47.7%	7.4%	11.7%	3.8%	9.6%	0.4%	11.8%	2.5%	2.9%	0.0%	0.3%	0.0%	1.8%	0.3%	45.0%
POLICE CHIEF REPRESENTATION	1	1 100.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
CAPTAINS REPRESENTATION	3	2 66.7%	1 33.3%	1 33.3%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
LIEUTENANTS REPRESENTATION	9	8 88.9%	1 11.1%	5 55.6%	1 11.1%	1 11.1%	0 0.0%	0 0.0%	0 0.0%	2 22.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
SERGEANTS REPRESENTATION	31	23 74.2%	8 25.8%	16 51.6%	5 16.1%	3 9.7%	0 0.0%	2 6.5%	1 3.2%	2 6.5%	1 3.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 3.2%	10 32.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
POLICE OFFICERS REPRESENTATION	117	101 86.3%	16 13.7%	54 46.2%	8 6.8%	15 12.8%	4 3.4%	18 15.4%	2 1.7%	11 9.4%	1 0.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.6%	1 0.9%	55 47.0%
ALAMEDA ACS		86.4%	13.6%	47.3%	6.6%	10.4%	4.3%	9.8%	0.4%	13.3%	2.0%	3.3%	0.0%	0.0%	0.0%	2.0%	0.3%	45.8%
NON - SWORN REPRESENTATION	91	30 33.0%	61 67.0%	10 11.0%	13 14.3%	12 13.2%	27 29.7%	3 3.3%	10 11.0%	5 5.5%	6 6.6%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 5.5%	68 75%
ALAMEDA ACS		57.9%	42.1%	19.7%	19.7%	2.0%	10.2%	11.4%	11.0%	19.7%	0.8%	0.0%	0.0%	0.8%	0.0%	2.4%	0.8%	59.1%

APPENDIX F

Community Based Organizations and Nonprofits Providing Services in Berkeley

Youth after-school and recreational programs

Youth Spirit Artworks

Youth Spirit Artworks works to empower homeless and low-income young people in Berkeley by teaching youth-specific vocational skills related to commercial arts and entrepreneurship, providing youth with an income from jobs training and sales of art and teaching budgeting and money management skills, helping youth modeling experiences of healthy family and community relationships, and promoting youth commitment to personal health and wholeness, including a commitment to nonviolence.¹

Currently the City of Berkeley only funds the Youth Spirit Artworks' (YSA) Youths TAY Tiny Homes Management program, which is discussed below, but funding could be expanded to their Fine Arts program that uses art jobs and jobs training to empower and transform the lives of youth, giving young people the skills, experience, and self-confidence needed to meet their full potential, and the Community Arts programs, that centers around public artmaking for community revitalization.²

Berkeley Youth Alternatives

Berkeley Youth Alternatives (BYA) uses a strength-based, holistic, continuum of care approach that emphasizes education, health and well-being, and economic self-sufficiency in order to help children, youth, and their families build capacity to reach their innate potential. BYA uses preventative measures by reaching youth before their problems become crises and uses intervention measures by providing support services to youth engaged in the youth justice system.

The City of Berkeley's fiscal year 2022 budget reflects an allocation of \$30,000 to the BYA After School Program³ and \$30,000 to BYA's Counseling program for children.⁴

Other programs at the BYA that would benefit from City funding are the Environmental Training Center, a youth internship program for youth ages 16-24 that teaches basic work ethic, professionalism and skills necessary for future employment,⁵ the youth and Family Opportunity Hub that focuses on increasing access to health and wellness services for low-income and uninsured children and their families⁶, Career Development Center which administers multiple employment readiness strategies for youth and young adults ages 16-24⁷, and lastly; Sports and Fitness which provides a structured and disciplined environment for participants to learn quality values such as teamwork, confidence building and self-discipline.⁸

Violence Prevention and Restorative Justice Programs

SEEDS Community Resolution Center will expect to see a \$22,553 allocation of City funding to provide facilitation, training, and coaching in restorative justice, community building, conflict resolution, restorative inquiry, verbal de-escalation, harm repair, and positive school culture and climate development. SEEDS School Services help to foster positive relationships among and between educators and students, thereby increasing students' engagement in school, and maximizing the effectiveness of the adults who serve them. SEEDS School Services can serve to strengthen the essential links between students, their peers, their families, and their educators.⁹

SEEDS also offers community mediation services that offer a supportive place where people can talk through their conflict in a productive manner,¹⁰ and conflict coaching to help people process and problem solve specific issues.¹¹

1 <https://youthspiritartworks.org/>

2 <https://youthspiritartworks.org/programs/community-art-program/>

3 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

4 <https://www.byaonline.org/programs/afterschool-center>

5 <https://www.byaonline.org/programs/health-and-environment/environmental-training-center>

6 <https://www.byaonline.org/programs/teen-center/youth-and-family-opportunity-hub>

7 <https://www.byaonline.org/programs/career-development-and-prevent-center>

8 <https://www.byaonline.org/programs/sports-and-fitness/sports-and-fitness>

9 <https://www.seedscrc.org/school-services>

10 <https://www.seedscrc.org/community-mediation>

11 <https://www.seedscrc.org/community-conflict-coaching>

Intimate Partner Violence, Sexual Violence and Sexual Exploitation Prevention and Intervention

The City of Berkeley does not currently fund any CBOs that work explicitly with survivors of intimate partner violence, sexual violence, or sexual exploitation; however, the City does fund two women's specific shelters. The Women's Daytime Drop-In Center's¹² Bridget Transitional House Case Management component will receive \$118,728, the Daytime Drop-In Services will receive \$48,153, and the Homeless Case Management – Housing Retention will receive \$100,190.¹³ Berkeley Food & Housing Project's Women's Shelter receives \$230,644 in City funding.

Organizations identified by members of the Task Force that support these population specifically, but who do not receive City funding include Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth (MISSEY)¹⁴, Bay Area Women Against Rape (BAWAR)¹⁵, and the Family Violence Law Center¹⁶. The City could also be innovative and develop RFPs for CBOs that work directly to support these populations of people. It should be noted that, while a large proportion of women experience these types of issues, men and LGBTQ populations experience them as well, which should be taken into consideration in the creation of RFPs.

Housing and Homeless Services

Building Opportunities for Self-Sufficiency (BOSS)

BOSS, which was summarized previously, currently receives \$932,975 which is the most funding of all the CBOs contracted in the City and centered on homelessness. BOSS current receives funding for their BOSS House Navigation Team that provides needs assessments, housing education, access to listings, advocacy with landlords, help filling out housing applications, connection to subsidies as available, and case management to facilitate a successful transition to housing along with critical time intervention to

¹² <https://www.womensdropin.org/>

¹³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

¹⁴ <https://misssey.org/>

¹⁵ <https://bawar.org/>

¹⁶ <http://fvlc.org/get-help/resources/>

ensure stabilization, Representative Payee Services to individuals who have been designated by Social Security as needing a payee to manage their income, or who have been referred for this assistance, Ursula Sherman Village Families Program and Village Singles Shelter a shelter for homeless disabled adults.

Youth Spirit Artworks (YSA); Tiny House Village

Youth Spirit Artworks' Tiny House Village¹⁷ was built in early 2021 for homeless Transitional Age Youth; age 18-23 in crisis. YSA partnered with a non-profit developer to create a multi-faceted, community-led Village with 26 tiny homes that was designed by the young people it will benefit. The completed Village features on-site communal bathrooms and showers, a kitchen yurt for residents to cook weekly communal meals and securely store their own food, community gathering space for meetings, and on-site Resident Assistants who live in the community. Residents in the Village, are engaged in building a strong and connected community, have opportunities for personal and professional growth, including access to training and mentorship in the following areas: artmaking, art entrepreneurship and sales, nonprofit management, gardening, sewing, medicine, music, biking and exercise, cooking, construction, and more. Residents are supported in developing a responsibility to the community at large, achieved through connections to local faith organizations and active involvement with local social justice projects. Additionally, all residents at the Village take part in YSA's core jobs training program, where they will receive wrap-around case management services and engage in youth-led workshops around healthy interpersonal relationships, restorative practices, and more.¹⁸

YSA is expected to receive an \$117,000 allocation from the City for the case management component¹⁹ of the initiative, however expanding funding to build up the community would be incredibly impactful.

Rebuilding Together

Rebuilding Together works to bring warmth, safety, and independence to Berkeley residents by

¹⁷ <https://youthspiritartworks.org/programs/tiny-house-village/>

¹⁸ <https://youthspiritartworks.org/programs/tiny-house-village>

¹⁹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

revitalizing homes and neighborhood facilities.²⁰ The City is expected to allocate \$98,275, to the Our Safe at Home program, which provides safety assessments and hazard elimination for qualified applicants. By implementing safety modifications such as grab bars in the bathroom, handheld shower heads, elevated toilet seats, exterior handrails, or wheelchair ramps, the Safe at Home program helps prevent accidents or exposure that can cause injury, illness, or even death. The Safe at Home program improves quality of life for its clients by performing upgrades including painting, lead abatement, repairing/installing heating systems, replacing electrical panels, smoke alarm installation, fire extinguishers, and carbon monoxide detectors to address environmental hazards in the home.²¹

City funding could be expanded to the Community Facility Improvement program which provides local nonprofits and community centers with much-needed repairs and upgrades, which will contribute to an organizations' ability to effectively serve the Berkeley community. Rebuilding Together also provides emergency repairs services and energy and efficiency upgrades, reducing the number of residents living in uninhabitable conditions.²²

Food security, increased access to nutritious food

Healthy Black Families Inc.

Healthy Black Families Inc, educates, engages, and advocates for the holistic growth and development of diverse Black individuals and families. They will receive funding for their Sisters Together Empowering Peers (STEP) program; a peer-led support and empowerment group that addresses health and social inequities for African American parenting women in our community, but funding could be expanded to their program; Thirsty for Change (T4C), a healthy eating and nutrition education and advocacy program that engages Black families in South and West Berkeley through a wide array of activities to improve the health of the community.²³

²⁰ <https://rtebn.org/>

²¹ <https://rtebn.org/our-work/#our-programs>

²² <https://rtebn.org/our-work/#our-programs>

²³ <https://www.healthyblackfamiliesinc.org/t4c>

Mental Health and Co-Occurring Conditions

Bonita House

As previously explained, Bonita House provides mental health and addiction treatment, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The City currently allocated \$24,480 to its case management services, which could be increased substantially to build capacity and efficacy of its services.

Bay Area Community Resources; School Based Behavioral Health Services (BACR)

BARC provides school-linked mental health and prevention services for middle and high school children and their families, in high-need. BACRs prevention and early intervention approach draws from evidence-based practices and proven resiliency models utilizing experienced licensed and pre-licensed clinicians.²⁴ BACR offers restorative, culturally humble, and trauma-informed mental health services to help youth cope with challenging life circumstances and develop positive strategies to be successful and healthy in and out of school.

Substance Use and Addiction

New Bridge Foundation

The New Bridge Foundation (NBF) is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. It does not currently receive City funding but is a well-known and respected CBO in the community, and could benefit from expanded funding.

Healthcare Management

Lifelong Medical Care (LMC)

The City will allocate a total of \$304,398 for some treatment services such as geriatric and hypertension care, however LMC also has initiatives such East Bay Community Recovery Project, which supports the self-sufficiency and wellness of individuals and

²⁴ <https://www.bacr.org/behavioral-and-mental-health>

families by providing comprehensive and integrated services for mental health, substance use and related health conditions while addressing housing and employment.²⁵ They also have a program called Heart to Heart which fosters the idea that community connectedness and cohesion through community engagement, building relationships, and trust are critical for improving community health.

Heart 2 Heart works to prevent high blood pressure and heart disease while connecting community members to resources and services they need. The Heart 2 Heart program serves as a bridge between community members and health centers throughout the Heart 2 Heart community.²⁶ Funding can also be increased for their Case Management Tied to Permanent Housing program (\$163,644), Supporting Housing Program (\$55,164), and Street Medicine/ Trust Clinic (\$50,000).²⁷

Berkeley Free Clinic

The Berkeley Free Clinic is a health collective that provides free medication, supplies, dental and medical care, peer counseling, and community referrals. The Clinic relies solely on individual or organizational donations and government support and is one of the only clinics in California offering primary health care free of charge. The clinic maintains that health care should be available at a level and quality sufficient to meet the basic needs of everyone regardless of race, gender, age, immigration status, income level, or any other characteristic, and believes health care is a right, not a privilege. The clinic is expected to receive only \$15,858 for the Free Women and Transgender Health Care Service. Funding for this program could be significantly increased. Funding could additionally be expanded to services such as the Outreach Team which uses volunteers to hand out hot meals, hygiene supplies, and more to people in need, TB Tests, Local, Resource Navigation & Referrals, Health Insurance & Food Benefits, Peer Counseling, STI, Screenings & Treatment, UTI Testing & Treatment, Hepatitis, HIV, and TB Counseling +, Screenings, and Dental Services.²⁸

25 <https://lifelongmedical.org/ebcrp/>

26 <https://lifelongmedical.org/heart-2-heart/>

27 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

28 <https://www.berkeleyfreeclinic.org/servicesupdate>

Economic development and new city jobs

Inner-City Services (ICS)

ICS will receive just \$101,351 of City funding to provide comprehensive employment training and job placement services to thousands of Bay Area residents. ICS combines traditional content-based education with hands-on classroom training and cutting-edge computer technology. ICS's main objective is to instill workplace character values: a sense of pride and professionalism, dignity, respect, integrity, and excellence throughout our diverse student body, in order to help people thrive in society and the business world.²⁹

Multicultural Institute

Multicultural Institute (MI) helps increase access to opportunities for immigrant families to reach economic stability, and their programming uses strategies to enhance economic, educational, and skill opportunities, cultivate leadership development, provide direct services, and stimulate positive transformation of individuals, families, and communities. These programs ultimately, assist individuals in contributing and participating in the civic life and well-being of their community. MI will receive \$68,136 for their Lifeskills Program³⁰ that provides economic development, vocational skill development, learning opportunities, and immigration and health services to people living in Berkeley.³¹ In addition to their Lifeskills program MI will receive \$33,603 in City funding for their Youth Mentoring program.³²

29 <https://www.icsworks.com/about.php>

30 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

31 <https://mionline.org/what-we-do/>

32 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

Parks and open spaces including activities for young people and families

Berkeley Community Gardening Collaborative (BCGC)

Berkeley Community Gardening Collaborative is a diverse group of community garden members who share a commitment to organic, urban agriculture and access to healthy food for all residents of Berkeley. They protect existing gardens, facilitate the formation of new gardens, and advocate for food security initiatives in local schools and within the city. BCGC actively seeks to create a more sustainable society by engaging in urban agriculture, the preservation of open space, habitat restoration, and cultivating community. To broaden its impact and build alliances, BCGC partners with other organizations that share its goals. BCGC will receive \$11,895 in City funding, which could be expanded to strengthen their impact on communities in Berkeley.³³

Moving South Berkeley Forward (MSBF)

Moving South Berkeley Forward is a youth-driven environmental, social justice project focused on community health and educational equity in South Berkeley and is spearheaded by youth of color and the South Berkeley community. This project is a joint effort between the Berkeley Community Gardening Collaborative, UC Berkeley's Environmental Science, Policy & Management Department, Berkeley High School, and the community of South Berkeley. MSBF wants the community to have accessible health resources and a better future.³⁴ MSBF does not currently receive any City funding.

Childcare

BANANA

BANANAS works in partnership with early education providers in order to provide support for families in their parenting journey. BANANAS programs and services include assisting families find and pay for quality childcare, parenting workshops, playgroups, and professional development for all types of early care and education providers. Their services and

³³ <https://ecologycenter.org/bcgc/>

³⁴ <https://movingsouthberkeleyforward.weebly.com/>

support allow working families to thrive and be confident their children are in quality and nurturing learning environments.³⁵ BANANA Currently receives funding for childcare subsidies (\$283,110), playgroups (\$10,527), and Quality Rating and Improvement System services (\$95,000).

The City could additionally, expand funding subsidies to early childcare providers such as Nia House Learning Center in West Berkeley, and Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.). Nia House Learning Center's mission is to bring together children from different socio-economic backgrounds to grow and work in harmony and cooperation, and to actively work toward all of Dr. Maria Montessori's concepts, especially that of peace through education.³⁶ BAHIA Inc. is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁷

Bay Area Hispano Institute for Advancement

Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.) is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁸

LGBTQ Services and Support

Pacific Center for Human Growth (PCHG)

Pacific Center for Human Growth is the oldest LGBTQIA+ center in the Bay Area, the third oldest

³⁵ <https://bananasbunch.org/about/>

³⁶ <http://www.niahouse.org/>

³⁷ <https://www.bahiainc.com/about-us>

³⁸ <https://www.bahiainc.com/about-us>

in the nation, and operates the only sliding scale mental health clinic for LGBTQIA+ and QTBIPOC people and their families in Berkeley.³⁹ PCGH helps enhance the mental health and overall well-being of LGBTQIA+ and QTBIPOC communities by providing culturally responsive therapy, peer to peer support groups, community outreach services, and facilitated workshops. The City will allocate \$23,245 to their Safer Schools Project, but funding could be expanded to their Youth Program that supports young people in feeling connected, supported, and uplifted.⁴⁰

Community Alternative Placement Hub (CAPH)

In order to complement the CERN as it relates to a response to a CFS, certain CBOs should be designated as “community alternative placement hubs” (CAPH) which can serve as an alternative to jail or mental institutions for people in need or immediate shelter or services who have not committed any crime.

BOSS, Bonita House New Bridge Foundation and Bay Area Community Services (BACS) have already been identified above in and previous section and could additionally be well positioned CBOS to build out the CERN and serve as CAPHs. BOSS, which was summarized in an above section, currently receives the most funding of all the homeless CBOs contracted in the City could be best positioned to serve as a general CAPH for people in crisis or experiencing a high need of services or intervention. Bonita House could serve as a hub that specifically handles people with mental health crises and co-occurring conditions cases, and the Newbridge Foundation could be utilized specifically for people experiencing substance abuse crises. BACS can also serve as a candidate for a CAPH for people experiencing crises related to homelessness and behavioral health needs.

Additionally, and specific for youth in need of immediate shelter and services, the **Youth Spirit Artworks**; TAY Tiny Homes could also be utilized. Lastly, the New Bridge Foundation, which does not currently receive City funding could also be utilized as a CAPH, for people with mental health challenges.

³⁹ <https://www.pacificcenter.org/about-us>

⁴⁰ <https://www.pacificcenter.org/youth-programs>

APPENDIX G

Berkeley Calls for Service Analysis

EXECUTIVE SUMMARY

The Berkeley City Auditor conducted an extensive report on Berkeley Police Department (BPD) calls for service (CFS or events) which was published in July of 2021. This report has been prepared to illustrate the application of NICJR's CFS classification methodology to BPD CFS data. To the extent possible, the City Auditor's analyses have not been replicated.

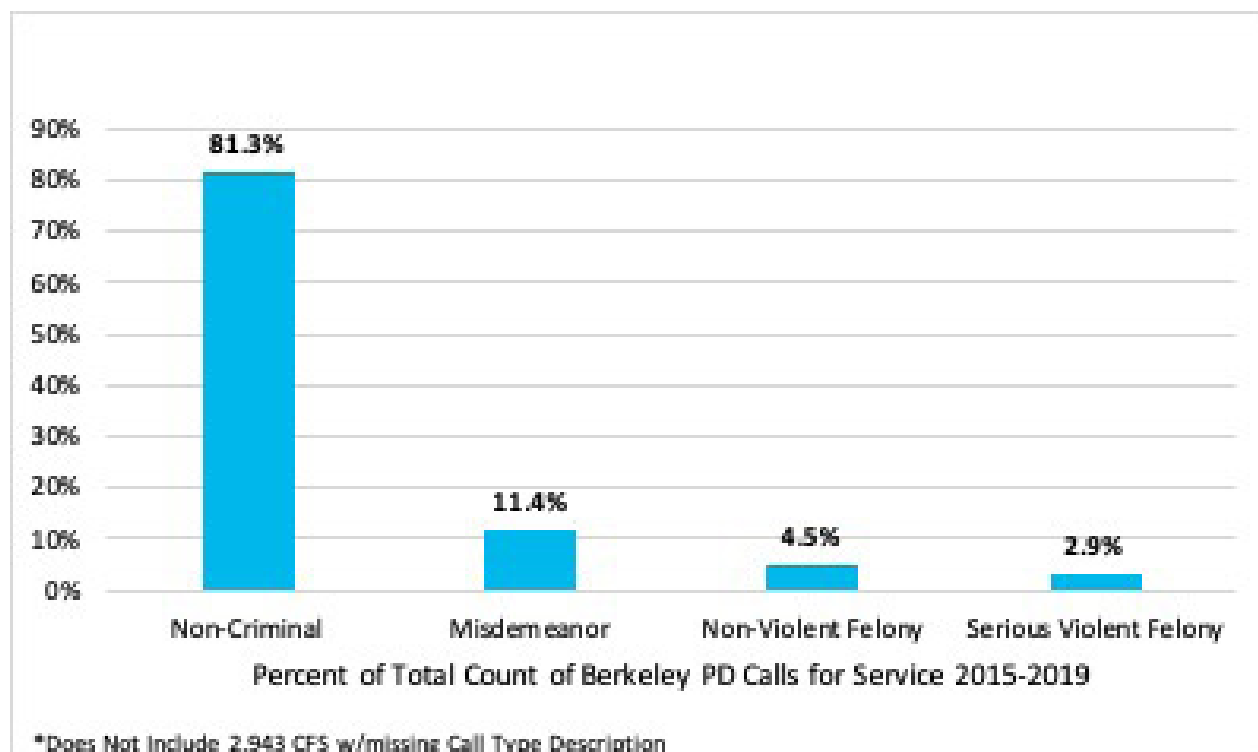
Specific Analysis Objectives

1. Provide an analysis of BPD calls for service according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

Findings

A review of over 358,000 calls for service covering the period 2015-2019 found that over 81 percent of BPD calls were for Non-Criminal events. Only 7.4 percent of calls were associated with felonies of any kind.

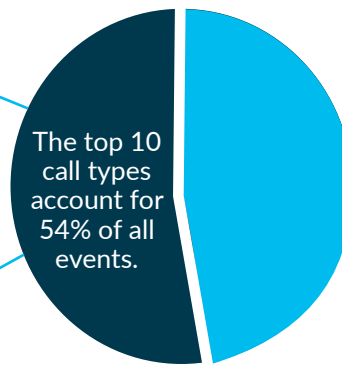
Figure 1. Calls for Service by Crime Category



Although the BPD utilized nearly 200 call types during the study period, just ten comprised over half of all events.

Table 1. Top 10 Call Types, Auditor Report

Call Types	Total Events
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899



NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network. Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

Tier 1: CERN dispatched only

- Event type: Non-Criminal

Tier 2: CERN lead, with officers present

- Event type: Misdemeanor with low potential of violence
- If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.

Tier 3: Officers lead, with CERN present

- Event type: Non-Violent Felony or an arrest is likely
- If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.

Type 4: Officers only

- Event type: Serious Violent Felony or high likelihood of arrest

Default Tier assignments are adjusted based on factors including call type arrest rates and a qualitative assessment of whether specific call types would benefit from an alternate response; the arrest analysis typically results in CFS “moving up” a Tier, whereas the alternate response benefit analysis generally results in CFS moving down a level. In Berkeley, application of the default Tier assignment, adjusted to take into account arrest rates and alternate response benefit, results in 50 percent of BPD events being categorized as Tier 1; CERN would play a lead role in responding to over 64 percent of all CFS.

Table 2. Recommended Tiered Dispatch Model

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Of the top ten call types by call initiation source, 100 percent of On-View, and 80 percent of 911 and Non-Emergency event types are assigned to CERN Tier 1.

Table 3. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

An average of slightly more than 2 officers responds to each CFS, spending an average of .61 hours event, as measured by arrival on-scene to call clearance.

Table 4. Time Spent Responding to Events

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Total	187,644	.61	18.8%

KEY RECOMMENDATIONS

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched per event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR recommends that alternative response options be developed for the 50 percent of CFS that do not require a law enforcement response. This process should involve an assessment of both relevant municipal and community-based resources that can serve as the basis for the Berkeley CERN.

OBJECTIVES, SCOPE, AND METHODOLOGY

This report is designed to:

1. Provide an analysis of BPD CFS according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

NICJR has developed a tailored approach to the analysis of CAD (Computer Aided Dispatch) calls for service data based on hands-on experience in multiple cities nationwide. NICJR CFS analyses use the following categorization of *final disposition* CAD events: Non-Criminal (NC), Misdemeanor (MISD), Non-Violent Felony (NV FEL), and Serious Violent Felony (SV FEL). NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

NICJR uses this method of categorizing events because it affords the most linear correlation between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

NICJR's methodology was informed by an assessment of the limitations of other approaches to categorizing CAD data. Alternative approaches include matching CFS to Federal Bureau of Investigation (FBI) Uniform Crime Report (UCR) categories or to the newer National Incident Based Reporting System (NIBRS) categories. Both options have serious limitations. The UCR data set only includes violent and property crimes, while the more expansive NIBRS platform has not been widely adopted by policing agencies. In 2018, for example, UCR data was submitted for 16,659 (out of 18,000) law enforcement agencies across the country, while only 7,283 reported crime data via NIBRS.¹

With respect to the present analysis, the BPD provided NICJR with a comprehensive CFS data set for calendar years 2015-2019, representing 358,269 unique calls for service.

Each year's worth of data included the call type descriptions for the respective reporting period. There were 183 available call type descriptions for each year. The data set included 18 non-traffic related disposition codes by which calls were cleared or disposed. There were also numerous Racial Identity and Profiling Advisory (RIPA) Board disposition codes as required by Assembly Bill 953, which requires law enforcement agencies to collect "perceived demographic and other detailed data regarding pedestrian and traffic stops."

NICJR consolidated these call types into four descriptive Crime Categories for reporting purposes: Non-Criminal, Misdemeanor, Non-Violent Felony, and Serious Violent Felony. Call types were assigned to Crime Categories based on mapping to the California Penal Code Part 1, Title 1-15. A crosswalk of BPD call types used during the 2015-2019 period, and Crime Categories, is provided in [Appendix A](#).

¹ [dd_number_of_leas_enrolled_part_status_and_method_of_data_sub_by_pop_group-2018_final.pdf \(fbi.gov\)](#)

Table 5. NICJR Crime Categories

Crime Category	Description
Non-Criminal (NC)	Any event not identified in the California State Penal Code
Misdemeanor (MISD)	Any event identified in the California State Penal Code as a Misdemeanor
Non-Violent Felony (NV FEL)	Any event identified in the California State Penal Code as a Non-Violent Felony
Serious Violent Felony (SV FEL)	Any event identified in the California State Penal Code as a Serious Violent Felony

Call type description variables also allowed NICJR to determine CFS initiation source – BPD Public Safety Communications Center, officer-initiated activity or On-View, CHP transfer, telephone, VOIP, or other source.

In addition, CFS response time data was used to determine how long it takes BPD officers to respond to CFS and how much time officers spend on CFS by incident type once they arrive on-scene. There were five-time variables provided in the data. To determine how long it took officers to respond to CFS, NICJR assessed the length of time between call dispatch and an officer arriving on-scene. To determine how long officers spent responding to events, NICJR analyzed the length of time between an officer arriving on-scene and clearing the call. NICJR was also able to use CAD data to determine the mean number of officers responding to each type of call by Crime Category.

Table 6. Berkeley CAD Data Time Variable Descriptions

CAD Data Variable Label	CAD Translation
CreateDateTime	Time call first came into the Communications Center
DispatchTime	Time call was first dispatched to an officer
EnRouteTime	Time officer is enroute to the scene of a call
OnSceneTime	Time officer arrived on-scene
ClearTime	Time officer is back in service to take new calls

CHARACTERISTICS OF CALLS

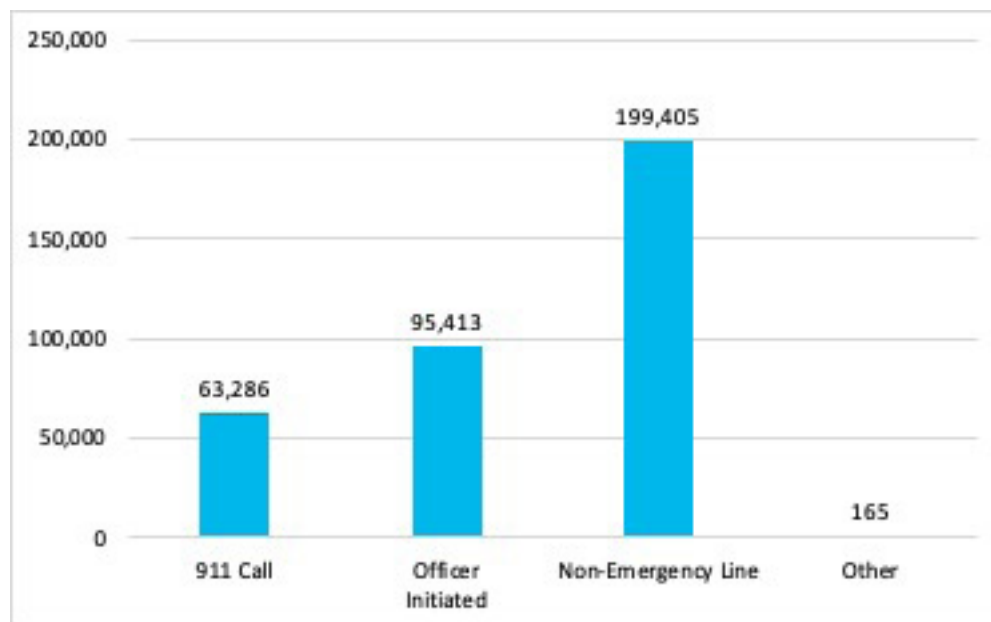
Analysis of 358,269 events from 2015-2019

NICJR analyzed the CFS data set across a number of metrics including overall call type frequency, call initiation source, and call Crime Category. Figures and tables in this section draw from a sample of 358,269 unique calls for service covering the period 2015-2019 within the CAD files NICJR obtained from BPD. As noted in the Objectives, Scope, and Methodology, section above, BPD used 183 unique call types during the reviewed period. This section provides various analyses of this data.

Event Initiation

Calls for service may be initiated in three primary ways: by calling 911, by calling the BPD non-emergency line, or by officer-initiated call. The other ways in which a CFS may be initiated are through a CHP transfer, telephone, VOIP, alarm, cell phone, on view, traffic stop, or other means. Figure 1 shows the proportion of events by initiation source. Over 55 percent of all calls during the 2015-2019 period were initiated through the non-emergency line.

Figure 2. Events by Initiation Source



* Does not include calls with missing values

Top Ten Events

Table 7 provides the top ten events by Initiation Source. Together, these call types comprised 68 percent of all BPD events over the study period.

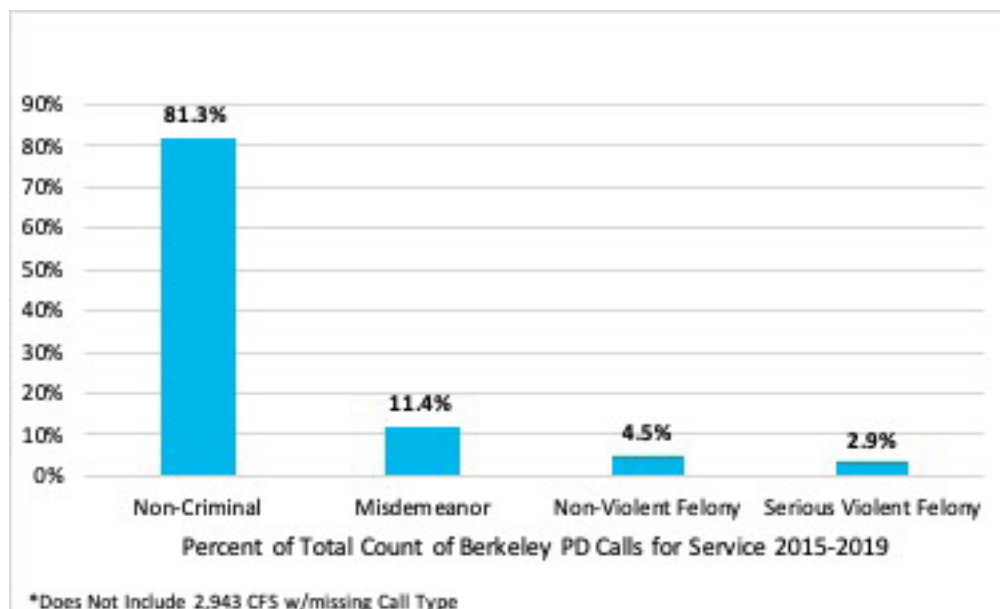
Table 7. Top 10 Calls by Initiation Source

Officer Initiated	911 Emergency	Non-Emergency Line
Traffic	Disturbance	Disturbance
Security Check	Wireless 911	Audible Alarm
Pedestrian Stop	Ascertain 911	Noise Disturbance
Officer Flagged Down	Welfare Check	Welfare Check
Suspicious Vehicle	Suspicious Circumstances	Trespassing
Parking Violation	Battery	Petty Theft
Bike Stop	Suspicious Person	Advice
Abandoned Vehicle	Family Disturbance	Suspicious Circumstances
Found Property	Petty Theft	Parking Violation
Disturbance	Mental Illness	Suspicious Person

Events by Crime Category

Figure 2 shows the frequency of call types by Crime Category. BPD averaged 71,654 events per year during the analysis period. The vast majority of these CFS, 81.3 percent, are classified as Non-Criminal; as reflected in Appendix B, Non-Criminal CFS consistently comprised a majority of events during the 2015 to 2019 period.

Figure 3. Percent of Events by Crime Category



*Does Not Include 2,943 CFS w/missing Call Type Description

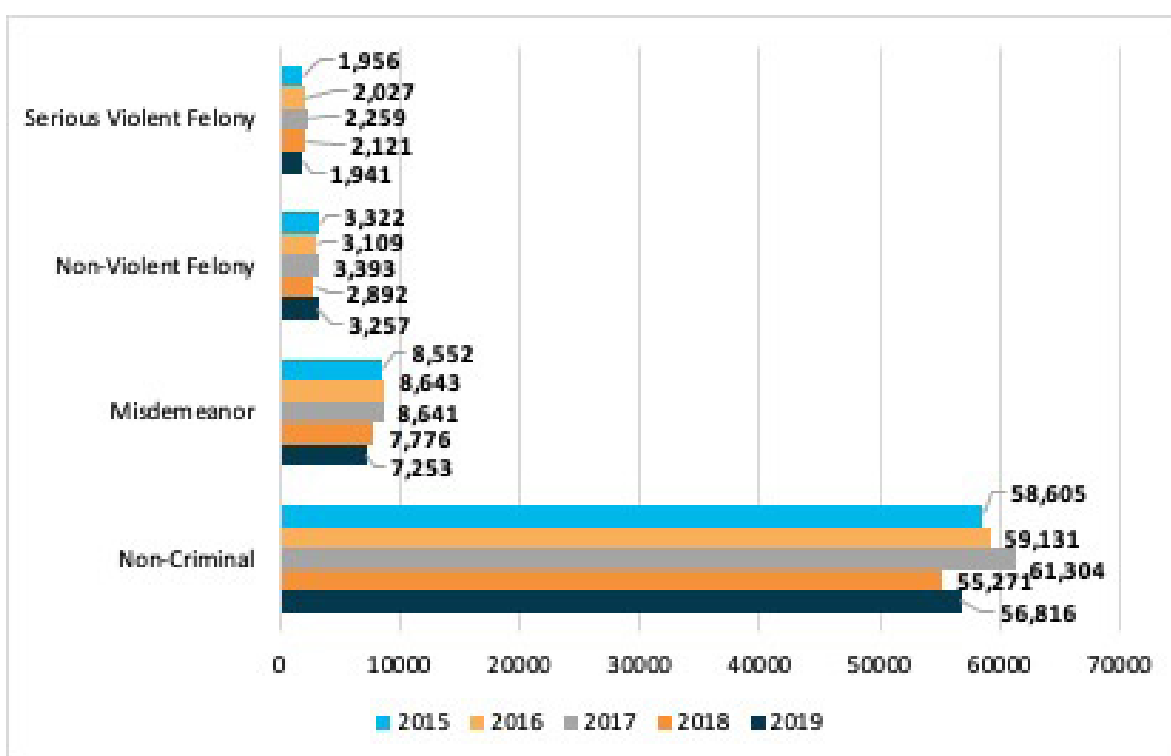
During the five-year period reviewed, at least 96.7 percent of On-View events were Non-Criminal and over 76 percent of 911 calls comprised Non-Criminal events. Interestingly, Officer-Initiated calls were the most likely to be Non-Criminal.

Table 8. Percent of Non-Criminal Events by Initiation Source

Event Initiation Source	Year				
	2015	2016	2017	2018	2019
911 Calls	77.5%	76.6%	76.6%	76.7%	72.7%
Non-Emergency Calls	72.3%	72.7%	72.8%	73.5%	71.1%
Officer-Initiated	98%	98.3%	98.1%	96.7%	96.9%

Figure 3 identifies the number of events by Crime Category over the review period. The total number of events across all categories declined between 2015 and 2019.

Figure 4. Number of Events by Crime Category



NUMBER OF RESPONDING PERSONNEL

The number of personnel who responded to CFS varied depending on the event type. Table 9 shows the average number of personnel who responded to a CFS by Crime Category. As expected, when dealing with a call that is more serious in nature, the average number of responding officers was higher than for a less serious event. The average number of responding personnel across all event types was 2.4.

Table 9. Responding Personnel by Crime Category

	Non-Criminal	Misdemeanor	Non-Violent Felony	Serious Violent Felony
2015	1.8	1.7	1.9	4.2
2016	1.8	1.7	1.7	4.5
2017	1.8	1.7	1.9	4.4
2018	1.7	1.7	1.8	3.7
2019	1.7	1.7	1.9	3.8

Time Spent Responding to Calls

Tables 10 and 11 outline the total amount of time spent on CFS by Crime Category. In determining the time spent on event response, NICJR analyzed two time periods. First, the time period beginning when an officer arrived on-scene to when the officer closed or “cleared” the call and was back “in-service” and able to take other calls. Using this methodology, NICJR was able to identify how much time officers actually spent handling a specific call. An alternate and more comprehensive view of officer response time accounts for the time from event initiation to close.

Table 10. Time Spent Responding to Events, On-Scene to Close

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Grand Total	187,644	.61	100.0%

Note* Excludes calls with missing on-scene or clear times.

Table 11. Time Spent Responding to Events, Initiation to Close

Crime Category	Total Hours Initiation to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	266,832	1.0	42.1%
Misdemeanor	120,063	2.9	18.9%
Non-Violent Felony	161,656	4.8	25.5%
Serious Violent Felony	85,703	2.5	13.5%
Grand Total	634,254	3.4	100.0%

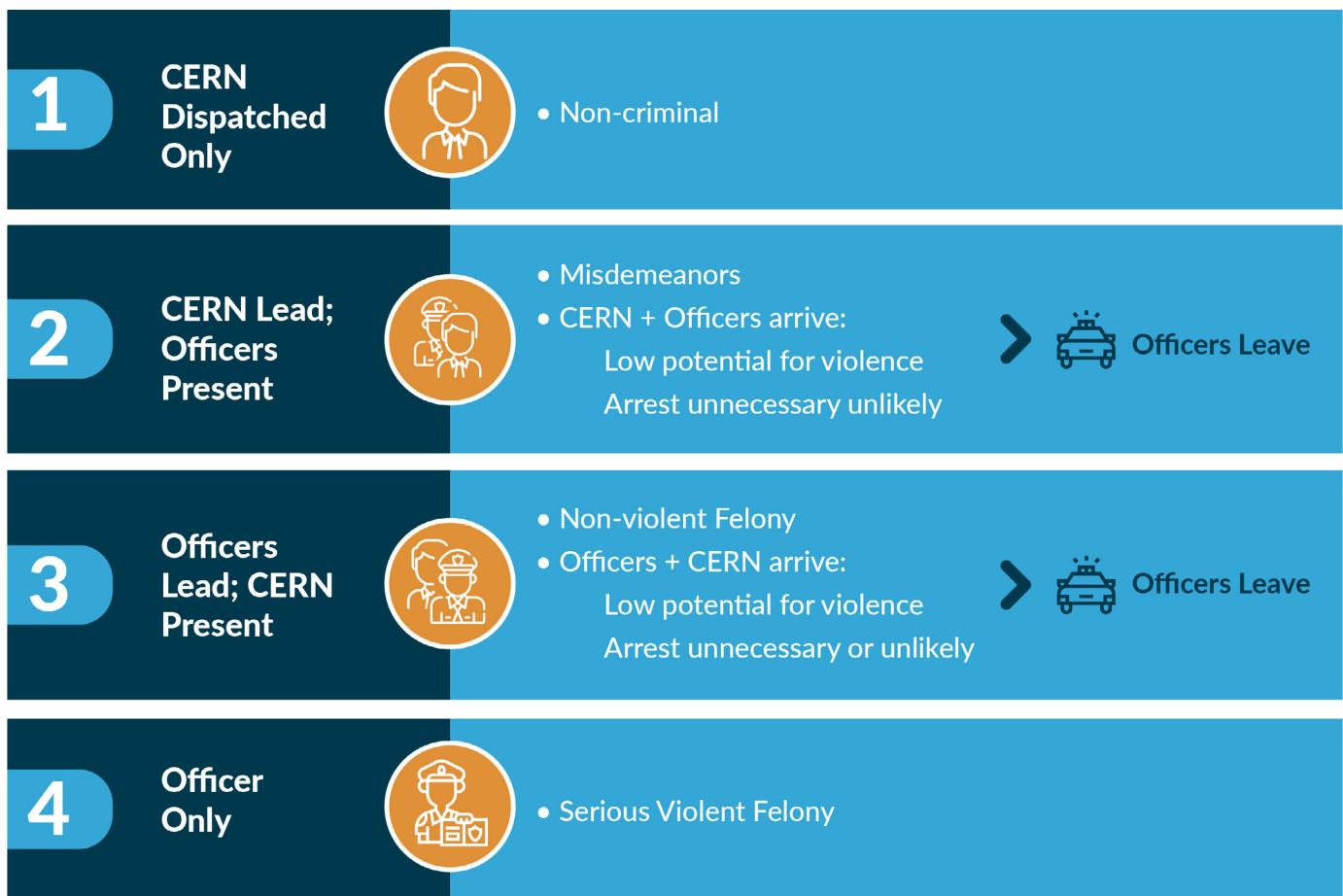
Note* Excludes calls with missing on-scene or clear times.

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response. This model, the Community Emergency Response Network (CERN), builds upon NICJR's CFS classification structure.

Once each call type is associated with one of NICJR's four CFS Categories, an additional step is taken to do a default assignment of CFS to CERN Tiers as follows:

Figure 5. Tiered Dispatch



CERN default Tier assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 12. CERN Tier Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Figure 6. Total Arrest Rate Count Dispersion Scatterplot

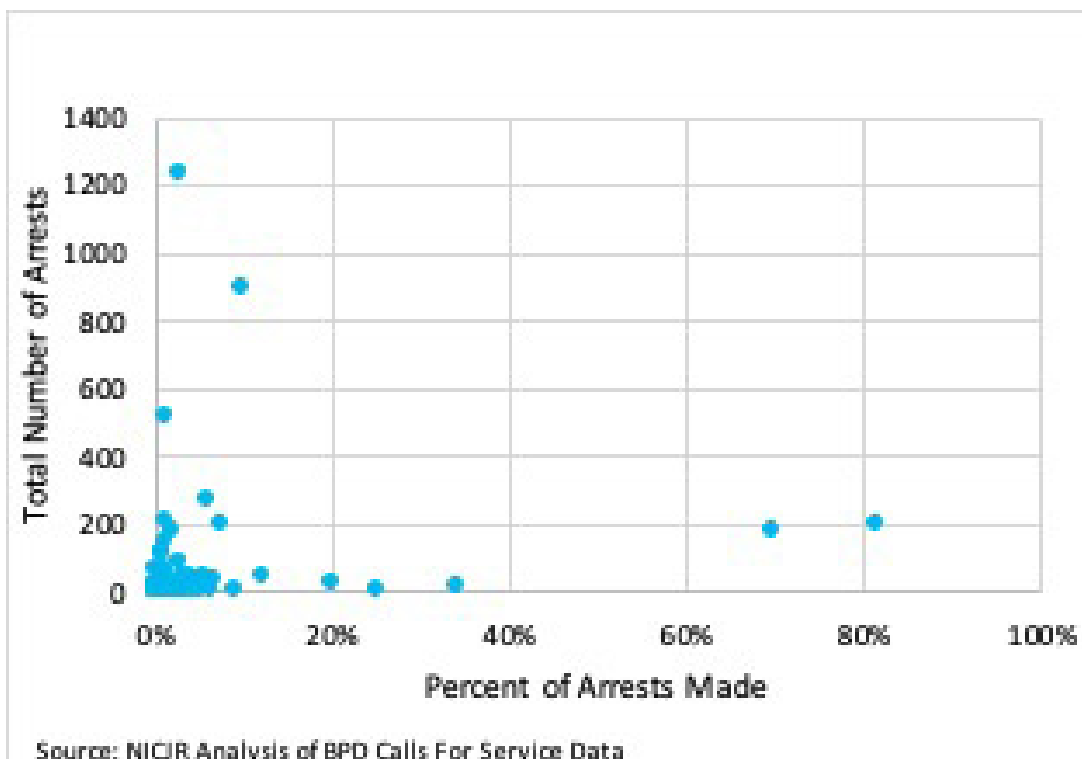


Table 13. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR's assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. Conversely, some call types moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement agency, for example, a BPD response is required.

Table 14. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 14, 50 percent of BPD CFS could be handled solely by a community-response, reflecting 76 percent of BPD calls for service.

NICJR appreciates that there may be questions about the assignment of certain call types to Tier 1. Selected Tier 1 event types have been tagged for additional explanation of Tier assignment in that vein; the explanations can be found following in [Appendix C](#).

As a final cut of the data, Table 15 depicts the top ten call types by initiation source and CERN Tier. One hundred percent of the top ten On-View event types, and 80 percent of top ten 911 and Non-Emergency event types, are assigned to CERN Tier 1.

Table 15. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

RECOMMENDATIONS AND CONCLUSION

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched for event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS types, representing 76 percent of all calls for service, can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR offers the following recommendations:

Key Recommendations

1. Alternative response options should be developed for the 50 percent of CFS that do not require a law enforcement response or are appropriate for a dual response by law enforcement and a community-based/non law enforcement service provider.

Data-Specific Recommendations

2. Develop a mechanism for clear identification of mental health related calls within the data including ones that overlap with homelessness.
3. Provide a coding element in the data that allows a researcher or analyst to identify those types of calls that result in a use of force including the type of use of force.
4. Create a publicly accessible data key for all of the variable code types in BPD data.

APPENDIX H

Berkeley Calls for Service Analysis

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INTRODUCTION

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing. The New and Emerging Models of Community Safety and Policing report has been prepared in response to that charge. NICJR submits this report to the Reimagining Public Safety Taskforce (RPSTF) to inform the RPSTF's development of recommendations for submission to the Berkeley City Council (Council) on alternative responses and police reforms.

The report comprises a brief overview of several examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. As hundreds of cities across the country engage in reimagining public safety processes and launching new programs or altering existing models, this report could not possibly be universally comprehensive; it does however provide the RPSTF and the Council with illustrative examples of key options to consider as the City of Berkeley (City) reimagines its public safety system. The programs and strategies featured in this report were selected based on a number of factors including relationship to the core pillars of NICJR's reimagining framework: **Reduce, Improve, Reinvest**; level of institutionalization and track record; City of Berkeley staff and RPSTF request; and relevance to particular reform efforts underway or likely to be underway in Berkeley.

Note that one aspect of police reform, relating specifically to police oversight, is not directly addressed in this report. Review of these bodies was not included due to the City's new Police Accountability Board, approved overwhelmingly by the voters in November 2020. The Berkeley Police Accountability Board will be one of the most expansive and progressive of its kind in the country when launched in the summer of 2021.

NICJR's second commissioned report for the City, *Alternative Responses to Law Enforcement*, will draw from and build upon several of the new and emerging models outlined herein.

This report last updated October 2021. Due to the evolving nature of these models, information may be outdated.

EMERGING NON-ENFORCEMENT MODELS OF COMMUNITY RESPONSE



Police departments receive a large volume of 911 calls or other Calls for Service (CFS) requesting emergency response. In the past several decades policing has evolved from officers walking beats to departments primarily responding to CFS with patrol officers in squad cars. A number of new assessments of these CFS have revealed that a majority are low-level or even non-criminal in nature, like noise complaints, abandoned cars, and petty theft. Multiple analyses have estimated that less than 2 percent of CFS are for violent incidents.^{1,2} Retired Chicago police officer David Franco explains “We spend entire shifts dealing with noncriminal matters from disturbance and suspicious person calls...With so many low-level issues put on our shoulders, police cannot prioritize the serious crimes.”³

In addition to responding to a high volume of low-level and non-criminal 911 CFS, police have also been increasingly asked to respond to people experiencing mental health crises. Many of these encounters have resulted in uses of force by police, including deadly officer involved shootings. A number of the emerging examples of effective community driven crime reduction and emergency response models focus specifically on mental health incidents.

Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS)

Crisis Assistance Helping Out on The Streets, or CAHOOTS, is a mobile emergency intervention

service established in 1989 in Eugene, Oregon.⁴ This program is free and readily available twenty-four hours a day for mental health and other non-violent related calls.⁵ CAHOOTS is directed by the White Bird Clinic, a regional health center in partnership with the City of Eugene. Each CAHOOTS unit is comprised of an emergency medical technician (EMT) and a mental health service provider.⁶

CAHOOTS staff are required to go through 40 hours of classroom education and over 500 hours of field work that is supervised by a qualified guide. Their education consists of de-escalation methods and emergency response services. CAHOOTS personnel are able to perform wellness checks, offer mental health services and substance use resources, administer medical aid, and provide mediation assistance.⁷

More than 60 percent of CAHOOTS clients are experiencing homelessness and nearly 30 percent have serious mental illness. CAHOOTS had some level of involvement in nearly 21,000 public-initiated CFS in 2019, with the number of calls having steadily increased since the program’s inception. Among all adults involved with CAHOOTS, the average age was 45.5 years.

Numerous evaluations have shown consistent, robust results for the CAHOOTS program. Approximately 5-8 percent of calls are diverted from the police to CAHOOTS, comprising nearly 14,000 calls annually that CAHOOTS alone responds to annually, according

1 <https://www.vera.org/downloads/publications/understanding-police-enforcement-911-analysis.pdf#page=134>

2 <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>

3 <https://chicago.suntimes.com/2020/12/9/22166229/chicago-police-department-911-calls-civilian-community-responders-cpd>

4 Id.

5 <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhood-strengthening-public-safety-community-empowerment/>

6 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

7 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

to an analysis of 2019 CFS. Of these, only 2.2 percent necessitated backup or police involvement.⁸ The program costs approximately \$2 million annually and generates an estimated \$8.5 million in savings for the Eugene Police Department along with an additional \$2.9 million in savings for other city government agencies.^{9,10}

Several cities have explored or are currently implementing replications of CAHOOTS. In Oakland, the city is preparing to launch the Mobile Assistance Community Responders of Oakland (MACRO) initiative.¹¹ The pilot program will be managed by the Oakland Fire Department and will be available twenty-four hours per day, seven days per week in two-person teams.¹² The City of Oakland has allocated \$4.5 million for the year 2022-2023 along with \$10 million in other funding. The program is projected to pilot in East Oakland neighborhoods anywhere from November 2021 to February 2022.¹³

Denver Support Team Assisted Response (STAR)

Based on the CAHOOTS program in Eugene, Oregon, STAR is a community responder model created in 2020. STAR is a joint effort between many stakeholders, including the Denver Police Department (DPD), Denver's Paramedic Division, Mental Health Center of Denver, and community-based organizations. STAR provides direct, emergency response to residents of the community who are experiencing difficulties connected to mental health, poverty, homelessness, or substance use. The STAR transport vehicle operates seven days a week from 6 AM to 10 PM.¹⁴ The time frame of operation was

chosen based on an analysis of CFS data.¹⁵ STAR unit staff are made up of unarmed personnel, with each team including a mental health service provider and a paramedic.¹⁶

Before the implementation of STAR, calls to 911 were either transmitted to the DPD or the hospital system. The majority of calls (68 percent) routed to STAR concerned individuals that were experiencing homelessness. Around 41 percent of individuals who STAR had been involved with were referred to additional services by the STAR unit staff.¹⁷

In just half a year after the program was established, the STAR unit had addressed 748 calls. The DPD was never called to support the unit in responding to these CFS. Moreover, there were no arrests made in any of the calls evaluated during the initial six months of program operation. To expand the program, the City of Denver has approved \$1 million from the City's supplemental fund to go along with the already allocated \$1.4 million in the original 2021 budget.¹⁸

Olympia Crisis Response Unit (CRU)

Incorporating both CAHOOTS principles and crisis intervention teams, the Crisis Response Unit (CRU) was implemented in Olympia, Washington in April 2019, as a result of a 2017 citywide safety measure that allocated an initial half million dollars for an improved crisis response model. The Olympia Police Department (OPD) contracted with a community-based organization to serve as a new option for behavioral health calls for service. The CRU team consists of six mental health professionals that operate in pairs. Along with a state certification in behavioral health, CRU staff must undergo training that includes police patrol exposure, community engagement, and education about available community support.¹⁹

8 <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>

9 <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

10 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

11 https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf

12 <https://abc7news.com/macro-oakland-civilian-crisis-response-team-mental-health-police-dept/10430680/>

13 <https://www.ktvu.com/news/oakland-leaders-push-to-start-urgently-needed-macro-program-create-oversight>

14 <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

15 https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

16 <https://www.9news.com/article/news/denver-star-program-results-police/73-90e50e08-94c5-474d-8e94-926d42f8f41d>

17 Id.

18 <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

19 <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>



CRU operates from 7 AM to 8:40 PM Monday through Thursday and 10 AM to 8:40 PM Friday through Sunday, supplying clients with supports such as mediation, housing assistance, and referrals to additional services.²⁰ Police lines of communication are utilized by CRU staff to identify situations that necessitate CRU response. The City's 911 operations hub and law enforcement personnel can also refer callers directly to CRU. Often, 911 callers request CRU assistance specifically, as the team has fostered strong community ties. Moreover, a significant portion of calls for service referred to CRU originate from community-based service providers, as opposed to the 911 system itself. When CRU staff encounter an individual the team has been called on to support multiple times, they refer the individual to Familiar Faces, a peer navigation program.²¹

Most individuals who were assisted by CRU were experiencing homelessness or mental health issues at the time of service. Out of the 511 calls CRU engaged with from April to June of 2020, OPD was

only needed 86 times. Establishing and maintaining trust between CRU and residents is an essential part of the initiative.²² Post-implementation surveys show that many police officers became advocates of the model after seeing the program in action for six months.

San Francisco Street Crisis Response Team (SCRT)

The City and County of San Francisco has implemented a pilot alternative response program for individuals experiencing a behavioral health crisis. The San Francisco Fire Department, in conjunction with the Department of Public Health and the Department of Emergency Management, responds to 911 calls related to these issues via Street Crisis Response Teams (SCRT). Street Crisis Response Teams include a community paramedic, behavioral clinician, and peer specialist.²³ Currently, there are six teams that provide an around-the-clock response.²⁴

²⁰ https://www.olympiawa.gov/services/police_department/crisis_response___peer_navigators.php

²¹ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

²² <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

²³ <https://sf.gov/street-crisis-response-team>

²⁴ <https://sf.gov/sites/default/files/2021-10/SCRT%20September%20Update%20%281%29.pdf>

SCRT collaborated with community-based organizations including RAMS, Inc. (Richmond Area Multi-Services) and HealthRIGHT360 to ensure that community providers and local residents would be able to provide feedback and input about the new program.²⁵ The proposed SCRT budget for fiscal year 2021-2022 is approximately \$13.5 million, which includes staff training and team expansion. An evaluation of the pilot program place is currently underway.²⁶

When 911 calls come into the dispatch center that are determined to be appropriate for SCRT, SCRT is dispatched; a team responds on average in fifteen minutes. No calls for service routed to SCRT required police action or backup in the first two months of the pilot. Approximately 74 percent of individuals assisted by SCRT had their issues resolved, whether it be through transfers to additional supports or de-escalation techniques.²⁷ Initial analyses show that SCRT could respond to up to 17,000 behavioral health calls each year. Because of the small scope of the initial pilot, only 20 percent of behavioral health calls received during the first two months of implementation were able to be responded to by the SCRT.

Austin Expanded Mobile Crisis Outreach Team (EMCOT)

In order to reduce the burden on the Austin Police Department (APD) associated with mental health calls, the City of Austin, Texas established the Expanded Mobile Crisis Outreach Team (EMCOT) in conjunction with Integral Care, the City's community-based mental health service provider. EMCOT assists individuals undergoing a behavioral or mental health crisis. Agencies such as APD or the Sheriff's Office are able to call for EMCOT services by way of the 911 dispatch hub. EMCOT provides its clients with supports in the form of therapy, life coaching, rehabilitation, and other services.²⁸

Since its establishment in 2013, EMCOT has assisted 6,859 clients. The most recently available data is

²⁵ <https://sf.gov/street-crisis-response-team>

²⁶ https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf

²⁷ Id.

²⁸ <https://www.austintexas.gov/edims/document.cfm?id=302634>

from FY2017, which shows that EMCOT responded to 3,244 CFS, at a rate of approximately 9 times per day. Each client was served for an average of 21 days and provided three different types of supports. In general, post-crisis services are available for up to 3 months after initial contact.²⁹ Integral Care reported that 86 percent of calls routed to a mental health response did not require police backup.³⁰

EMCOT is currently available from 8AM to 12AM Monday through Friday and 10AM to 8PM on Saturday and Sunday.³¹ With the additional funding, EMCOT is now projected to provide around-the-clock availability for calls for service. Expansion of telehealth services for the program is also included in the new funding.³² For all CFS involving EMCOT, 85.4 percent were handled without police officers.³³

In 2020, a new dispatch system was established in Austin and a mental health paraprofessional was permanently stationed in the 911 dispatch center. Callers to 911 now have the option to request mental health services instead of police.³⁴ If the operator determines the caller would benefit from these supports, the call is handed over to a mental health professional. If a clinician is unavailable at the time, an EMCOT staff member is deployed. Currently, the clinicians are present all week for a set number of hours each day. This initiative was funded by the reallocation of \$11 million from the Austin Police Department's budget. The EMCOT budget itself was also recently increased to \$3.15 million, a 75 percent increase in funding for the program.³⁵⁺

²⁹ Id.

³⁰ <https://www.kxan.com/news/local/austin/new-911-call-option-offers-direct-mental-health-help-that-one-attorney-says-may-have-saved-one-familys-son/>

³¹ <https://www.fox7austin.com/news/crisis-counselors-responding-to-more-mental-health-calls-in-austin>

³² <http://www.austintexas.gov/edims/pio/document.cfm?id=320044>

³³ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

³⁴ <https://www.kvue.com/article/news/health/apd-adds-mental-health-services-to-911-answering-script/269-e7dde2e6-4a65-4d5c-a2a7-a26e57110a81>

³⁵ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

Houston Crisis Call Diversion (CCD)

The Crisis Call Diversion (CCD) program in Houston, Texas is a joint effort between the fire department, police department, emergency center, and mental health service providers in the area. In 2017, the Houston Police Department (HPD) received 37,032 calls for service that involved behavior or mental health problems. When calls for service come in, dispatchers flag any that would necessitate CCD response-- non-emergency behavioral and mental health calls. Once flagged, these callers are connected to CCD counselors. The CCD counselor evaluates the situation and the mental health of the caller and attempts to provide assistance over the phone.³⁶

If additional community response or police presence is needed, the dispatcher can request that as well. The call is taken off the police dispatch line when the CCD dispatcher verifies that the CCD team is on the way to the scene. CCD teams can contact the caller while traveling to the specified location in order to collect as much relevant information as possible. Upon examination of the data, each rerouted call generates savings of nearly \$4,500. The CCD costs approximately \$460,000 annually and is estimated to generate over \$860,000 in annual savings.³⁷

City of Albuquerque Community Safety Department (ACS)

The City of Albuquerque's recently created Community Safety Department (ACS) serves as the third branch of Albuquerque's first responder system. The ACS responds to non-violent and non-medical Calls for Service (CFS) related to mental health, substance use, and homelessness as well as non-behavioral issues such as abandoned vehicles and needle pickups.³⁸ Once a call is received through 911, it is routed to the Albuquerque Police Department (APD) Dispatch Center, who will then facilitate the deployment of ACS responders.

ACS' Field Response Unit is made up of four types of responders: Behavioral Health Responders,

Community Responders, Street Outreach and Resource Coordinators, and Mobile Crisis Team (MCT) Licensed Clinicians.

Each responder's role is as follows³⁹:

- Community Responders: provide support to community members related to inebriation, homelessness, addiction, mental health as well as minor injuries, incapacitation, abandoned vehicles, non-injury accidents, and needle pickups
- Behavioral Health Responders: respond in pairs to requests for assistance regarding mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness, etc.
- Street Outreach and Resource Coordinators: provide street outreach to individuals experiencing homelessness in encampments
- Mobile Crisis Team (MCT) Licensed Clinicians: co-respond to high acuity mental and behavioral health emergencies

In its first operational month (August 30- October 1, 2021), ACS responders addressed an average of nine calls daily, for a total of 212 CFS. 50% of those CFS were provided with either resources, direct services, or transportation. The average response time for ACS responders is slightly over 14 minutes.⁴⁰ Once ACS is fully scaled, as many as 3,000 calls could be diverted per month.⁴¹

Los Angeles County Alternative Crisis Response (ACR)

The LA County Alternative Crisis Response is a collaboration between the Department of Mental Health (DMH) and the Chief Executive Office's (CEO) Alternatives to Incarceration Initiative to address gaps within LA County's current crisis response system.⁴² Set to rollout in July of 2022, preliminary recommendations put forth to the Los Angeles County Board of Supervisors include designing and implementing a Regional Crisis Call Network,

³⁶ <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

³⁷ <https://www.houstoncit.org/ccd/>

³⁸ <https://www.cabq.gov/acs/our-role>

³⁹ <https://www.cabq.gov/acs/our-response>

⁴⁰ <https://www.cabq.gov/mayor/news/albuquerque-community-safety-responders-hit-the-streets>

⁴¹ <https://www.abqjournal.com/2428380/abqs-community-safety-department-launches-patrols.html>

⁴² <https://ceo.lacounty.gov/ati/alternative-crisis-response/>

instituting a crisis mobile response team, and increasing behavioral health bed capacity.⁴³

In accordance with recent ACR recommendations, the Los Angeles Police Department (LAPD) expanded its Didi Hirsch Pilot, which diverts 911 behavioral health CFS to the Didi Hirsch Suicide Prevention Center. The ACR will utilize a 988 number for behavioral health emergency needs also overseen by the Didi Hirsch Suicide Prevention Center.⁴⁴

Seattle Department of Community Safety & Violence Prevention

The Seattle City Council passed Resolution 31962 in August of 2020, which lays the foundation for a civilian led Department of Community Safety & Violence Prevention. This Department, which is expected to be up and running by the fourth quarter of 2021, will assume responsibility for manning 911 call lines, replacing police operators with “civilian-controlled systems.”⁴⁵

Ithaca Department of Community Solutions and Public Safety

In February 2021, the Mayor of Ithaca, New York, proposed the creation of a new Department of Community Solutions and Public Safety that would replace the Ithaca Police Department.⁴⁶ This new department would include both armed officers and unarmed workers who focus on crime and neighborhood service. The department would work with a new alternative service provider that provides non-law enforcement crisis intervention and support. All current police officers would have to reapply to be employed by the new department.

The proposal is a part of the Ithaca Reimagining Public Safety Collaborative and a response to the New York State Governor’s Executive Order mandating every

police department in the state to submit a reform plan by April 1, 2021.⁴⁷

The new Department of Community Solutions and Public Safety would be charged with implementing an alternative to the police response system and establishing a pilot program for non-emergency calls, implementing a culturally responsive training program that includes de-escalation techniques, and developing a comprehensive community healing plan.

Other initiatives proposed under this strategy include standardizing a data review process on traffic stops as well as consistent reviews of officers’ body camera footage. Minor grievances would be outsourced to neighborhood mediation centers. Adolescent engagement support programs would be broadened in order to reach those at high risk of violence. The new personnel of the Department would be recruited from a more varied body of applicants as well to reflect the residents of the city in which they operate.⁴⁸

In order to oversee the recommendations made by the Mayor and Ithaca Reimagining Public Safety Collaborative, the City of Ithaca has arranged for the creation of an operations hub known as the Community Justice Center (CJC). The CJC will have its own full-time staff including but not limited to a project manager and a data analyst. The CJC is set to give progress updates to the Tompkins County Legislature and the City of Ithaca Mayor to ensure each recommendation is properly addressed.⁴⁹

Tiered Dispatch & Community Emergency Response Network

NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network (CERN). Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

43 <https://file.lacounty.gov/SDSInter/bos/supdocs/149254.pdf>

44 <https://file.lacounty.gov/SDSInter/bos/supdocs/149282.pdf>

45 <https://www.washingtonpolicy.org/publications/detail/seattle-city-council-passes-cuts-to-police-budget-and-resolution-to-establish-civilian-led-department-of-community-safety-violence-prevention>

46 <https://www.gq.com/story/ithaca-mayor-svante-myrick-police-reform>

47 <https://www.governor.ny.gov/news/governor-cuomo-announces-new-guidance-police-reform-collaborative-reinvent-and-modernize>

48 <https://drive.google.com/drive/u/0/folders/1NTZ6j6WRze75m5fTuf-wC4BgC-1ddJnO>

49 Id.



**Tier 1:
CERN dispatched only**

- › Event type: Non-Criminal



**Tier 2:
CERN lead, with officers present**

- › Event type: Misdemeanor with low potential of violence
- › If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.



**Tier 3:
Officers lead, with CERN present**

- › Event type: Non-Violent Felony or an arrest is likely
- › If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.



**Type 4:
Officers only**

- › Event type: Serious Violent Felony or high likelihood of arrest

NON-LAW ENFORCEMENT CRIME REDUCTION STRATEGIES



New York City Mayor's Action Plan (MAP) for Neighborhood Safety

The Mayor's Action Plan for Neighborhood Safety (MAP) was launched in 2014 in fifteen New York City Housing Authority (NYCHA) properties. MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. Disorganized neighborhoods are characterized by dense poverty, a lack of social mobility, and underdeveloped community connections. These factors contribute to circumstances that make a given neighborhood more vulnerable to crime and violence.⁵⁰ The 15 housing developments chosen for the program account for approximately 20 percent of violence in NYCHA housing.⁵¹

MAP's focal point is NeighborhoodStat, a process that allows local officials and residents to communicate directly with each other. Issues in each particular housing development are addressed in local meetings which involve multiple stakeholders, including residents, community-based organizations, law enforcement, and government officials. NeighborhoodStat allows residents to have a say in the way New York City (NYC) allocates its public safety resources. The process is facilitated by a team of 15 community members who conduct polls and interviews to determine what the residents feel are the biggest issues in their neighborhoods. NeighborhoodStat also utilizes data analyses regarding employment, physical structure, access to resources, and other metrics in developing its recommendations for key areas of focus. At

⁵⁰ http://www.children.gov.on.ca/htdocs/English/professionals/oyap/roots/volume5/chapter04_social_disorganization.aspx

⁵¹ <https://criminaljustice.cityofnewyork.us/programs/map/>

community meetings, this data and other benchmarks for performance are presented by community-based partners, allowing for full transparency. Residents and law enforcement also put forward their concerns and ideas. Once problems are pinpointed through meaningful dialogue, residents and NYC officials come together to generate solutions, which are then implemented by the Mayor's Office and assessed over time.⁵²

Other initiatives MAP has undertaken include providing employment and life coaching services to youth who are at most risk for violence. MAP also focuses on addressing major chronic disease determinants, including low physical activity levels and nutrient-poor diets. Programs such as NYPD Anti-Violence basketball games and pop-up healthy food stands have been established. In addition, public infrastructure has been improved through enhanced lighting, green spaces, and park improvements.⁵³

Early evaluations of MAP show promising results for a reduction in various crimes as well as increased perception of healthier neighborhoods. Significantly, misdemeanor offenses against individuals decreased in developments where residents expressed a positive change in their neighborhood's condition.⁵⁴ Furthermore, shootings in MAP sites decreased by 17.1 percent in 2015 and 2016 when compared with non-MAP sites.⁵⁵

⁵² <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

⁵³ <https://criminaljustice.cityofnewyork.us/programs/map/>

⁵⁴ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

⁵⁵ https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/mayors_action_plan_for_neighborhood_safety.pdf

Domestic Violence

Every year, an estimated 10 million people in the US experience domestic and family violence. Often a cycle of abuse is perpetuated in these situations, as experience with previous violence is a strong predictor for future abuse.⁵⁶ The financial expense of domestic and family violence is projected to be \$12 billion each year. In Berkeley, approximately 2,000 reports related to domestic violence are registered annually; the actual number of incidents is probably much higher.⁵⁷

Domestic violence is a difficult and complex problem. Laws have been established that mandate arrests even for minor incidents; these same laws have generated a growing movement of survivors calling for non-enforcement responses. The challenges here are significant, as a lack of intervention can lead to serious injury and death, primarily of women and transgender women.

An additional complication in domestic violence work is the retraumatization of survivors that occurs in the judicial system. When survivors of domestic violence endeavor to obtain recourse through the courts, they are often blamed for the abuse and undergo a disparagement of their character. Moreover, testimony is often given in an open court setting, which requires that a survivor recount the abuse they have undergone while simultaneously appearing composed in order to credibly convey their trauma, often in the presence of their abuser.⁵⁸ Reliving one's trauma and facing an abuser can cause feelings of helplessness, anxiety, and PTSD to surface in the survivor. Unfortunately, retraumatization often results in a major roadblock for survivors to pursue justice in domestic violence cases.⁵⁹

There is a significant overlap in addressing domestic violence incidence and anti-poverty work, as intimate partner violence is correlated with devastating monetary effects on survivors who seek to leave their abusive situations. Interventions such as economic education and employment training can both reduce

56 <https://www.ncbi.nlm.nih.gov/books/NBK499891/>

57 https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_General/dvfactsheet.pdf

58 <https://www.seattletimes.com/opinion/a-justice-system-that-re-traumatizes-assault-survivors/>

59 <https://arizonalawreview.org/pdf/62-1/62arizrev81.pdf>

violence and provide critically necessary financial support.

Major domestic violence support programs implemented by the Centers for Disease Control (CDC) include STOP Sexual Violence (SV) and the Preventing Intimate Partner Violence (IPV).⁶⁰ According to the CDC, these strategies focus on promoting social norms that protect against violence; teaching skills to prevent SV; providing opportunities, both economic and social, to empower and support girls and women; creating protective environments; and supporting victims/survivors to reduce harms. Research indicates that IPV is most prevalent in adolescence and young adulthood and then begins to decline with age, demonstrating the critical importance of early prevention efforts.⁶¹ Analyses of these financial support programs have demonstrated results including increased confidence for survivors as well as decreases in domestic assault incidences.⁶²

Another area of focus has been to revisit the mandatory arrest policies for domestic violence calls in place in many jurisdictions.⁶³ Alternatives to this approach emphasize coordinated community response teams that maximize the role of community. An effective model integrates other providers, including faith leaders and the courts.⁶⁴

Commercial Sexual Exploitation

Sexual exploitation of minors has historically been difficult to adequately address. This is due to a plethora of factors, ranging from difficulty in identifying adolescents who experience sexual exploitation to a limited understanding of the various methods used to traffic children and the best approaches to engage the victims.⁶⁵ Too often, sexually exploited minors have faced arrest and incarceration instead of

60 <http://www.preventconnect.org/2019/08/addressing-poverty-to-prevent-violence/>

61 <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

62 <https://vawnet.org/material/economic-empowerment-domestic-violence-survivors>

63 <https://opdv.ny.gov/help/fss/part22.html>

64 <https://www.bwjp.org/our-work/topics/ccr-models.html>

65 <https://ojjdp.ojp.gov/mpg/literature-review/csec-sex-trafficking.pdf>

intervention and support.⁶⁶ More than 1,000 children are arrested for “prostitution” annually. However, anywhere from 57,000 to 63,000 individuals are estimated to be involved in commercial sexual exploitation in the United States, a disproportionate number being youth of color.⁶⁷

The Vera Institute has produced a screening procedure for service providers to follow when encountering an individual who could potentially be a survivor of sexual exploitation. Consisting of a thirty-subject questionnaire, the Trafficking Victim Identification Tool (TVIT), serves to aid in trafficking victim identification. Evaluations have proven that the tool has high accuracy and validity rates.⁶⁸ Health care providers, social workers, legal aid personnel, and others can use the screening tool to better identify those who have experienced commercial sexual exploitation.⁶⁹

Jurisdictions have also begun to halt prosecution of prostitution. In April of 2021, the District Attorney’s Office of Manhattan, New York, announced it would dismiss all open cases with a prostitution charge. Prostitution adjacent crimes such as sex trafficking and soliciting sex workers would still be charged. The cities of Baltimore, Maryland, and Philadelphia, Pennsylvania, have stopped any prosecution of sex workers as well.⁷⁰

Many community-based organizations have established programs that outreach, support, and provide services to minors who have been sexually exploited. It is critical that community-based service providers have the requisite training and education to provide appropriate services and interventions to this population who have experienced abuse, trauma, and exploitation. The training should be trauma-informed, and screeners should be focused on



establishing trust with their clients.⁷¹ Organizations like FAIR Girls (Washington, D.C.) and MISSEY (Oakland, CA) have initiatives that intervene directly with girls who have been exploited. At MISSEY, case workers engage at-risk youth in the Alameda County foster system and offer them support and services in the form of financial resources, life coaching, and housing.⁷² In Washington DC, young girls that stayed at the FAIR Girls group home had a 58 percent higher likelihood of permanently withdrawing from commercial sexual exploitation when compared with those who were not provided housing.⁷³

Traffic Enforcement

Data from The Stanford Open Policing Project shows that Black men and women are stopped at a higher rate than white drivers and are more likely to be

⁶⁶ <https://www.washingtonpost.com/posteverything/wp/2014/12/05/child-prostitutes-arent-criminals-so-why-do-we-keep-putting-them-in-jail/>

⁶⁷ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁶⁸ <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-summary-v2.pdf>

⁶⁹ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁷⁰ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷¹ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷² <https://missey.org/foster-youth-program/>

⁷³ <https://fairgirls.org/vida-home/>

fatally shot during the course of that traffic stop.⁷⁴ To significantly lessen the exposure of the general public to the police and instead address transportation violations without law enforcement involvement, a number of strategies have been employed including: reallocation of certain traffic services to non-law enforcement organizations; the implementation of automation; and decriminalization.

In the City of Berkeley, the Berkeley Police Department (BPD) performed approximately 11,000 traffic stops in 2019. Black people were stopped by BPD at a rate 4.3 times than their representative population in the City.⁷⁵ This disproportionate traffic enforcement highlights the need to change policies and practices regarding traffic stops.

Reducing the use of police officers in traffic enforcement is one potential solution; this approach can be greatly enabled by technology. Speeding and red-light violations are two areas that constitute a large portion of traffic enforcement. There are 19 states that allow speed cameras, and 21 states that allow red-light camera usage.⁷⁶ Implementing automatic speed citations along with red-light cameras could allow for a reduction of up to 20 percent of police interactions. It is important to note that although this technology is successful at reducing the need for police, it can generate other issues such as enforcement problems and privacy concerns.⁷⁷

As Berkeley is considering through the Berkeley Department of Transportation (BerKDOT) initiative, transferring traffic enforcement duties to an agency of unarmed staff can limit problematic police contact with motorists. Analogous programs have been proposed in Cambridge, Massachusetts; St. Louis Park, Minnesota; and Montgomery County, Maryland.⁷⁸ In 2019, automation-based traffic enforcement capabilities were transferred to the

Department of Transportation in Washington, D.C.⁷⁹ New York's Attorney General proposed the end of the NYPD's involvement with traffic enforcement in September of 2020.⁸⁰

Another potential strategy can be illustrated by a pilot program in Staten Island, New York, aimed at reducing the number of calls for service related to minor collision.⁸¹ When a call comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If a collision is deemed to be minor, all individuals involved in the crash simply complete a collision report and then exchange contact and identification information.⁸²

Lastly, ending pre-textual stops for minor traffic infractions, as proposed by the Berkeley Mayor's Fair and Impartial Policing Workgroup and approved by the City Council in March 2021, could significantly reduce traffic stops. This issue is addressed in more detail in the Policing section of this report.

Neighbor Disputes

Police officers are frequently the first personnel called in when there is a dispute, even a minor one, between neighbors. These events can encompass a broad array of issues, from property damage, blocking a driveway, to noise complaints. Even if police do intervene, the solution is often only temporarily, rather than resolving the root problems that caused the conflict. Police response wastes time and resources and can lead to escalation and violence. Furthermore, neighbor conflicts in low-income and communities of color have a higher likelihood of resulting in an arrest.⁸³

⁷⁴ <https://openpolicing.stanford.edu/findings/>

⁷⁵ <https://sites.google.com/view/saferstreetsberkeley/home>

⁷⁶ <https://www.ghsa.org/state-laws/issues/speed%20and%20red%20light%20cameras>

⁷⁷ <https://www.governing.com/archive/gov-cities-hit-brakes-red-light-cameras.html>

⁷⁸ <https://theappeal.org/traffic-enforcement-without-police/>

⁷⁹ <https://www.washingtonpost.com/transportation/2019/10/01/bowser-does-an-end-run-around-dc-council-transfers-speed-red-light-camera-program-ddot/>

⁸⁰ <https://apnews.com/article/bronx-arrests-traffic-archive-new-york-c93fa5fc03f25c2b625d36e4c75d1691>

⁸¹ <https://www.silive.com/news/2019/03/nypd-dont-call-911-for-crashes-without-injuries.html>

⁸² <https://abc7ny.com/traffic/nypd-rolls-out-pilot-program-wont-respond-to-every-accident/5205383/>

⁸³ https://mdmediation.org/wp-content/uploads/2019/10/Giving_Police_and_Courts_a_Break.pdf

Community mediation is a strategy that has proven to reduce police calls for service and decrease the burden on police for nuisance complaints. Several cities have implemented community mediation programs to utilize non-enforcement options to resolve neighbor disputes. In areas where community mediation is prioritized, neighborhood social ties are strengthened, and communities are more harmonious. Moreover, residents who participate in community mediation use less court and police resources. In a study analyzing mediation's effect in Baltimore, Maryland, for example, researchers found that community mediation for neighbor disputes decreased calls for service to the Baltimore Police Department. For a single mediation session, the Baltimore Police Department produced cost savings between \$208 and \$1,649. Among individuals who went through a mediation, the likelihood of arrest and prosecution was lower when compared to those who did not participate.⁸⁴

Neighbor disputes can also be triaged through a 311 system. Priority is given to complaints based on frequency and the potential to escalate into violence. Outsourcing responses to neighborhood organizations and associations that can operate in conjunction with police officers can be valuable in order to promote a peaceful resolution to violent disputes. These organizations can also conduct sweeps through neighborhoods in order to gain valuable information regarding any disputes.⁸⁵

Substance Use

In 2016, 25 percent of lethal law enforcement shootings in the US affected individuals undergoing behavioral health or substance use crises.⁸⁶ Data regarding drug-related charges demonstrates that Black and LGBTQIA+ individuals are disproportionately charged and experience lower rates of treatment.^{87,88} In addition, calls for service

stemming from substance use place an undue strain on emergency departments as well as jails, both of which are often ill-equipped to handle substance use crises. Amid the COVID-19 pandemic, increases in drug and opioid related overdoses have been observed across California, underscoring the need for adequate substance use response.⁸⁹

It is important to note that this “adequate response” must reflect the reality that successfully addressing substance use is about management, not halting usage.

The establishment of safe injection facilities (SIF) is a potential avenue for reduction of drug-related deaths. These facilities are supervised areas that allow the uptake of drugs in a safe and hygienic setting.

There are a plethora of positive impacts that stem from SIF implementation. SIF have prevented thousands of overdoses with most reporting zero overdose fatalities.⁹⁰ Studies have noted a significant decrease in transference of blood-borne diseases such as HIV and Hepatitis B/C at SIFs due to their clinical standards.⁹¹ An increase in uptake of treatment for substance use disorder was also observed after SIF involvement. An evaluation done by the Vancouver Mental Health and Addiction Services demonstrated a significant curtailment of drug injection in public areas as well as a reduction in associated litter post-SIF implementation.⁹² SIFs have also been shown to reduce emergency ambulatory calls for service while open.⁹³

San Francisco recently approved a bill that would implement safe injection facilities in the City.⁹⁴ The Department of Public Health would oversee the establishment of two pilot SIFs. The City estimates that cost savings generated by reducing HIV and Hepatitis C caseload would be approximately \$3.5 million annually.⁹⁵

89 <https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf>

90 <https://www.ohtn.on.ca/rapid-response-83-supervised-injection/>

91 Id.

92 <http://www.healthyalamedacounty.org/promiseppractice/index/view?pid=3840c>

93 https://kingcounty.gov/~media/depts/community-human-services/behavioral-health-recovery/documents/herointf/Safe_Consumption_Facilities_Evidence_Models.ashx?la=en

94 <https://www.ktvu.com/news/san-francisco-supervisors-unanimously-approve-legislation-for-safe-injection-sites>

95 <https://www.glide.org/safe-injection-sites-are-coming-to-san-francisco/>

84 Id.

85 https://popcenter.asu.edu/sites/default/files/2020-spi-spotlight_series-retailiatoryviolentdisputes_final.pdf

86 <https://www.washingtonpost.com/graphics/national/police-shootings-2016/>

87 <https://www.americanprogress.org/press/release/2016/02/23/131547/release-broken-criminal-justice-system-disproportionately-targets-and-harms-lgbt-people/>

88 <https://www.marylandaddictionrecovery.com/impact-of-addiction-african-american-community/>

Syringe services programs (SSPs), also known as Needle Exchange Programs (NEPs), are a harm reduction mechanism that offer individuals with hygienic and safe needles and syringes along with referrals to other services. These services can include further medical care, treatment programs, and therapy access. SSPs also provide testing for diseases, vaccinations, and naloxone dispensation. A critical component of SSPs is the communication of education regarding overdose signs and proper injection technique. They are typically overseen by local public health departments that work in conjunction with community-based organizations.⁹⁶

Numerous benefits have been linked to proper SSP implementation including decreases in the rate of drug use frequency when compared with individuals who have never utilized an SSP.⁹⁷ Sterile equipment provided by SSPs is also associated with a reduction in bloodborne infections, sexually transmitted diseases, and other health issues. When an SSP is instituted in a community, there is no corresponding increase in drug usage or crime in the area.⁹⁸

The Needle Exchange Program in Baltimore, Maryland provides clean needles to intravenous drug users in order to reduce related health issues. There are currently 16 locations across Baltimore, with plans for expansion.⁹⁹ An evaluation of the intervention program found that participation in the program was correlated with a 33 percent increase in the likelihood of entering treatment.¹⁰⁰

Berkeley's Needle Exchange Emergency Distribution (NEED) is an SSP operating out of a mobile van created in 1990. Naloxone training, fentanyl testing strips, and screening for HIV/ AIDS are all offered via one of NEED's three sites.¹⁰¹ Berkeley's NEED program is currently funded by grants from the City of Berkeley and Alameda County.¹⁰²

⁹⁶ <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>

⁹⁷ <https://pubmed.ncbi.nlm.nih.gov/11027894/>

⁹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446444/>

⁹⁹ <https://health.baltimorecity.gov/hiv-std-services/community-risk-reduction>

¹⁰⁰ <https://pubmed.ncbi.nlm.nih.gov/16364566/>

¹⁰¹ <https://www.berkeleyneed.org/sp/index.php>

¹⁰² <https://pha.berkeley.edu/2019/12/01/the-needle-exchange-program-crisis/>

Street outreach programs that connect intravenous drug users and individuals suffering from substance use disorder to services are also beneficial.

The City of San Francisco is launching a sobering site for individuals using methamphetamines. In non-emergent cases, clients will be transported to the sobering site and offered medication such as antipsychotics or sedatives. This site will reduce the burden on emergency departments and free up psychiatric services in hospitals.¹⁰³ HealthRIGHT 360, a community-based organization, will oversee the sobering site after it is opened.¹⁰⁴ In order to recruit clients to the sobering center, the site will collaborate with San Francisco's Street Crisis Response Team (SCRT), referenced in detail in the Emerging Non-Enforcement Models of Community Response section of this report.

The Arlington Opiate Outreach Initiative was created in 2015 in Arlington, Massachusetts. The partnership brings together social workers, community-based organizations, health workers, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.¹⁰⁵ Public health clinicians will then attempt to engage the identified community member through home visits, contact with family/ friends, and provision of naloxone kits.

Conversations for Change, a program based in Dayton, Ohio, is marked by its emphasis on meetings that serve to engage the community and offer residents education regarding potential treatment choices and services. The program is a partnership between the Dayton Police Department and East End Community Services, a non-profit, community-based organization. Individuals are recruited through an array of avenues, from parole officers to community-based organizations that are involved

¹⁰³ https://www.sfdph.org/dph/files/MethTaskForce/Meth%20Task%20Force%20Final%20Report_FULL.pdf

¹⁰⁴ <https://www.sfexaminer.com/news-columnists/new-search-launched-for-meth-sobering-center-site/>

¹⁰⁵ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn44>

with substance use disorders. Monetary benefits in the form of grocery store gift cards are used to incentivize individuals to attend meetings. Meetings first involve a direct, one-on-one conversation with a motivational mediator from the Dayton Mediation Center about a client's current status and goals. After this initial conversation, presentations from health officials and residents with similar lived experiences are given. Providers finally offer naloxone training to the clients at the meetings.¹⁰⁶ The Conversations for Change program also includes an SSP.¹⁰⁷

A more direct approach to curbing the impact of substance use disorders on the demand for policing is decriminalization.

Oregon became the first state in the United States to decriminalize the possession of all drugs effective February 2021. Possessing heroin, cocaine, methamphetamine and other drugs for personal use is no longer a criminal offense in Oregon.¹⁰⁸

Those drugs are still against the law, as is selling them. But possession is now a civil – not criminal – violation that may result in a fine or court-ordered therapy, not jail.

There are three main arguments for decriminalization:

1 Criminalization has failed

The reason for punishing drug users is to deter drug use. But decades of research have found the deterrent effect of strict criminal punishment to be small, if it exists at all. This is especially true among young people.

Because criminalizing drugs does not really prevent drug use, **decriminalizing has not been found to increase it**. Portugal, **which decriminalized the personal possession of all drugs in 2001** in response to high illicit drug use, has much lower rates of drug use than the European average. Use of cocaine among young adults age 15 to 34, for example, is 0.3 percent in Portugal, compared to 2.1 percent across the EU.

2 Decriminalization allows reinvestment in treatment

Arresting, prosecuting and imprisoning people for drug-related crimes is expensive.

The Harvard economist Jeffrey Miron estimates that all government drug prohibition-related expenditures were \$47.8 billion in 2016. Money spent arresting, prosecuting and incarcerating individuals for drug-related offenses can be more effectively, from both outcomes and cost perspectives, reinvested in treatment services.

3 The drug war disproportionately impacts people of color

Another aim of decriminalization is to mitigate the significant **racial and ethnic disparities associated with drug enforcement**.

Illegal drug use is roughly comparable across races in the U.S. But people of color are significantly more likely to be **searched, arrested and imprisoned for a drug-related offense**.

¹⁰⁶ Id.

¹⁰⁷ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn46>

¹⁰⁸ Oregon discussion draws heavily from: <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>

COMMUNITY DRIVEN VIOLENCE REDUCTION STRATEGIES



Crime is often concentrated in low-income neighborhoods, with Black and Latinx individuals disproportionately experiencing higher rates of violence. These 'hot spots' of violent crime experience a complex array of challenges, ranging from high rates of poverty and incarceration to poor quality education and a lack of trust in government institutions. Unfortunately, the effects of exposure to violence are widespread, affecting the health and development of not only those directly involved but also that of their families and communities. Neighborhoods with these characteristics necessitate immediate intervention to disrupt the cycle of interpersonal violence and its devastating consequences.¹⁰⁹

There has however been consistent success in a small number of effective strategies summarized briefly below and described more comprehensively in a 2021 NICJR publication, *Four Proven Violence Reduction Strategies*. When implemented with fidelity, these interventions have been successful at reducing violence, with many initiatives showing improvements in the first six to twelve months of implementation.

The four highlighted strategies, Gun Violence Reduction Strategy, Hospital-Based Violence Intervention, Office of Neighborhood Safety/Advance Peace, and Street Outreach – all incorporate similar best practices:

- Identifying and focusing on individuals, groups, and communities at the highest risk of being involved in violence;
- Employing Credible Messengers/community outreach workers to engage those individuals/groups in a positive and trusting manner; and

- Providing ongoing services, supports, and opportunities to high-risk individuals.

These core elements are essential to the success of any violence intervention strategy.

Gun Violence Reduction Strategy

Gun Violence Reduction Strategy (GVRs) is known by many other names: Ceasefire, Focused Deterrence, and Group Violence Intervention. GVRs is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions with these individuals. Initially developed in Boston, where it was referred to as the “Boston Miracle”, GVRs has evolved as it has been implemented in cities including **Oakland** and Stockton, California, to include more in-depth and intensive services and supports.¹¹⁰

Identification of Program Participants

GVRs employs a data-driven process to identify the individual and groups who are at the very highest risk of being involved in a shooting. This involves an initial Gun Violence Problem Analysis, which provides a thorough examination of the shootings and homicides in a given city over the past two to three years in order to produce information about victim and suspect demographics, group conflicts in the area, prior history of violence, and general trends.

¹⁰⁹ <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>

¹¹⁰ <https://www.theguardian.com/cities/2018/dec/06/bostons-miracle-how-free-nappies-and-a-little-mentoring-are-curbing>



Engagement: Direct and Respectful Communication

Once high-risk individuals and groups are identified, the GVRS strategy requires immediate engagement. This engagement involves direct and respectful communication to inform identified individuals of their risk and offering them services. There are two primary formats for these discussions: Group meetings, referred to as “Call-Ins” and individual meetings, sometimes referred to as “Customized Notifications”. At Call-Ins, the recently identified very high-risk individuals are invited to attend a meeting with community leaders, law enforcement officials, formerly incarcerated individuals, survivors of violence, and service providers. Custom Notifications convey similar messages about the risk of violence and the availability of services. However, Custom Notifications are individual meetings where a high-ranking police officer and a community leader directly make contact with an individual at their home or community.

Provision of Services

Subsequent to a Call-In or a Custom Notification, individuals identified as being at very high risk of gun violence are directly connected to available services, supports, and opportunities. The first and primary service is a positive and trusting relationship with a Life Coach or Violence Intervention worker, someone with similar lived experiences as the people they are serving. These individuals are often known as Credible Messengers. The Life Coach or Intervention Worker is an intensive and personal relationship – which is the most important aspect of the services. Unlike service brokering based case management, contact between the Life Coach and the client must be frequent, flexible, consistent, and on-going for a long period of time.

In Oakland’s GVRS, clients are also eligible to receive monthly, modest financial incentive stipends for achieving certain milestones.

Focused Enforcement

One of the overt goals of GVRs is to reduce the footprint of police by focusing enforcement on serious and violent crime. For those individuals and groups who do not respond to the GVRs message and continue to engage in violence, this means that there is follow-up supervision and focused enforcement by police, probation, parole, and prosecutors; enforcement action is not taken simply for failure to participate in GVRs programming.

Hospital-Based Violence Intervention Programs (HVIPs)

Hospital-Based Violence Intervention Programs (HVIP), view violence through a public health-centered lens. Analogous to the spread of an illness, violence has been shown to proliferate with increased proximity and exposure to others.¹¹¹ That is, contact with violence itself increases the probability that those exposed will be directly involved in violence.¹¹²

Identification of Program Participants

Under the HVIP model, the physical location of a trauma center or emergency room is seen as valuable in the fight against violence. One of the major risk factors for future violence is a history of previous violence. With this in mind, the HVIP model places the responsibility for identifying clients with hospital workers who pinpoint patients that are at highest likelihood for future victimization.

Engagement Strategy

HVIPs make use of the distinct cross-section of time—known as a “teachable moment”—in which after an injury an individual is open to making changes in their behavior and circumstances. During this time period, specialized hospital staff and community-based partners come together in support of the patient in order to diminish the chance of retaliation and further violence. HVIPs are especially important right now in the fight against violence, as injury recidivism

rates have been shown to be as high as 60 percent in certain areas.¹¹³

Provision of Services

Once this initial bond is created, Intervention Specialists construct a comprehensive plan with their clients to spur on meaningful change. These plans typically include non-violent crisis management methods, counseling for both the client and their family, information on risks and outcomes associated with violence, as well as access to community services including employment assistance, mentoring, education, and court assistance. Consultation with family and health providers is necessary to develop a plan that is feasible and trauma-informed.

Office of Neighborhood Safety/ Advance Peace

In 2007, the City of Richmond, CA launched the Office of Neighborhood Safety (ONS), amid escalating homicide rates and increasing numbers of firearm cases. Prior to the establishment of the ONS, the Richmond City Council analyzed violence in Richmond and found that gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.¹¹⁴ This finding served as the basis for the creation of the Office of Neighborhood Safety.

Identification of Program Participants

The ONS employs a data-driven approach in identification of individuals at highest risk. Leveraging their relationships in the community, ONS Neighborhood Change Agents (NCA) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. NCAs are able to gather information regarding those individuals that are most prone to violence, current conflicts or family issues that may result in violence, and other information that is used to directly inform subsequent intervention activity.

¹¹¹ <https://www.cdc.gov/injury/wisqars/fatal.html>

¹¹² <https://www.ncbi.nlm.nih.gov/books/NBK207245/>

¹¹³ https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

¹¹⁴ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

In addition, ONS obtains data from the Richmond Police Department (RPD) to support identification of those individuals at highest risk based on the data from law enforcement.

Provision of Services

ONS’s main program is the Peacemaker Fellowship.® The Peacemaker Fellowship interrupts gun violence by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship.

The Fellowship provides life coaching, mentoring, connection to needed services and cultural and educational excursions, known as Transformative Travel, to those deemed to be the most dangerous individuals in the city. Fellows travel across the country and to several international destinations. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

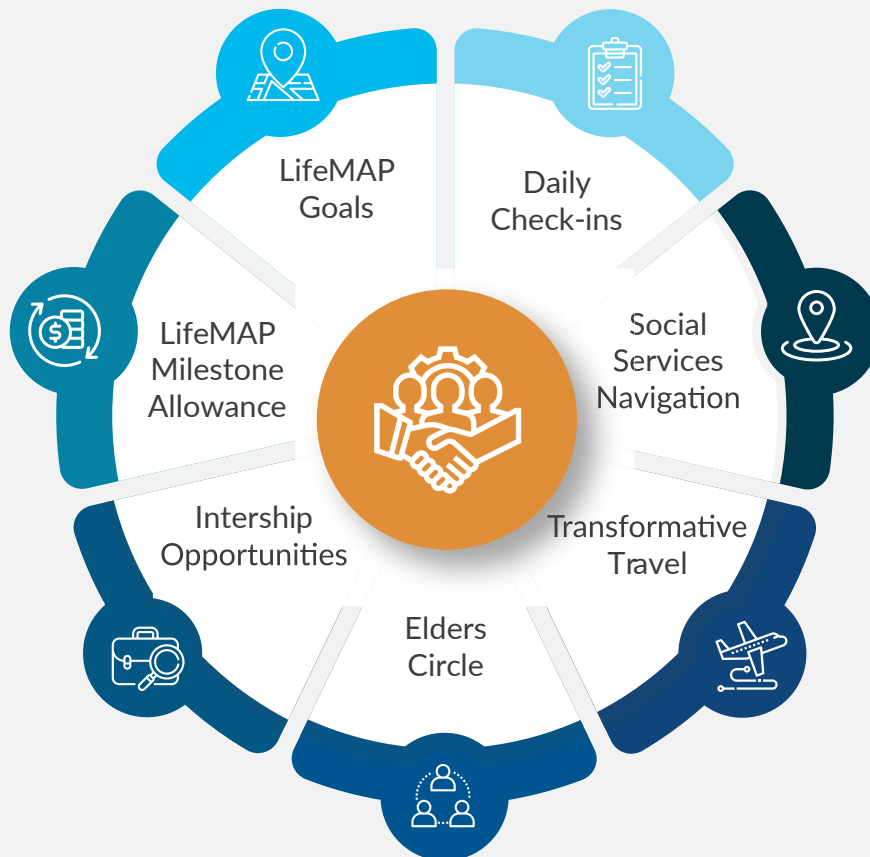
Street Outreach

Referred to by a variety of names and long seen as the primary entry point for violence reduction programs, Street Outreach can be an effective intervention when implemented correctly. A number of organizations and programs throughout the country have successfully operated Street Outreach initiatives, including **Urban Peace Initiative** in Los Angeles, who also provide a Street Outreach training academy; the **Newark Community Street Team**; and the **Professional Community Intervention Training Institute**.

Identification of Program Participants

Street Outreach programs are designed to address the manner in which violence spreads from person to person. Studies show that those who have been continually in contact with violence can be thirty times more likely to commit a violent act in the

SEVEN TOUCHPOINTS:



future.¹¹⁵ Moreover, violence often has ripple effects in the community, whether it be in the form of retaliation or further escalation of conflict.¹¹⁶

Because of this pattern in violence, Street Outreach programs recognize potentially lethal conflicts in the community by utilizing trained Violence Interrupters. These Violence Interrupters identify ongoing conflicts by speaking to key members of the community about ongoing disputes. Information regarding arrests, prison releases, and prior criminal history are also utilized to pinpoint violent outbreaks.¹¹⁷

Engagement and Services Strategy

Engagement is primarily facilitated by the work of trained Violence Interrupters. Following a shooting, these individuals immediately operate in the community and at hospitals to pacify heightened emotions and prevent retaliations. This involves coordination with local groups and business owners to hold constructive dialogue around community violence and the appropriate actions to take in response. Events are then organized by Violence Interrupters to promote a change in overall neighborhood attitudes towards violence.

115 <https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/09/Infographic-Top-10-v1.pdf>

116 <https://www.lagryd.org/mission-comprehensive-strategy>

117 <https://cvg.org/what-we-do/>



POLICE TRAINING

The following strategies have shown to be effective in reducing crime, resolving incidents, and improving the quality of policing without a focus on heavy-handed enforcement.

SARA Problem Solving Model

The Scanning, Analysis, Response, and Assessment (SARA) model was created in Virginia in 1987 to facilitate the problem-oriented policing procedure.¹¹⁸ The cornerstone of this model is a priority on outcomes; the model outlines four steps that are necessary for a proper police response to problems within their jurisdictions. To ensure proper implementation, a significant facet of this method is that officers must be ready to build trust between the community and the police department through the establishment of interpersonal relationships.¹¹⁹

Scanning. This step consists of pinpointing and then triaging repeated issues that necessitate a response from the police department.¹²⁰ Frequent problems that occur in the community are given priority. Relevant outcomes of the problem are matched to their corresponding cause. For example, examining which properties in a given area have the highest number of calls for service in a year or given time period is an important initial step in the SARA model.

Analysis. Here, law enforcement officers examine the root causes of the issue, community sentiment regarding the problem, and gather needed contextual data.⁴⁸ This step also involves assessing the status quo response to the problem and identifying the shortcomings of that strategy. Ultimately, the cause of the problem and potential solutions are determined during this phase.

Response. Officers utilize collected data to ascertain potential intervention strategies. When determining

strategies, a thorough review of implemented interventions in different areas with comparable issues is critical. Once a strategy is selected, clear goals must also be established. Execution of the chosen plan is the last part of this step.

Assess. After a plan is implemented and officers have attempted to address a problem, the police department must analyze the efficacy of their strategy. Continued evaluation of the intervention is necessary to guarantee lasting success. Alternatives or additions to the strategy are considered as well.¹²¹

Many police departments have incorporated the SARA model into their interventions. In San Diego, the police department reported that a trolley station was the location of gang fights, violent crimes, and narcotic activity. A squad of officers collected information to show the local transit board that the design of the station contributed to crime. Based on the information provided by the officers, the transit board agreed to provide funds to redesign the station.¹²²

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.¹²³

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening.

118 https://www.researchgate.net/publication/297556988_Police_innovation_Contrasting_perspectives

119 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

120 <https://www.evidence-basedpolicing.org/refresher-sara-model-and-problem-oriented-policing/>

121 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

122 <https://www.sandiego.gov/department/problem-oriented-policing>

123 <http://epic.nola.gov/home/>



These factors include a lack of confidence in their skills to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.¹²⁴

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.¹²⁵

Areas where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.¹²⁶ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.¹²⁷

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program

and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{128,129} The training consists of a minimum of a one-time eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.¹³⁰ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE’s aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.¹³¹

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.¹³² Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers,

¹²⁴ <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>

¹²⁵ Id.

¹²⁶ <https://www.apa.org/monitor/2017/10/police-misconduct>

¹²⁷ <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

¹²⁸ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/>

¹²⁹ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

¹³⁰ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

¹³¹ <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

¹³² https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

and growth in officer well-being.¹³³ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

Community Safety Partnership (Watts)

Established in November 2011, the Community Safety Partnership (CSP) is a joint effort between the Los Angeles Police Department (LAPD), the Housing Authority of the City of LA (HACLA), and local residents.¹³⁴ The program was created in order to address the high violence levels in housing developments in the Watts area and offer residents there supports and services. The broader goal of the CSP is to implement “relationship-based policing.” This process involves police officers creating legitimate relationships with residents of their precinct in order to meaningfully benefit community wellness for the long-term.¹³⁵ One of the major stakeholders in the project is the Watts Gang Task Force, a team of neighborhood residents, local faith leaders, and other community-based organizations.

Along with high violence rates, the community was also grappling with concentrated poverty, low education quality, and deteriorating physical infrastructure. Community engagement initiatives the CSP implemented in response include a football team coached by police officers, Fun Runs, health fairs, and organized walks for residents to interact with officers in a non-confrontational setting.^{136,137}

In 2020, the CSP Bureau was formed within LAPD to expand the work that was achieved in Watts citywide. The LAPD also consolidated CSP programs creating a centralized point of contact and engagement for the community. The main objectives of the CSP Bureau

133 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

134 <https://www.lamayor.org/mayor-garcetti-announces-new-expansion-community-safety-partnership>

135 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

136 <https://lasentinel.net/hundreds-of-south-la-residents-attend-launch-of-community-safety-partnership-in-harvard-park.html>

137 <https://empowerla.org/lapds-community-relationship-division/>

were to serve as a resource for officer--community interaction and promotion of neighborhood safety.¹³⁸

The CSP Bureau is also responsible for certifying and training officers for 5-year terms. CSP officers undergo over 100 hours of education from the nonprofit Urban Peace Institute. The training centers on cultural competency, de-escalation skills, and understanding community data.¹³⁹

Originally formed for one housing site, CSP has spread to ten additional developments. In 2017, the program was broadened to the Harvard Park area due to its efficacy. During the initial three years after the CSP’s formation, both violent offenses and arrest rates decreased by over 50 percent in the Watts housing developments. One Watts location even had three consecutive years without a homicide. Residents of these Watts developments have even reported increased perceptions of safety along with greater trust in the police.¹⁴⁰ An evaluation of CSP by UCLA found that this effort reduced crime, arrest rates, and use of force grievances from residents.¹⁴¹

Focused Deterrence

Focused Deterrence strategies involve the communication of risks, ramifications, and avenues of support to individuals involved in gun violence. This strategy is based on the fact that a very small number of people are responsible for a large portion of gun violence.

One of the most prominent implementations of focused deterrence is Boston, Massachusetts’s Operation Ceasefire. Experiencing an increase in violence, Boston police identified and communicated with individuals and groups that were pinpointed as most at risk of engaging in violence.¹⁴² Boston police also partnered with the Boston Ten Point Coalition, a group of faith and community leaders,

138 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

139 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

140 *Id.*

141 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

142 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

in order to provide support and services to these targeted individuals and groups. Oakland has also implemented a version of Focused Deterrence that is profiled in the Gun Violence Reduction section of this report.

Focused Deterrence strategies are often tailored to the location in which they are being implemented. Project Safe Neighborhoods in Lowell, Massachusetts, instituted this strategy in areas of high crime. Lowell dealt with a significant Asian gang presence largely comprising youth involved in illicit gambling operations. In order to address the youth violence, the City of Lowell worked with older Asian males in charge of the gambling. The older Asians intervened in youth violence in order to prevent their gambling enterprise from being destroyed. Lowell experienced a major decline in adolescent violence following the implementation of this Focused Deterrence strategy.¹⁴³

After Ceasefire was implemented in Boston, evaluations found a 63 percent drop in youth homicides and a 32 percent decline in calls for service related to gun violence.¹⁴⁴ A meta-analysis of several Focused Deterrence strategies found steady reductions in violent crime of up to 60 percent, particularly for group and gang related violence.¹⁴⁵

Elimination of Pretextual Stops

Pretextual or pretext traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.¹⁴⁶ However, most of these stops do not actually yield any contraband or weapons.¹⁴⁷ Because the nature of pretextual stops relies heavily on officer discretion, there is high likelihood that implicit racial biases come into play. Such stops that end in violence

143 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

144 <https://www.ojp.gov/pdffiles1/nij/188741.pdf>

145 <https://prohic.nl/wp-content/uploads/2020/11/2020-03-31-FocusedDeterrenceBraga.September2019.pdf>

146 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

147 <https://www.law.upenn.edu/live/files/7898-rudovskyslj>

or death disproportionately affect Black and Latino drivers.¹⁴⁸

Elimination of pretextual stops does not negatively affect crime. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.¹⁴⁹

Pretextual stops are in the process of being regulated in many states across the country. Oregon's Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.¹⁵⁰ Virginia policy makers are also considering restricting pretextual stops.¹⁵¹ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.¹⁵² Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.¹⁵³ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.¹⁵⁴ The City Council also approved the Mayor's Fair and Impartial Policing Workgroup's recommendations, which includes elimination of pretextual stops.

Ethical Society of Police (ESOP)

Instituted in 1972 by Black St. Louis Metropolitan Police Department officers, the Ethical Society of Police (ESOP) is a police union that was created in order to combat systemic racism within the

148 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

149 <https://injepijournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

150 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

151 <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/09/03/police-pretext-traffic-stops-need-to-end-some-lawmakers-say>

152 <https://theappeal.org/traffic-enforcement-without-police/>
153 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

154 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

department and greater community. The group is comprised of 220 members, who are either police officers or civilian contractors.¹⁵⁵ The organization recently scaled up to include the St. Louis County Police Department. ESOP has been particularly outspoken in cases of police wrongdoing. The group places a higher premium on ethical decision making, even though openly criticizing actions of their fellow police officers can be difficult.

Most recently, ESOP condemned the actions of a police officer in Brooklyn Center, Minnesota that resulted in the death of Daunte Wright, expressing that the officer was irresponsible in upholding her duties.¹⁵⁶ ESOP has also sponsored many events in order to improve relationships between police officers and their community including Pizza with a Cop, community clean-up days, and basketball games. In August of 2020, ESOP also released a groundbreaking report that details systemic racism throughout the St. Louis Metropolitan Police Department.

Chicago PD Black Public Safety Alliance (BPSA)

A group of Black Chicago Police Department (CPD) officers created the Black Public Safety Alliance (BPSA) in 2021.¹⁵⁷ The organization serves to give Black police officers a voice amidst the deep-rooted issues between communities of color and the CPD. The BPSA was created in response to concerns with the broader Fraternal Order of Police (FOP).¹⁵⁸ Officers in the BPSA have explained they “...do not feel supported or comfortable at the FOP,” especially after the local police union refused to undergo mandated precinct reform to promote trust in the community.¹⁵⁹

155 https://img1.wsimg.com/blobby/go/64ce42b7-f768-43ed-9590-dbd611afb7b6/downloads/1c6lj3b8j_482336.pdf?ver=1618276018416

156 <https://www.nytimes.com/2021/04/14/opinion/police-officer-unions.html?action=click&module=Opinion&pgtype=Homepage>

157 <https://www.wbez.org/stories/black-chicago-police-officers-form-new-group/abb12a96-1103-4ced-a068-0ffb158da9>

158 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

159 <https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvzbzcs4z3feqvix4sumhcbgru-story.html>

The formation of the alliance is a reflection of the national conversation that was ignited by George Floyd’s death. The members of BPSA have expressed that advocating for the Black community is one of their main goals, even if that involves challenging the status quo. Currently operating as a nonprofit, the BPSA has established working groups on diversity policies, adolescent coaching, and police reform.¹⁶⁰

Police Diversity

With the recent demands for law enforcement to address racial injustice and the disparate impact of policing on communities of color, diversity in the ranks of officers has emerged as a potential area of reform. In a New York Times analysis of federal Bureau of Justice Statistics data on nearly 500 police departments across the country, more than 66 percent of the departments experienced a reduction in diversity and became more white from 2007 to 2016. Although the share of police officers of color has risen in that time period as well, the demographics of police departments do not reflect the demographics of communities they serve.¹⁶¹ Black officers are twice as likely than their white counterparts to espouse the belief that the deaths of people of color at the hands of police officers are a legitimate problem.¹⁶²

Diversity in law enforcement is correlated with stronger bonds between a department and the community they serve, particularly communities of color. Use of force grievances have also been shown to decrease when there are more non-white officers in leadership positions.¹⁶³ A new comprehensive study of police diversity in Chicago, Illinois was conducted by a group of academics from Princeton University, Columbia University, the Wharton School of Business, and the University of California at Irvine. Their research concluded that, “Relative to white officers, Black and Hispanic officers make far fewer stops and arrests, and they use force less often, especially against Black civilians. These effects are

160 Id.

161 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

162 <https://www.pewresearch.org/fact-tank/2017/01/12/black-and-white-officers-see-many-key-aspects-of-policing-differently/>

163 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

largest in majority-Black areas of Chicago and stem from reduced focus on enforcing low-level offenses, with greatest impact on Black civilians. Female officers also use less force than males, a result that holds within all racial groups.”¹⁶⁴

Warrior vs. Guardian Mentality

The mentality of a warrior going to battle and the police force being an occupying army has been referred to as the “warrior mentality” for many years. Instilled, or reinforced, in police officers at the academy, the warrior concept is saturated throughout police culture. The guardian mentality is a newer idea that promotes community engagement, the establishment of meaningful relationships, and providing support to residents.¹⁶⁵

“From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals,” a report by the Harvard University Kennedy School of Government and the National Institute of Justice, directly addresses the problems of the warrior culture in policing. The report states: “In some communities, the friendly neighborhood beat cop – community guardian – has been replaced with the urban warrior, trained for battle and equipped with the accouterments and weaponry of modern warfare.”¹⁶⁶

The report goes on to highlight problems with police academies and the aggressive, warrior type manner in which new recruits are trained: “Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). Rule violations are addressed by verbal abuse or physical punishment in the form of pushups and extra laps.”¹⁶⁷

A novel initiative has been implemented at the Washington State Criminal Justice Training Commission (WSCJTC) to try to instill the guardian culture in police departments in the state. The WSCJTC

conducts and implements training of over 10,000 police officers annually. Curricular and approach changes include the removal of salute requirements for recruits, motivating instead of criticizing recruits during training, and the incorporation of behavioral education into the curriculum. Early longitudinal evaluations of the WSCJTC program show that the officers that participated in the training felt more comfortable responding to behavioral and mental health crises when compared with officers that did not receive the training.¹⁶⁸ Gains in emotional intelligence and peer support were observed as well.

Accountability

Current police accountability mechanisms are largely perceived to be ineffective. While the challenges in this area are myriad, there are two particularly critical areas of focus in the police accountability conversation, the Law Enforcement Officers’ Bill of Rights and Qualified Immunity.

Law Enforcement Officers’ Bill of Rights

Sixteen states currently employ some sort of police officer bill of rights, including California. These bills provide workplace safeguards for police officers, including but not limited to erasing misconduct complaints after a time period, a bar against civilian investigation, and a waiting period before any investigation can begin.¹⁶⁹ They have been consistently cited as a central barrier to police accountability in jurisdictions across the country.

Maryland, the state which enacted the first police officer bill of rights and had what many consider the most draconian, recently repealed its Law Enforcement Officers’ Bill of Rights in April 2021 in order to increase police accountability drastically.¹⁷⁰ Maryland’s replacement legislation involves a stringent use-of-force measure, incorporation of

¹⁶⁴ <https://scholar.princeton.edu/sites/default/files/bkmr.pdf>

¹⁶⁵ <https://www.sciencedaily.com/releases/2019/02/190226155011.htm>

¹⁶⁶ <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁶⁷ <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁶⁸ https://www.seattleu.edu/media/college-of-arts-and-sciences/departments/criminaljustice/crimeandjusticeresearchcenter/documents/Helfgott-and-Hickman-2021_Longitudinal-Study-of-the-Effect-of-Guardian-Training-for-LE.pdf

¹⁶⁹ <http://www.cato.org/blog/police-misconduct-law-enforcement-officers-bill-rights>

¹⁷⁰ <https://www.washingtonpost.com/history/2020/08/29/police-bill-of-rights-officers-discipline-maryland/>

civilian panels for discipline, and an emphasis on de-escalation tactics.¹⁷¹

Qualified Immunity

Qualified immunity, established by the Supreme Court in 1967, effectively protects state and local officials, including police officers, from personal liability unless they are determined to have violated what the court defines as an individual's "clearly established statutory or constitutional rights." The doctrine can be used only in civil cases, not criminal, and allows victims to sue officials for damages only under those circumstances.

Critics and reform advocates say that the doctrine gives officers free rein to use excessive force with impunity and argue that what it defines as "clearly established" law remains largely elusive and difficult to prove, as it requires the victim to present a previous case with nearly identical circumstances that a court ruled as unconstitutional. They also assert the law helps officers escape accountability and prevents victims from achieving justice.

Elimination of qualified immunity is thus another component of increasing police accountability. Colorado and New Mexico¹⁷² have recently passed legislation modifying their respective qualified immunity provisions; similar legislation in California is pending.

The George Floyd Justice in Policing Act of 2020 calls for the national elimination of qualified immunity.¹⁷³

Additional Accountability Measures of Note

A routine check of officers' social media can also be a powerful tool to address potentially racist or other problematic posts. After a 2019 analysis of approximately 4 million stops by police in California, the Racial and Identity Profiling Advisory Board has recommended that police departments perform

checks on assigned department software as well as social media accounts in order to identify and hold accountable officers who are actively biased and reflect that bias on the job.¹⁷⁴

Early intervention systems (EIS) are an additional mechanism by which police accountability can be fostered. These systems analyze a variety of indicators for potentially problematic behavior including use of force incidents, citizen grievances, and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a 'peer officer comparison system,' where officers assigned to the same beat are juxtaposed.¹⁷⁵ Once an officer is identified by the EIS for habitual misconduct, supports, and services to aid the officer are provided in order to encourage officer well-being and aid in

behavioral change. Continued monitoring of officer progress as well as frequent reviews of EIS data are necessary for successful implementation.¹⁷⁶

¹⁷¹ Id.

¹⁷² https://custom.statenet.com/public/resources.cgi?id=ID:bill:NM2021000H4&ciq=ncsl&client_md=562236734bdbcb53a3148c2e8d11ebbd&mode=current_text

¹⁷³ <https://www.congress.gov/bill/116th-congress/house-bill/7120/text>

¹⁷⁴ <https://www.policemag.com/589521/advisory-board-recommends-ca-agencies-check-officers-social-media-activity-for-r>

¹⁷⁵ <https://samuelwalker.net/issues/early-intervention-systems/>

¹⁷⁶ <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>



POLICE TRAINING

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."¹⁷⁷ Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.

Procedural Justice

Procedural Justice in policing improves police-community relations and emphasizes police departments and officers being transparent in their actions, fair in their processes, allowing community voice, and using impartiality in decision making.

According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve

¹⁷⁷ <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."¹⁷⁸

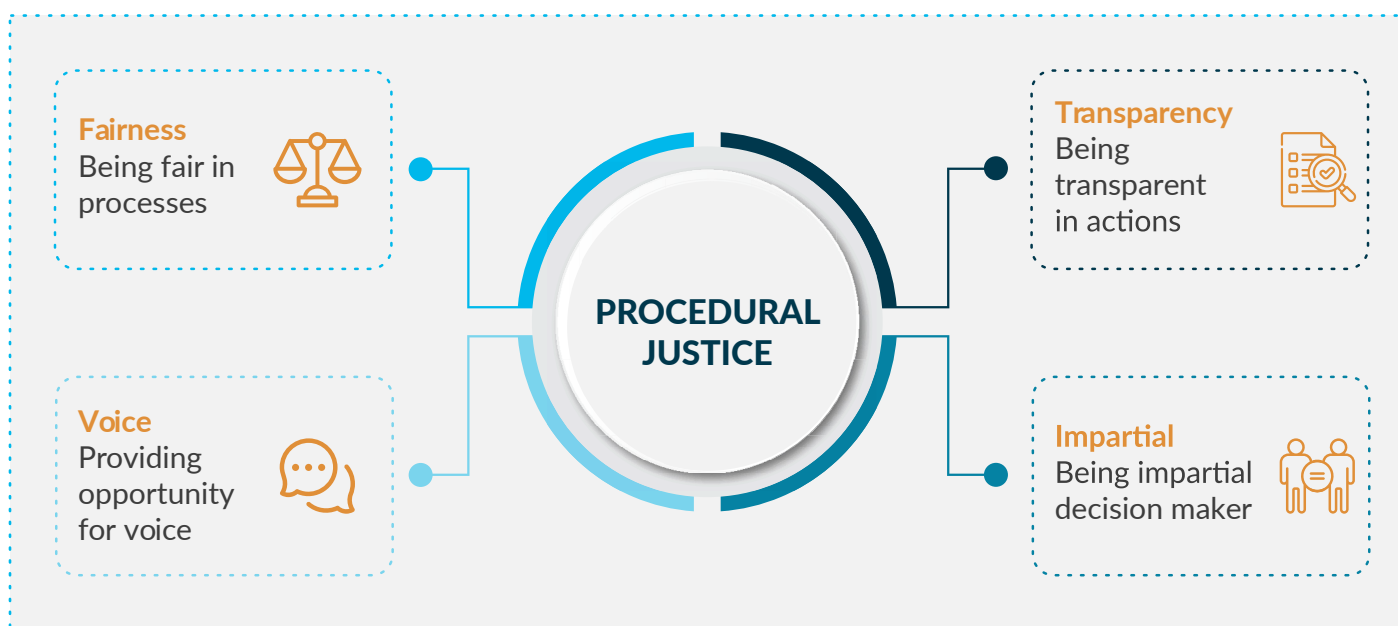
A comprehensive evaluation of procedural justice training found that "training increased officer support for all of the procedural justice dimensions. . . Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."¹⁷⁹

Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department.¹⁸⁰ In Oakland, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the

¹⁷⁸ <https://cops.usdoj.gov/procdceduraljustice>

¹⁷⁹ https://www.researchgate.net/publication/269723704_Training_police_for_procedural_justice

¹⁸⁰ https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/Principled%20Policing_outline.pdf



community teach a portion of the procedural justice training.

To aid in procedural justice incorporation into police departments, the Justice Collaboratory at Yale Law School has created a compilation of procedural justice training guides, departments who have implemented procedural justice training, and other pertinent resources.¹⁸¹

While also suggesting procedural justice training as a way to combat the “warrior mentality” in police departments, a Harvard University Kennedy School of Government report advises that “Police leaders dedicated to establishing practices in their agencies based on procedural justice principles must ensure that their organizational culture is not in conflict with these same principles.”¹⁸²

Implicit Bias

Implicit bias, as the name denotes, is an unconscious belief, attitude or bias against another race, ethnicity, or group. When Stanford University psychologist Jennifer Eberhardt conducted a large-scale study of policing, she discovered that the unconscious link between Black individuals and criminality is so high that even contemplating lawlessness can cause someone to fixate on Black people.¹⁸³ These societal biases end up affecting the judgment of police officers whether they are aware of it or not.

In Oakland, Professor Eberhardt and her team reviewed body camera footage from 1,000 traffic stops to elucidate the difference in officer language in encounters with Black versus white drivers. The research found that Oakland Police Department (OPD) officers consistently communicated with Black drivers in a less civil manner when compared with white drivers they addressed.¹⁸⁴ Various programs to address implicit bias were then recommended for implementation in OPD in response to these findings. Short, repeated education sessions were found to be associated with higher levels of officer

comprehension and knowledge.¹⁸⁵ The training was accompanied by more community engagement and data transparency in order to allow officers to start the process of unlearning implicit biases.

A novel approach to implicit bias training is the Counter Bias Training Simulation (CBTSim). This strategy utilizes shooting automation and video sequences to demonstrate the risks of implicit bias in a realistic setting.¹⁸⁶ In the curriculum, officers are forced to deal with potentially explosive situations without reacting in a way that reflects preconceived notions.¹⁸⁷

De-escalation

With an increase in the number of deadly interactions between police and unarmed civilians going viral, there has been an on-going call for officers to be required to utilize effective verbal de-escalation strategies. Law enforcement officers in the United States kill nearly 1,000 civilians annually, many of whom are unarmed.¹⁸⁸ However, many law enforcement agencies provide little to no de-escalation training to officers, and 34 states have no mandate for de-escalation training.

Successful de-escalation programs operate to assist law enforcement personnel in relaxing the situation in order to gain valuable time in a crisis. Ideal guidance for officers suggests that 40 hours of de-escalation instruction is needed. The Police Executive Research Forum (PERF) de-escalation training is a program that has seen substantial reductions in use of force complaints and civilian injury. The training includes active listening, forming physical space between the individual and officer, and education regarding mental illness and well-being.¹⁸⁹

When the Dallas Police Department implemented a training curriculum involving de-escalation tactics,

181 <https://law.yale.edu/justice-collaboratory/procedural-justice/guides-practitioners>

182 <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

183 <https://psychology.stanford.edu/news/we-understand-implicit-bias-now-what-conversation-stanford-psychologist-jennifer-eberhardt>

184 Id.

185 <https://news.stanford.edu/2016/06/15/stanford-big-data-study-finds-racial-disparities-oakland-calif-police-behavior-offers-solutions/>

186 <https://www.npr.org/2020/09/10/909380525/nypd-study-implicit-bias-training-changes-minds-not-necessarily-behavior>

187 <https://www.faac.com/milo/cognitive/cbtsim/>

188 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

189 Id.

use of force grievances declined by 18 percent the following year. After the San Francisco Police Department incorporated de-escalation training into their curriculum, use of force incidents dropped by 24 percent annually.¹⁹⁰

Community Engagement

A tense relationship between police and the community, especially communities of color, has been a long, intractable problem. Mistrust of law enforcement is not just theoretically problematic; it has also been proven to be linked to an increase in crime and violence.¹⁹¹ Police officers should work to develop meaningful and positive relationships with members of the community by taking measures including regularly and actively attending community meetings, special events, neighborhood gatherings, positively communicating with area youth, and participating or hosting local sporting events. By doing so law enforcement conveys the message that residents have a voice and that their input matters. Police should also connect with individuals in the community who advocate for greater social cohesion, such as faith leaders, in order to successfully engage a broad swath of the community.¹⁹²

Crime Prevention Through Community Engagement (CPTCE), an extensive training guide for improving relations between police departments and the community, was recently developed by The American Crime Prevention Institute (ACPI). The training consists of strategies to engage communities of color, employ social media to interact with residents, coordinate with faith-based leaders, and partner with community-based organizations.¹⁹³

In New Haven, Connecticut, the police department implemented 40-hours of community engagement education for its recruits, including education about the area's history as well as continuous outreach activities. Officers overwhelmingly supported the initiative and reported having positive interactions.

190 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

191 <https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-In-Pursuit-of-Peace.pdf>

192 <https://courses.acpionline.com/community-engagement/>

193 <http://acpionline.com/seminars/cptcelou/>

After the pilot, the police department expanded the program to partner with the local community-based organization, Leadership, Education, & Athletics in Partnership (LEAP).¹⁹⁴ Community engagement training for law enforcement in general is correlated with increased trust and stronger social ties in neighborhoods.

Open Policing is a research-based strategy that incorporates elements of procedural justice to improve police-community relations. Residents of communities are able to offer their comments and observations regarding their exchanges with police officers anonymously. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁵ In addition to the Open Policing policy, some departments have initiated CFS reviews. After any call for service, community members are able to give details about their interaction in a three-minute review without any fear of consequence.¹⁹⁶

The four main components of procedural justice have been assimilated into Open Policing, including promotion of vocalization from the community, serving individuals with respect, objectivity in decision-making, and credibility with the community. The main goals of the strategy are to improve officer-civilian relations and responses to incidents as well as promoting accountability within the department. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁷ Open Policing has been correlated with a 35 percent decrease in resident grievances and increased trust in police departments.¹⁹⁸

Data Driven Risk Management

The Oakland Police Department (OPD) recently implemented a series of 15 Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data

194 https://www.policefoundation.org/wp-content/uploads/2017/08/IAP_Outside-the-Academy-Learning-Community-Policing-through-Community-Engagement.pdf

195 https://www.policylink.org/sites/default/files/pl_police_commun%20engage_121714_c.pdf

196 <https://www.openpolicing.org/how-open-policing-works/>

197 Id.

198 <https://www.openpolicing.org/try-open-policing/>

analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.¹⁹⁹

The dashboards were created with input from OPD staff and leadership, community-based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last 24 hours.²⁰⁰ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.²⁰¹ Early Intervention Systems (EIS) such as these dashboards have been correlated with increased personnel safety, improved officer welfare, and an increase in police accountability.²⁰² One necessary improvement to these systems and their deployment is to universally allow the public to have access to the information they capture.

199 <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

200 <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

201 <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

202 <https://www.emerald.com/insight/content/doi/10.1108/PIJPSM-02-2020-0027/full/html>

APPENDIX I

Alternative Responses Report

INTRODUCTION AND REPORT OVERVIEW

In the effort to provide meaningful information and recommendations to the Berkeley Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was tasked by the City Manager's Office to conduct research and analysis to produce a series of reports for the Taskforce, City of Berkeley (City) leadership, and the public. NICJR reviewed the City Auditor's Calls for Services assessment, conducted further analysis of Berkeley Police Department Calls for Service (CFS), used the previously submitted New and Emerging Models of Public Safety report, and drew upon our team's experience and expertise, to develop this Alternatives Responses report.

This report provides an actionable roadmap for providing community and other non-law enforcement alternatives to a police response for 50 percent of CFS types to which the Berkeley Police Department (BPD) currently responds.

The initial section of this report presents the NICJR analysis of BPD's CFS and compares that analysis to the Berkeley City Auditor's report. The next section provides an overview of NICJR's alternative response model – Tiered Dispatch, which includes the Community Emergency Response Network (CERN) – and describes how specific call types are assigned to CERN tiers.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources. The specific parameters and scope of the Specialized Care Unit (SCU) have not yet been defined. The present analysis assumes that the SCU's role will be focused on mental-health and substance abuse related call responses.

CALLS FOR SERVICE ANALYSIS

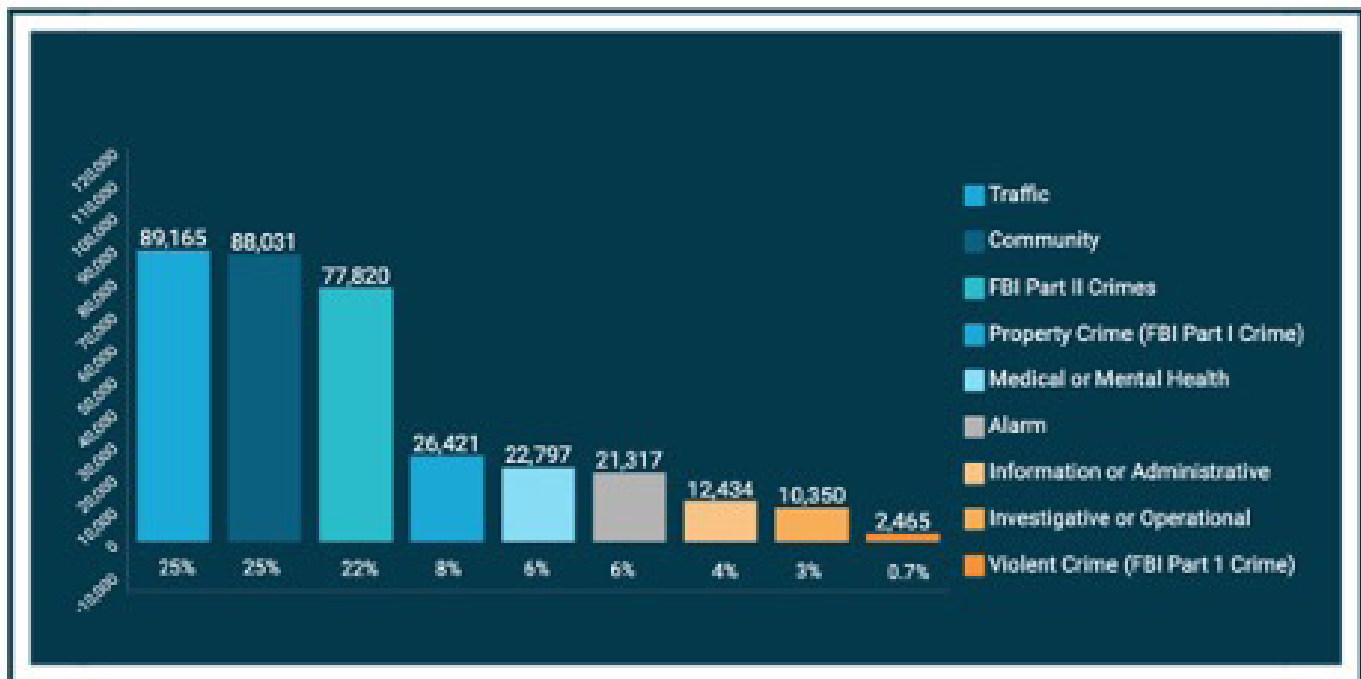
Summary of City Auditor Findings, NICJR Category Assignment and Crosswalk

The Berkeley City Auditor (Auditor) recently conducted an analysis of over 350,000 BPD calls for service covering calendar years 2015-2019. The BPD CFS audit, which can be found [here](#), focused on the following questions:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

The Auditor categorized over 130+ call types into 9 categories in an effort to answer these questions: Violent Crime (FBI Part 1), Property Crime (FBI Part I), FBI Part II Crimes, Investigative or Operational, Medical or Mental Health, Information or Administrative, Community, Traffic, and Alarm.

Figure 1. BPD Calls by Auditor Call Categories



Between 2015 and 2019 the Auditor found that BPD responded to an average of 70,160 CFS annually, and that ten call types accounted for 54 percent of all CFS.

Table 1. Top Ten Call Types, Auditor Report

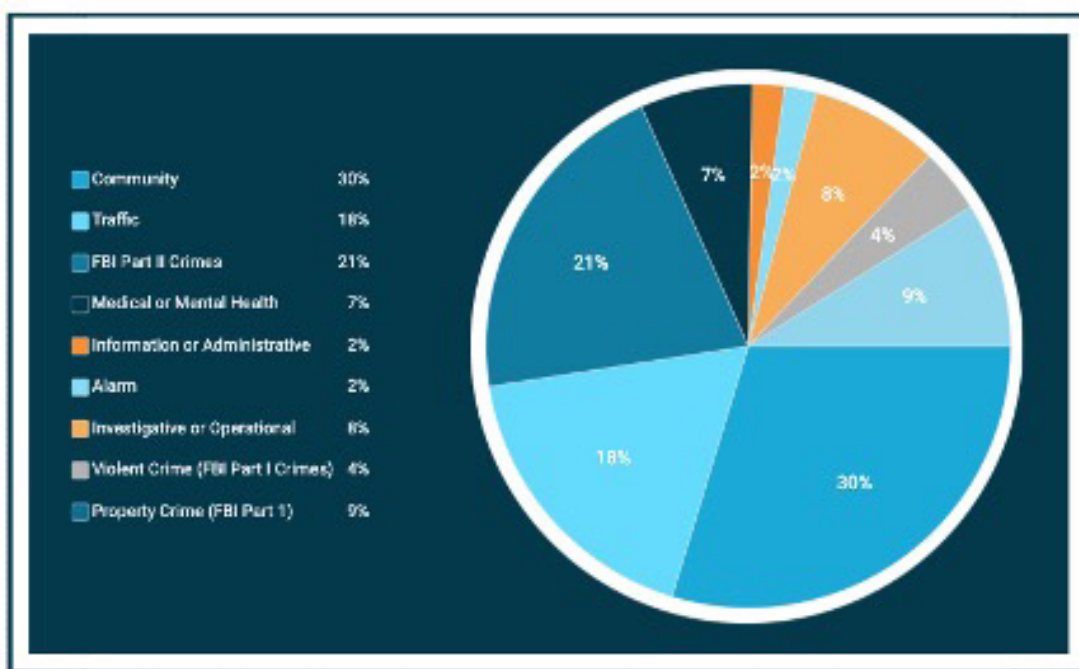
Call Types	Total Count
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899

Top 10 call types account for 54% of all events

The top ten call types fell into four categories: Traffic, Community, Alarm, and Property Crime. Mental health related CFS accounted for approximately 12 percent of all call types, while homelessness CFS accounted for 6.2 percent of all events. These types of CFS were identified by looking at keywords in narrative reports, disposition codes, call types, and/or Mobile Crisis Team response.

During the period reviewed, BPD officers spent most of their time (69 percent) responding to CFS that were categorized as Traffic (18 percent), Community (30 percent), or FBI Part II crimes (21 percent). Seven percent of BPD officers' time was spent handling Medical Mental Health CFS, another 9 percent on Property Crime CFS, and 2 percent on Alarms. The remainder of BPD officer time (14 percent) was spent on Information or Administrative, Investigative or Operational, and Violent Crime CFS.

Figure 2. BPD Officer Time Allocation, Auditor Report



NICJR EXPANDS UPON AUDITOR'S ANALYSIS

As a first step in developing this Alternative Response Report, NICJR reviewed the CFS analysis completed by the Auditor and compared the results of that analysis to its own CFS classification results.

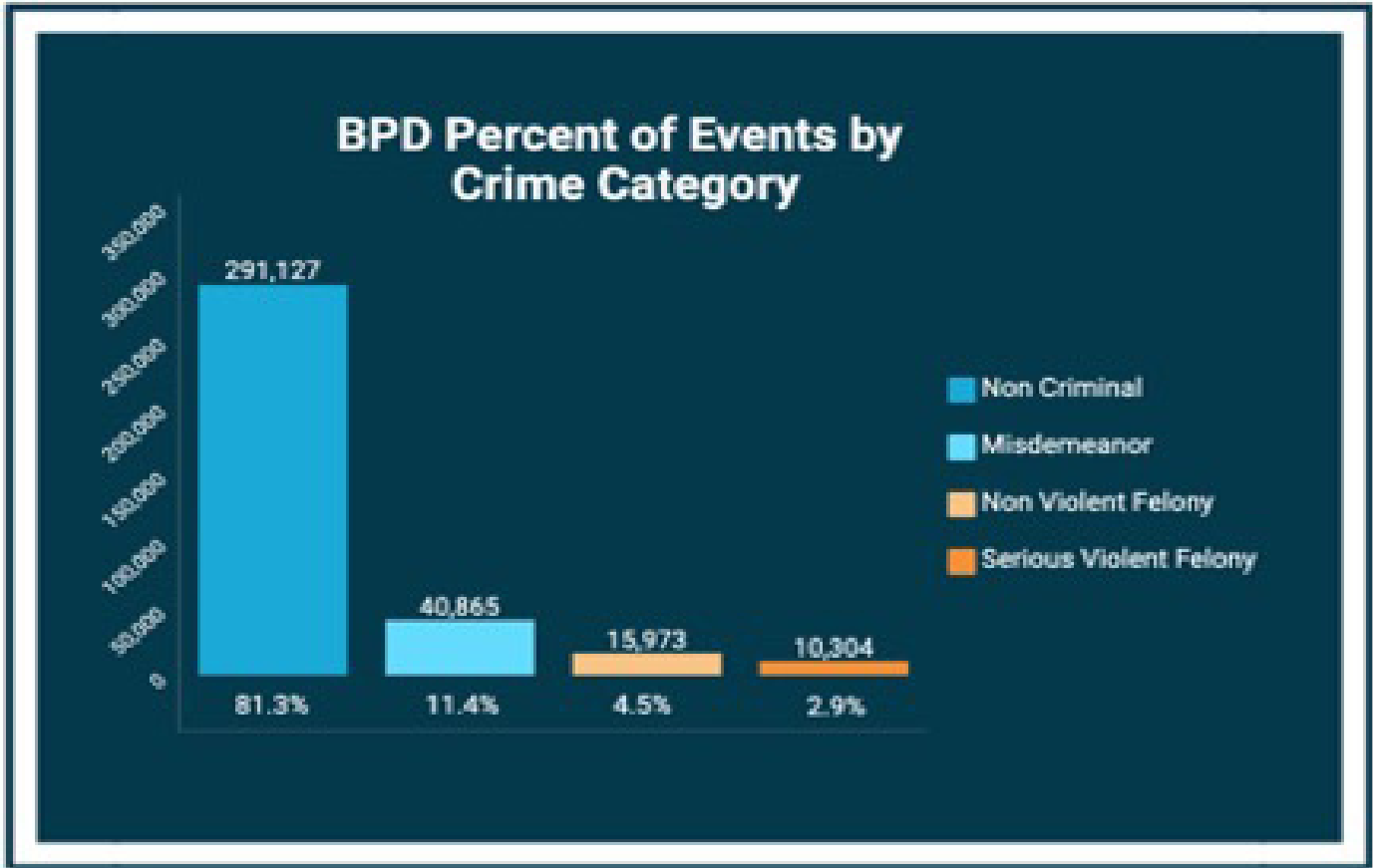
As outlined above, the Berkeley City Auditor aggregated all BPD call types into 9 categories, while NICJR uses 4 Categories to organize the same events. A crosswalk between the Auditor's 9 and NICJR's 4 CFS Categories is outlined in Table 2. NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

Table 2. Crosswalk, Berkeley City Auditor and NICJR Call Type Categories

Berkeley Auditor Categories	NICJR Categories
Violent Crimes (FBI Part I)	Serious Violent Felony: Any event identified in the California Penal Code as a Serious Violent Felony
Property Crimes (FBI Part I)	Non-Violent Felony: Any event identified in the California Penal Code as a Non-Violent Felony
FBI Part II Crimes	Misdemeanor: Any event identified in the California Penal Code as a Misdemeanor
Community	Non-Criminal: Any event not identified in the Penal Code
Medical or Mental Health	
Traffic	
Informational or Administrative	
Investigative or Operational	
Alarm Calls	

NICJR uses this method of categorizing events because it affords the most linear association between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

Figure 3. BPD Events by NICJR Crime Category¹



There were 22 call types² (11 percent) that differed in assignment when comparing the Auditor’s report to NICJR results. A summary of these variances is outlined in Table 3 and described below.

Table 3. Key Variances, NICJR vs. Auditor Call Type Categorization

NICJR Classification	Auditor Classification	# of Impacted Call Types
Non-Criminal	FBI Part II Crimes	7
Serious Violent Felony	Traffic, Property Crimes (FBI Part I, FBI Part II Crimes)	10
Non-Violent Felony	Investigative/Operational	1
Misdemeanor	Traffic, Informational or Administrative	4

Of the 22 call types, 7 (31.8 percent) were assigned to NICJR’s Non-Criminal Category whereas the Auditor classified the same 7 as FBI Part II Crimes. For example, *family disturbance* is classified by the Auditor as an FBI Part II Crime while NICJR places it in the Non-Criminal Category. The largest source of variance between

¹ Figure excludes null or missing values in the dataset.

² There is a discrepancy in the number of call types evaluated by the Auditor versus NICJR. The Auditor evaluated approximately 130 CFS types; NICJR, 183. Part of this discrepancy is due to the fact that the Auditor and NICJR reviewed slightly different data sets. Additionally, NICJR reviewed all CAD data while the Auditor only reviewed those CFS resulting in a sworn response.

NICJR's Non-Criminal Category and the Auditor's classifications relates to the call type disturbance, which the Auditor classifies as an FBI Part II Crime while NICJR categorizes it as Non-Criminal. The *disturbance* call type accounted for nearly 10 percent of the 360,242 CFS reviewed in the Auditor's analysis.

Four out of the 22 (18.1 percent) differing call types were assigned to NICJR's Misdemeanor Category while the Auditor assigned them as Traffic and Informational or Administrative. These call types include *reckless driver*, *hit and run with injuries*, and *exhibition of speed*. Both *reckless driver* and *hit and run with injuries* were assigned as Traffic by the Auditor while NICJR assigns them as Misdemeanors. *Property Damage* was classified by the City Auditor as Informational or Administrative. NICJR classifies this call type as a Misdemeanor.

One out of the 22 (4.5 percent) differing call types, lo jack stolen vehicle, was assigned to NICJR's Non-Violent Felony Category while the Auditor assigned it as Investigative or Operational.

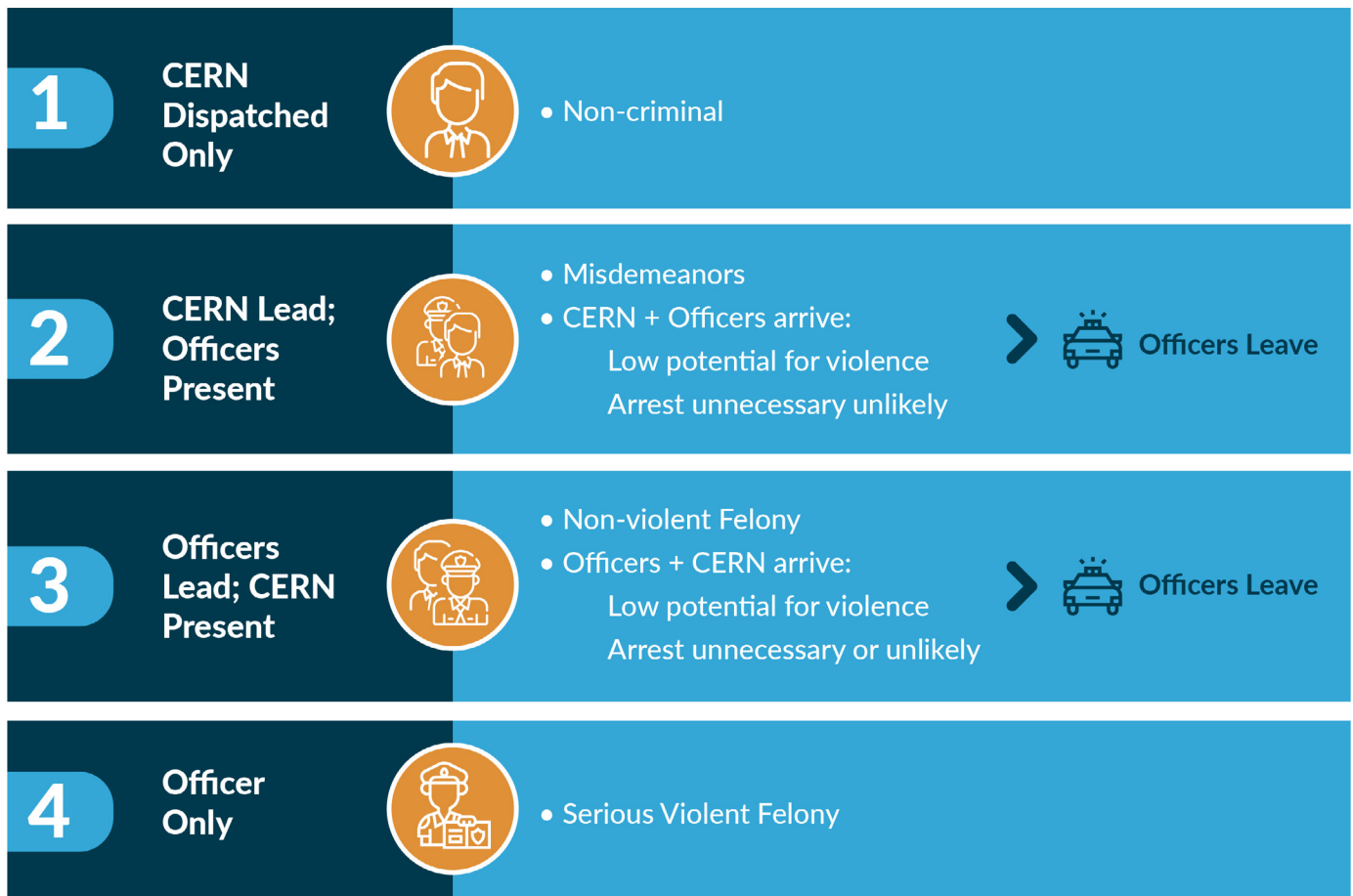
A final source of the variation in call type categorization between the Auditor and NICJR stems from NICJR's Serious Violent Felony assignment. The auditor used FBI UCR categories while NICJR used the California Penal Code to determine the penalty associated with the qualifying offense. Ten out of the 22 (45.4 percent) differing call types were assigned to NICJR's Serious Violent Felony Category. Out of the total 360,242 calls for service analyzed, NICJR classified 2.9 percent in the Serious Violent Felony Category. The Auditor only classified 0.7 percent of CFS in its Violent Felony Category. The variance is due to the fact that 9 call types classified by the Auditor as Traffic, Property Crime (FBI Part I), and FBI Part II Crimes fall into NICJR's Serious Violent Felony Category. This scenario is illustrated by the call types *hit and run with injuries* and *vehicle pursuit*. Both are classified by the Auditor as Traffic. NICJR classifies both calls in its Serious Violent Felony Category. Another example is arson, which is classified by the Auditor as Property Crime (Part I) while NICJR classifies arson as a Serious Violent Felony. Other call types generating this variance include battery, bomb threats, kidnapping, spousal or domestic abuse, child abuse, and sexual molestation.

The complete crosswalk is provided as [Appendix A](#).

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response.³ This model includes the CERN, which builds upon NICJR's CFS classification structure.

Once each call type is associated with one of NICJR's four CFS Categories, they are given a default assignment on the Tiered Dispatch depicted in Figure 4:



The Tiered Dispatch assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 4. Tiered Dispatch Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Table 5. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR’s assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. These call types would be led by police only, but members of the CERN would be present to provide family members with information and support. Conversely, some call types have been moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement

agency, for example, a BPD response is required. Additionally, traffic-related calls are in Tier 3 or 4 due to current state law requiring sworn officers, but in the event that state law is amended as envisioned in some of the discussion related to BerkDOT, the calls would move to Tier 1. Appendix D includes calculations of calls and expenses with traffic calls shifted to Tier 1.

Table 6. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 6, 50 percent of BPD CFS could be handled by a community-response, only. A detailed breakdown of Berkeley CFS by CERN Tiers can be found in [Appendix B](#).

FISCAL IMPLICATIONS OF CERN ASSIGNMENT

A major driver of the police reform conversation has been the desire to shift resources from traditional law enforcement to alternative, more appropriate, responses for specific types of calls for service. As Table 6 illustrates, the City can realistically expect to divert nearly 50 percent of call types from the BPD to an alternate response that requires no law enforcement involvement. In order to understand the potential fiscal impact of the adoption of this type of alternate response model, various analyses of the BPD budget were conducted.

As outlined in Table 7, the BPD budget grew from approximately \$61 million to \$69 million during the period of CFS review, reflecting a nearly 15 percent increase; CFS remained steady during the same period, experiencing a slight decline of approximately 4 percent. The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.

Table 7. BPD and Patrol Operations Division Budget, 2015-2019

	FY15	FY16	FY17	FY18	FY19
Total Budget	\$60,832,054	\$63,115,430	\$66,428,530	\$66,351,534	\$69,567,103
General Fund (GF)	\$57,057,838	\$59,074,465	\$62,156,096	\$62,628,518	\$65,493,664
Police Operations (OPS) Division	\$34,781,350	\$37,050,106	\$39,867,224	\$39,673,087	\$36,284,878
OPS Division % of Total Budget	57.2%	58.7%	60.0%	59.8%	52.2%

In order to determine the proportion of Operations Division expenses that are directly attributable to responding to CFS, NICJR undertook several analyses:

Calculating Officer Time:

- **Responding to CFS: On-Scene to Close.** The time between when an officer arrives on-scene to a particular CFS and closes the call. This time frame is used to measure the actual time officers spend on calls for service. This calculation does not include travel time; the time officers take to write incident reports is only accounted for if the officer does this before a particular CFS is closed.
- **Responding to CFS: Event Creation to Close.** The time between when a call comes in and is created in the Computer Aided Dispatch (CAD) system and when an officer closes the call. This time period is used to capture the total amount of time from when a caller calls into the Communications Center to when an officer closes the call, accounting for the totality of time it takes to complete a CFS.
- **Officer Time.** Under either the On-Scene to Close or Event Creation to Close approaches, officer time is calculated based on the number of responding officers to a unique call multiplied by the amount of time spent on the call.

Identifying Median Officer Hourly Rates:

- Median hourly rates were generated from the City of Berkeley's **Salary List** for benefited employees. The minimum salary (step 1) in that schedule is \$49.73/hr and the maximum, (step 7), \$61.90/hr. The median salary is \$56.24 (step 4).

Applying Applicable Overhead Rate to Median Officer Hourly Rate:

- As of the City's 2021 **Benefits and Compensation Matrix**, this rate was 110 percent.

The results of this analysis are provided in Table 8.

Table 8. Cost of Responding to CFS: On-Scene to Close and Create to Close

Officer Costs Associated with Responding to CFS: On-Scene to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	98,119
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	89,525
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$11,587,854
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$10,572,903
Average Annual CERN Tier 1 Officer Costs, On-Scene to Close	\$2,317,571
Average Annual Officer Costs Tiers 2-4	\$2,114,581

Officer Costs Associated with Responding to CFS: Create to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	266,832
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	367,422
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$31,512,859
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$43,392,538
Average Annual CERN Tier 1 Officer Costs, Create to Close	\$6,302,572
Average Annual Officer Costs Tiers 2-4	\$8,678,508

*Note: Berkeley PD salaries used for this analysis are based on the MOU which expired June 30, 2021. A new MOU has resulted in a salary increase not reflected in this report.

Depending on the officer time calculation used, and using 2019 budget data alone, the costs associated with responding to Tier 1 CFS range from between **approximately 7 (On-Scene to Close) and 19 (Create to**

Close) percent of the Police Operations Division budget, and **4 and 10** percent of the total BPD budget. Costs associated with responding to CFS Tiers 2-4 comprise between approximately **5 (On-Scene to Close) and 23 (Create to Close)** percent of the Police Operations Division budget and **3 and 12** percent of the total BPD budget.

Table 9. Tier 1 CFS as % of Operations Division and BPD Overall Budget

Implementation converts the estimated number of officer hours saved into FTEs as reflected in Table 10 on the following page.

Table 10. CFS FTE Analysis

CERN Tier	Total Hours (Create to Close) (Avg Annual)	Average Hours ⁴ , 1 FTE Officer	Estimated # of FTE Per Tier
1	53,366	2080	25.7
2	24,012	2080	11.5
3	32,331	2080	15.5
4	17,140	2080	8.2

Redirection of Tier 1 CFS to a CERN would thus generate approximately \$6.8 million in annual BPD savings annually, equating to slightly less than 26 FTE.

⁴ 2080 is the standard number of working hours per year for a full-time equivalent position; BPD actual annual hours/FTE may vary.

BUILDING THE ALTERNATIVE RESPONSE INFRASTRUCTURE

In order to facilitate the development of Berkeley's own alternate response network or CERN, NICJR further analyzed the 92 CFS in CERN Tier 1. Although an alternate response is also contemplated in response to CFS in Tiers 2 and 3, as the CFS category which contemplates no corresponding police response, Tier 1, is an appropriate focal point for initial alternate response analyses.

To facilitate this assessment, Tier 1 CFS were divided into 11 topical/activity-based sub-categories as outlined in Table 11.

Table 11. CERN Sub-Category

CERN Category	Definition	Example Call Type(s)
Administrative	Calls that involve administrative duties	subpoena service; VIN verification; information bulletins, test call, report writing
Alarm	Calls that involve activation of alarms	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm
Animal	Calls that involve animals	stray animals, barking dogs, cat in a tree
Investigation	Calls that require some form of investigation to ensure all is in order	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)
Medical or Mental Health	Calls that require or involve medical or mental health assistance	mutual aid medical support, gunshot victim, suicide, 5150 transport
Municipal	Calls that involve municipal issues	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations
Other	Call types that do not fit into any of the other CERN categories	create new call; no longer used, wireless 911 call got dropped
Public Order	Calls that interfere with the normal flow of society	demonstrations, civil unrest
Quality of Life	Calls that create physical disorder or reflect social decay	loitering (homeless), panhandling, noise, trash/dumping, urinating in public

CERN Category	Definition	Example Call Type(s)
Substance Use	Calls that involve substance use	open air drug use and distribution, overdose related, down and out, public intoxication
Traffic	Calls that involve traffic or vehicle related concerns	abandoned vehicles

Leveraging Existing and Planned City Resources and Ideas from New and Emerging Models Report

CERN Team Types

The Community Emergency Response Network may need to have different types of teams that respond to certain calls.

- **SCU:** Respond to Mental Health & Drug issue calls
- **Mediation Team:** Respond to Disturbance and Noise calls
 - Possibly include specialists in Family Disturbance calls
- **Report Takers/Technicians:** Take crime reports
 - Specialists for evidence collection as the City has now
- **Outreach:** Respond to non-MH homeless calls, welfare checks, etc.
- **BerkDOT:** Respond to traffic calls
 - Including technology

In an effort to identify existing and planned resources by Tier 1 Category, NICJR reviewed:

- The list of City-funded community-based organizations (CBOs) provided in the City Manager's Proposed Annual Budget Fiscal Year 2022, submitted to the City Council on May 25, 2021
- City Boards, Commissions, and Departments, as identified on the City's website
- Relevant examples of potential programs or approaches as provided in the [New and Emerging Models of Community Safety and Policing Report](#)
- Other relevant local CBOs/resources

Table 12, which can be found on the next several pages, summarizes the results of NICJR's services scan; a list of the specific CBOs identified by Tier 1 sub-category can be found in [Appendix C](#). A detailed description of each Table 12 organizing category follows.

Table 12. CERN Build Out: CBO's, City Departments, Other Resources

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Administrative	subpoena service; VIN verification; information bulletins, test call, report writing			BerkDOT (VIN verification)	Private subpoena servers		
Alarm	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm	The Downtown Berkeley Association/ Downtown Ambassadors Street Team provides alarm assistance services			UCPD Community Service Officers provides alarm assistance services		
Animal	stray animals, barking dogs, cat in a tree etc.	Animal Rescue	City Manager's Office: Berkeley Animal Care Services			Animal Care Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Investigation	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)	Downtown Berkeley Association/ Downtown Ambassadors Street Team: investigating open doors, residential welfare checks, business premise checks			UCPD Community Service Officer (CSO) Program: investigating open doors, residential welfare checks, business premise checks		

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Medical or Mental Health	mutual aid medical support, gunshot victim, 5150 transport, mental illness, suicide attempt, threat of suicide, mental health	4 CBOs contracted for health services; 1 CBO contracted for mental health services (Alameda County Network of Mental Health Clinics); several homeless oriented CBOs include a mental health component	Fire Department; Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); Health, Housing, and Community Services Department	SCU	Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment	Community Health Commission; Mental Health Commission	Crisis Response Unit (CRU), Olympia, Washington
Municipal	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations		City Manager's Office: Code Enforcement, Public Works			Public Works Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Other	create new call; no longer used, wireless 911 call got dropped	NA	NA	NA	NA	NA	NA
Public Order	Demonstrations, civil unrest	Downtown Berkeley Association's Safety Ambassadors Program: provides public order services/ assistance			UCPD Community Service Officer (CSO) Program: provides public order services/ assistance		
Quality of Life	loitering (homeless), panhandling, noise, trash/dumping, urinating in public	16 CBOs contracted for homeless services, approximately 50% with case management component. These resources could be leveraged to address loitering, panhandling, and public urination/intoxication complaints. Other CBOs (Eden Information and Referral as well Telegraph Business Improvement District) assist with quality of life calls as well. Downtown Berkeley Association's Safety Ambassadors Program: all Quality of Life CFS	Mental Health Division, Mobile Crisis, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); City Manager's Office: Code Enforcement (trash/dumping)		UCPD Community Service Officer (CSO) Program: all Quality of Life CFS	Homeless Commission; Human Welfare and Community Action Commission	Mayor's Action Plan (MAP) for New York City

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Substance Use	open air drug use and distribution, overdose related, down and out, public intoxication	1 CBO directly contracted for substance abuse services (Options Recovery Services); other homeless-oriented CBO's provide various substance abuse related services	Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public)		<p>New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment</p> <p>Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT)</p> <p>Bonita House's Community Assessment & Transportation Team (CATT) program</p>	Health Commission, Community; Homeless Commission; Mental Health Commission	Arlington Opiate Outreach Initiative
Traffic	abandoned vehicles, speeding, reckless driving		City Manager's Office: Code Enforcement (abandoned vehicles)	BerkDOT		Transportation Commission	NYPD Staten Island's Motor Vehicle Accident Program

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Weapon	person with a gun				Building Opportunities for Self-Sufficiency appears to be only City-contracted CBO with significant experience with and focus on incarcerated/ formerly incarcerated. May be a resource for this particular CFS and others in that vein.	Peace and Justice Commission	

Existing City-Contracted Community Based Organizations

NICJR reviewed all City-contracted CBOs and, where possible, aligned CERN Tier 1 sub-categories with community-based organizations; identified organizations are those that could potentially be leveraged to build out the CERN approach. Although the City has contracts with a number of CBOs, there is a significant concentration in homeless services, with few contracted providers in many of the other CERN Tier 1 sub-categories. Where able to identify, NICJR has lifted up those CBOs working in any area that appear to be doing some type of case management or street outreach work, as well as those that have experience with a criminal justice population. These organizations are likely best positioned to serve as the starting point for the development of the CERN infrastructure. There is at least one City-contracted CBO that NICJR is aware of that engages in case management and outreach work *and* has extensive experience with justice-involved community members; that organization, Building Opportunities for Self Sufficiency (BOSS), is an obvious candidate to serve as one of the City's anchors and foundational CERN partners. BOSS is an example of a capable organization, but there are others in Berkeley as well. The City would need to conduct a Request for Proposals process to select the most appropriate service provider(s).

The Downtown Berkeley Association (DBA), an independent non-profit organization that has recently contracted with the City, provides a variety of services including but not limited to cleaning and beautification, hospital and outreach, marketing and business support, and prevention of crime and other threats to merchants.⁵ Positions encompass hospitality workers, cleaners, social workers, and trained guards, known as Safety Ambassadors. Safety Ambassadors carry batons, pepper spray, and handcuffs and are outfitted with neon vests.

Safety Ambassadors often have backgrounds in law enforcement and are required to undergo an 8-hour general training along with additional trainings covering topics such as sexual harassment, mental illness, and de-escalation tactics. The stated objective of this program is to increase the quality of life in downtown Berkeley and ensure that any potential disturbances are curtailed.⁶ Low-level municipal or quality of life violations, open use of illicit drugs, and threats to businesses are all addressed by the Safety Ambassadors. As such, the DBA itself may serve as an important CERN resource. However, it is important to note that many community members and organizations have expressed concerns with the enforcement-type equipment that Safety Ambassadors carry.

Lastly, the Mental Health Division's (MHD) Mobile Crisis Team provides immediate crisis intervention services for the community and supports BPD in capacities including co-responding to calls for service upon BPD request. This Team, as well as the MHD's Crisis, Assessment, and Triage Team, are obvious foundations for the SCU which is currently under development. The Mobile Crisis Team has very limited resources and available hours. At the time of this report, the Team only has two members. In Listening Sessions held with BPD officers, many expressed the need to expand the work of the Mobile Crisis Team.⁷

Existing City Departments

There are a number of City Departments that are either currently deployed, or could be deployed to address CERN Tier 1 sub-categories. For example, the BPD currently partners with the Mental Health Division's Mobile Crisis Team, and the Code Enforcement Unit within the City Manager's Office is responsible for addressing illegal dumping. The roles and responsibilities of existing City Departments could be expanded to support absorption of specific Tier 1 CFS. BPD also employs civilian technicians who could be used to take reports or collect evidence in cold CFS that may not need an officer present.

⁵ <https://www.downtownberkeley.com>

⁶ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Safety-Ambassador-Pilot-Program-2-Month-Report.pdf>

⁷ Community members have expressed concerns about the Mobile Crisis Team's ability to properly assist with calls for service.

Existing Berkeley Commissions, Boards and Departments

NICJR reviewed the City's Boards and Commissions to identify those that might be most appropriate for supporting the development and oversight of various components of the CERN. While ultimately the effort is likely most effectively administered by a single oversight body, the development of various components of the alternate response model may lend itself to disaggregation by topic, although an effective coordination and overall project management approach should be employed from the outset.

Planned City Resources

The City has two significant alternative response initiatives currently underway: the Berkeley Department of Transportation (BerkDOT) and the Specialized Care Unit (SCU). While the scope of these efforts is unclear, NICJR has assigned Tier 1 sub-categories to these City-initiated alternate responses as follows:

- **BerkDOT:** All traffic CFS
- **SCU:** All mental health and drug use CFS

The following relevant excerpts from the City Manager's *Proposed Annual Budget Fiscal Year 2022* suggest that the 2021-2022 budget year is a planning period for BerkDOT, while the SCU is on more accelerated implementation timeline:

BerkDOT

"The Public Works Department is evaluating the potential to create a Berkeley Department of Transportation to ensure a racial justice lens in traffic and parking enforcement and the development of transportation policy, programs, and infrastructure.⁸

- **Estimated Budget:** \$75,000
- **Description:** Develop plans for establishing a Berkeley Department of Transportation to ensure racial justice and equity in Transportation policies, programs, services, capital projects, maintenance, and enforcement. Coordinate this with the Reimagining Public Safety effort."

Current state law does not allow non-law enforcement to conduct traffic stops. Given the City's decision to establish BerkDOT, in Appendix D we have assigned all traffic CFS to CERN Tier 1.

SCU

"The Health, Housing and Community Services Department is working with a steering committee to develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit."⁹

- \$8 million is currently allocated for programs addressing community safety and crisis response.¹⁰
- Before the SCU is deployed, community safety concerns have been proposed to be addressed through:
 - Expanding prevention and outreach
 - Leverage existing teams and CBOs
 - Address basic needs (i.e., wellness checks, food, shelter)
 - Equipment and supplies

⁸ Page 24, *Proposed Annual Budget Fiscal Year 2022*

⁹ Page 24, *Proposed Annual Budget Fiscal Year 2022*

¹⁰ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/FY%202022%20CM%20Proposed%20Budget%20Recommendations.pdf

- Estimated budget: \$1.2 million
- Crime prevention and data analysis to support data driven policing and identify areas of community need
 - Establish data analysis team (2 non-sworn positions)
 - Deploy Problem Oriented Policing Team (overtime)
 - Estimated budget: \$1.0 million

Other Relevant Resources

NICJR has identified three non-City funded CBOs as potential alternate response providers related to Tier 1 sub-categories: the New Bridge Foundation (NBF); Bonita House's Community Assessment and Transport Team (CATT) and Bridges to Recovery In-Home Outreach Team (IHOT); and the University of California's Community Service Officer Program. Again, these are examples, the City would need to conduct a Request for Proposals process to select the most appropriate service providers.

Members of the RPSTF have compiled a master list of local community-based organizations to assist in the CERN build-out process as well. This list can be found in Appendix E.

New Bridge Foundation

NBF was identified as a possible alternative solution by Berkeley Reimagining Public Safety Task Force Members. NBF is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. NBF was assigned to the Tier 1 sub-category, substance use.

Bonita House

While Bonita House receives City funding for its Creative Wellness Center (CWC) which serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions, it does not currently receive financial support for its *Community Assessment and Transport Team (CATT)*; a crisis response system to get clients "to the right service at the right time", or its *Bridges to Recovery In-Home Outreach Team (IHOT)*; a short-term outreach, engagement and linkage to community services program for individuals with severe mental illness. Both of these teams could potentially play important roles in a new alternate response network.

University of California Police Departments (UCPD)

Most University of California Police Departments (UCPD) have some type of Community Service Officer (CSO) Program.¹¹ CSOs are uniformed, civilian personnel comprised of students that assist the UCPD in a variety of ways. They provide evening and night escorts, patrol campus buildings and residence halls, perform traffic control duties, and act as liaisons between university students and their corresponding police departments.¹² CSOs generally carry pepper spray and work anywhere from 10-20 hours each week. The majority of UCPD CSO Programs also employ tasers.¹³ Some are trained to aid in cases of medical emergencies.¹⁴ General security and deterrence of crime are the goals of the CSO program.¹⁵

¹¹ It's important to note that there have been use of force concerns expressed by UC students about the UCPD CSOs. This should be taken into account by the City when allocating Tier 1 responsibilities.

¹² <https://www.police.ucla.edu/cso>

¹³ <https://dailybruin.com/2006/11/28/a-closer-look-uc-campuses-exhi>

¹⁴ <https://police.ucsd.edu/services/cso.html>

¹⁵ <https://www.police.ucla.edu/cso/about-cso>

At UC Berkeley, the CSO Program is made up of 60 part-time students. CSOs offer the BearWalk, a night escort for all faculty and students at the University. Berkeley CSOs are also contracted to patrol residence areas and university buildings. Often, CSOs assist in special events or sports games to promote safety and security. Applicants to the CSO Program must be in good academic standing, undergo a background check, and an oral board interview as part of the hiring process.¹⁶ Because the CSO program is already established in the campus area, it may make sense for the City to partner with the University to expand the responsibilities of this student-staffed community service to include for example responding to suspicious circumstances or vehicles CFS. Other example CSO activities include processing complaints and taking reports.

New and Emerging Models

In addition to reviewing existing and planned local resources, NICJR reviewed the New and Emerging Models of Community Safety and Policing Report, to identify programs that might be appropriate for Berkeley implementation. Five initiatives were identified pursuant to this review: San Francisco's Street Crisis Response Team (SCRT); Olympia, Washington's Crisis Response Unit (CRU); Mayor's Action Plan (MAP) for New York City; The Arlington Opiate Outreach Initiative; and NYPD Staten Island's Motor Vehicle Accident Pilot Program. Seattle, Washington's new Specialized Triage Response System is also highlighted.

The Street Crisis Response Team (SCRT) is a pilot program administered by the Fire Department in San Francisco, California, for individuals experiencing a behavioral health crisis. SCRT Teams consist of a behavioral health specialist, peer interventionist, and a first responder who work in 12-hour shifts. 911 calls that are determined to be appropriate for the SCRT are routed to SCRT by dispatch. A team responds in an average of fifteen minutes.

The City of Olympia, Washington implemented their **Crisis Response Unit (CRU)** in April of 2019 to serve as an option for behavioral health calls for service. The CRU teams consist of mental health professionals that provide supports such as mediation, housing assistance, and referrals to additional services to their clients. Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.

The Mayor's Action Plan (MAP) for New York City (NYC) was launched in 2015 in fifteen NYC Housing Authority properties with high violence rates in order to foster productive dialogue between local residents and law enforcement, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources. Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.

The Arlington Opiate Outreach Initiative was established in 2015 in Arlington, Massachusetts and brings together social workers, community-based organizations, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.

NYPD Staten Island's **Motor Vehicle Accident Pilot Program** is aimed at reducing the number of calls for service related to minor collisions. When a call for service comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If the collision is deemed to be minor, all individuals involved in the crash will simply complete a collision report and then exchange contact information.

In partnership with the City of Seattle, NICJR produced a report analyzing the 911 response of the Seattle Police Department and suggested CFS that can be addressed by alternative community response. This analysis

¹⁶ <https://ucpd.berkeley.edu/services/community-service-officer-cso-program>

was instrumental in Seattle's new commitment to a Specialized Triage Response System, a response that at full operational capacity will be able to potentially respond to 8,000 to 14,000 non-emergency calls. This new department will be receiving training from CAHOOTS and STAR staff.¹⁷

¹⁷ <https://durkan.seattle.gov/2021/07/mayor-jenny-durkan-announces-proposal-to-create-a-new-specialized-triage-response-to-provide-alternative-to-sworn-police-response/>

COMMUNITY SURVEY

In partnership with the City of Berkeley's (City) Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) conducted an online-based community survey (survey) in both English and Spanish between May 18 and June 15, 2021. The survey was disseminated by the City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners. The survey was designed to gather insight into residents' perceptions and experiences in three primary areas: the Berkeley Police Department (BPD) and crisis response; priorities for reimagining public safety; and recommendations for alternative responses for calls for service. A total of 2,729 responses were collected.

SURVEY SUMMARY

Community Safety

While most survey respondents indicated that they view Berkeley as safe or very safe, these results were not consistent across all demographic groups. Slightly over 30 percent of respondents perceived Berkeley as safe or very safe; an additional 46.4 percent of respondents perceived Berkeley as somewhat safe. White residents were more likely to perceive Berkeley as safe or very safe; Black, Latin, Asian and Other Non-white residents were more likely to perceive Berkeley as unsafe or very unsafe.

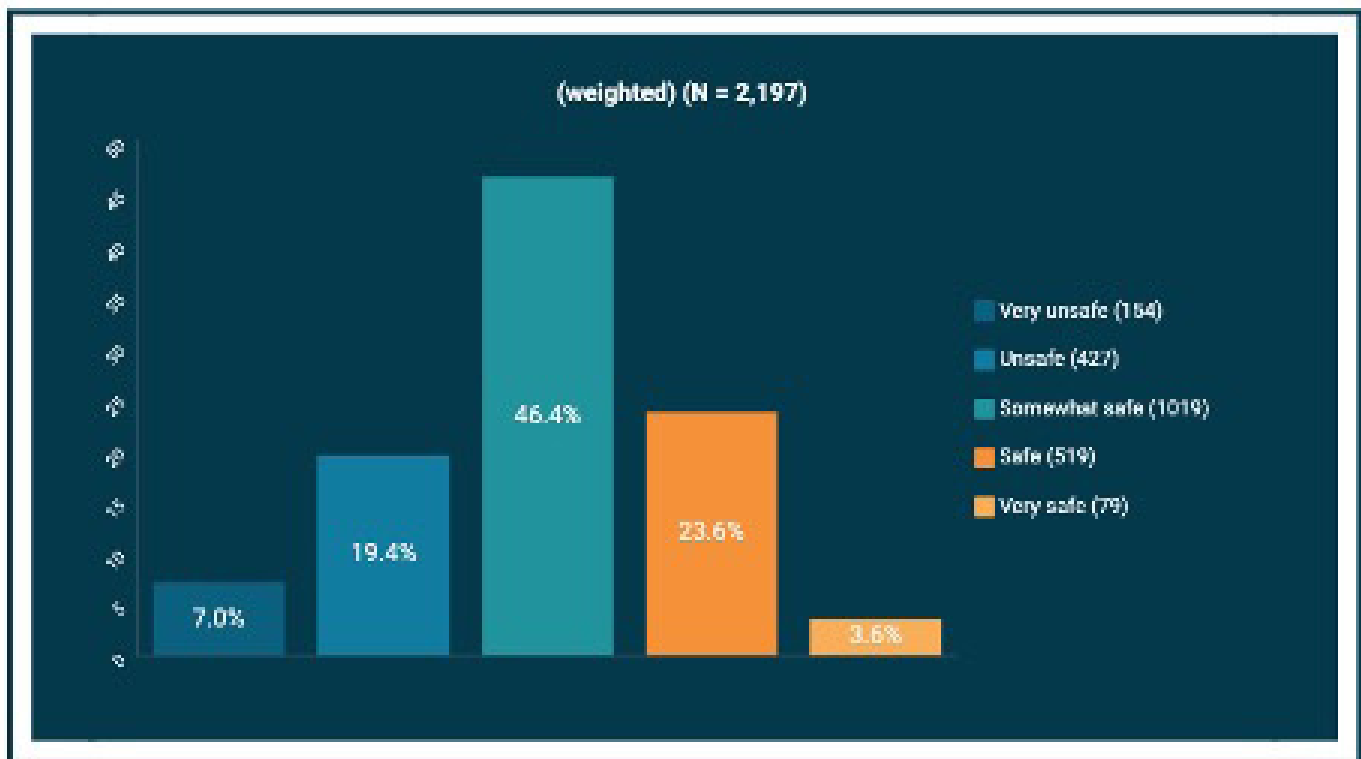


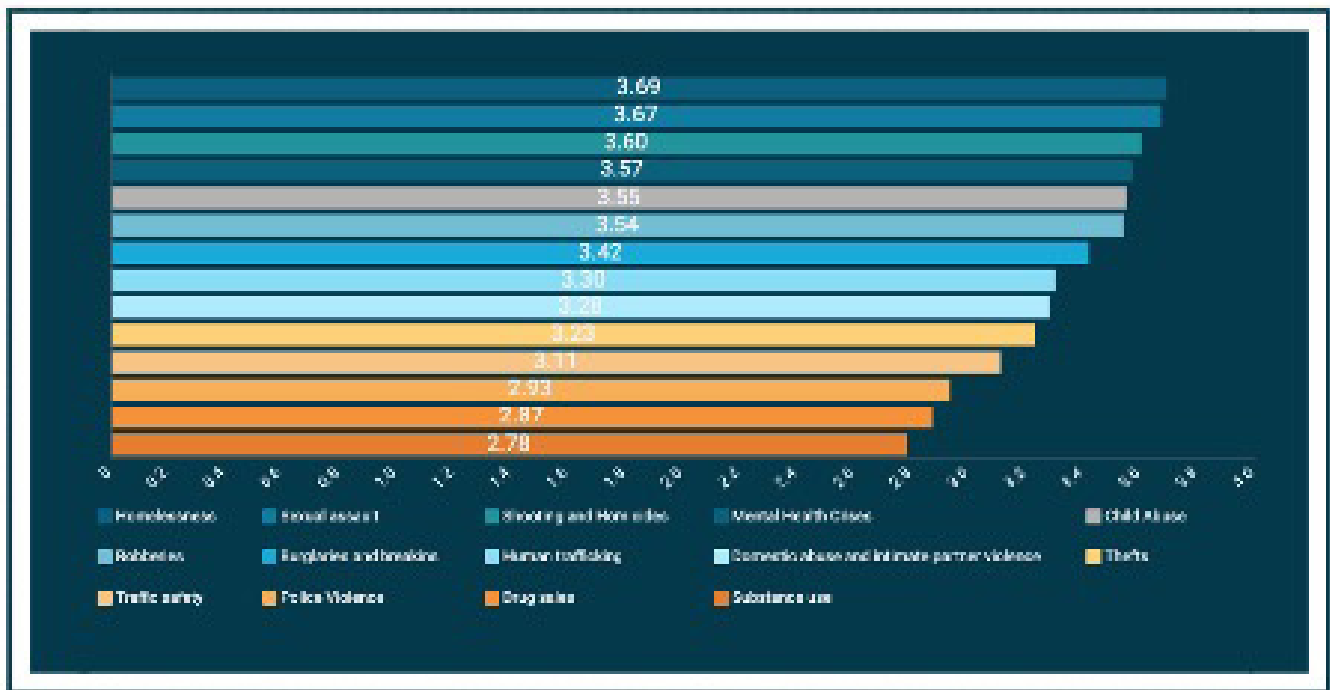
Table 12. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Key Public Safety Concerns

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns. These were followed by shootings and homicides and mental health crises. The lowest priorities were substance use, drug sales, and police violence.

Figure 6. How important are the following issues to community health and safety in Berkeley to you? (weighted)¹⁸



Nearly half of survey respondents reported experiencing street harassment, and 41 percent reported being the victim of a crime. Black survey respondents reported experiencing higher rates of mental health crisis, homelessness, and family victimization, as well as police harassment and arrest, than did other survey respondents.

Patterns in priorities for safety were consistent across race and ethnicity, except for survey respondents with an undisclosed race and ethnicity.

When assessing the findings on priorities of Berkeley residents for community health and safety, survey respondents ranked investments in mental health, homeless and violence prevention services highest. There are differences along race and ethnicity for investment priorities, with White respondents rating all listed programs higher overall. Black respondents were also rated an investment in mental health services higher in comparison to other prevention services.

¹⁸ 4: very important; 3: important; 2: somewhat important; 1: not important

Figure 7. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? (weighted)¹⁹



Table 13. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.²⁰

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not important at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat Important	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Important	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very Important	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on the Berkeley Police Department

A majority of respondents (53.3 percent) perceived the BPD as being effective or very effective. Only 6.7 percent of respondents perceived BPD as being not effective at all. Nonwhite respondents were more likely to indicate that BPD is not effective at all, while White respondents were more likely to indicate that BPD is effective.

¹⁹ 4: very important; 3: important; 2: somewhat important; 1: not important

²⁰ 4: very important; 3: important; 2: somewhat important; 1: not important

When assessing experiences of residents when contact is made with BPD, survey results found that almost 75 percent of respondents who indicated they've had contact with BPD indicated their experience was positive or very positive, while Black and Asian residents were more likely to report negative experiences with BPD.

Table 14. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on Alternative Responses to Calls for Service

A large majority of survey respondents (81 percent) among all racial and ethnic groups indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most also indicating that police should be available to support a response to those calls if needed.

An even greater percentage (83.6 percent) of survey respondents indicated a preference for homeless services providers to respond to calls related to homelessness, with police present when necessary.

Figure 8: Who should respond to calls related to mental health and substance use?

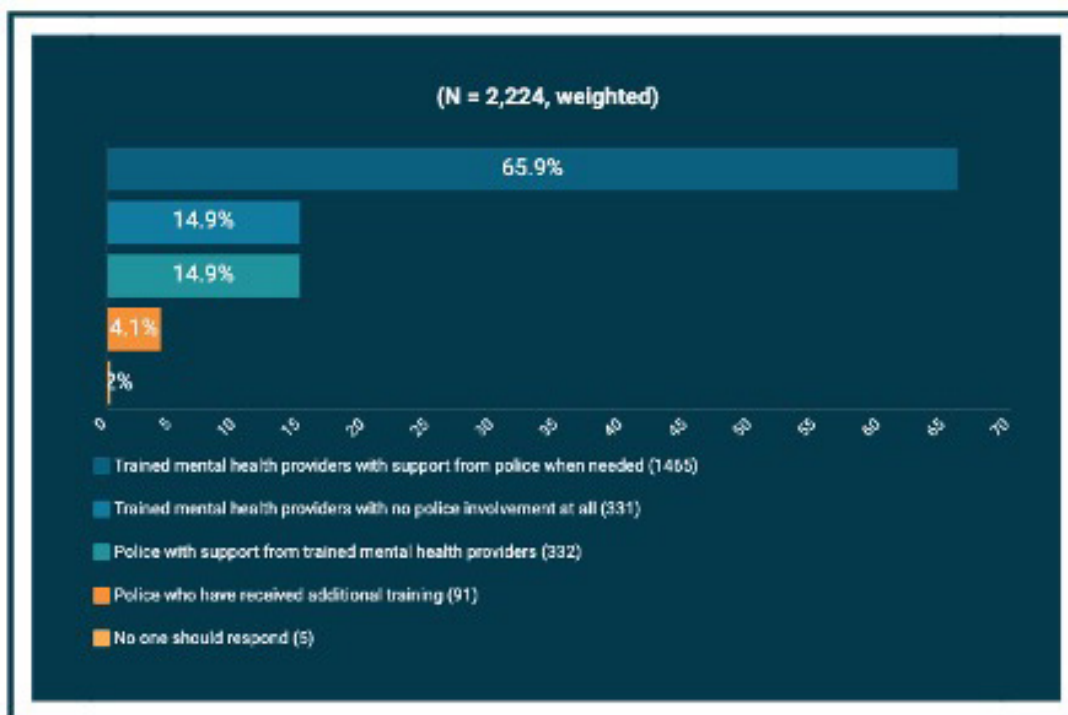
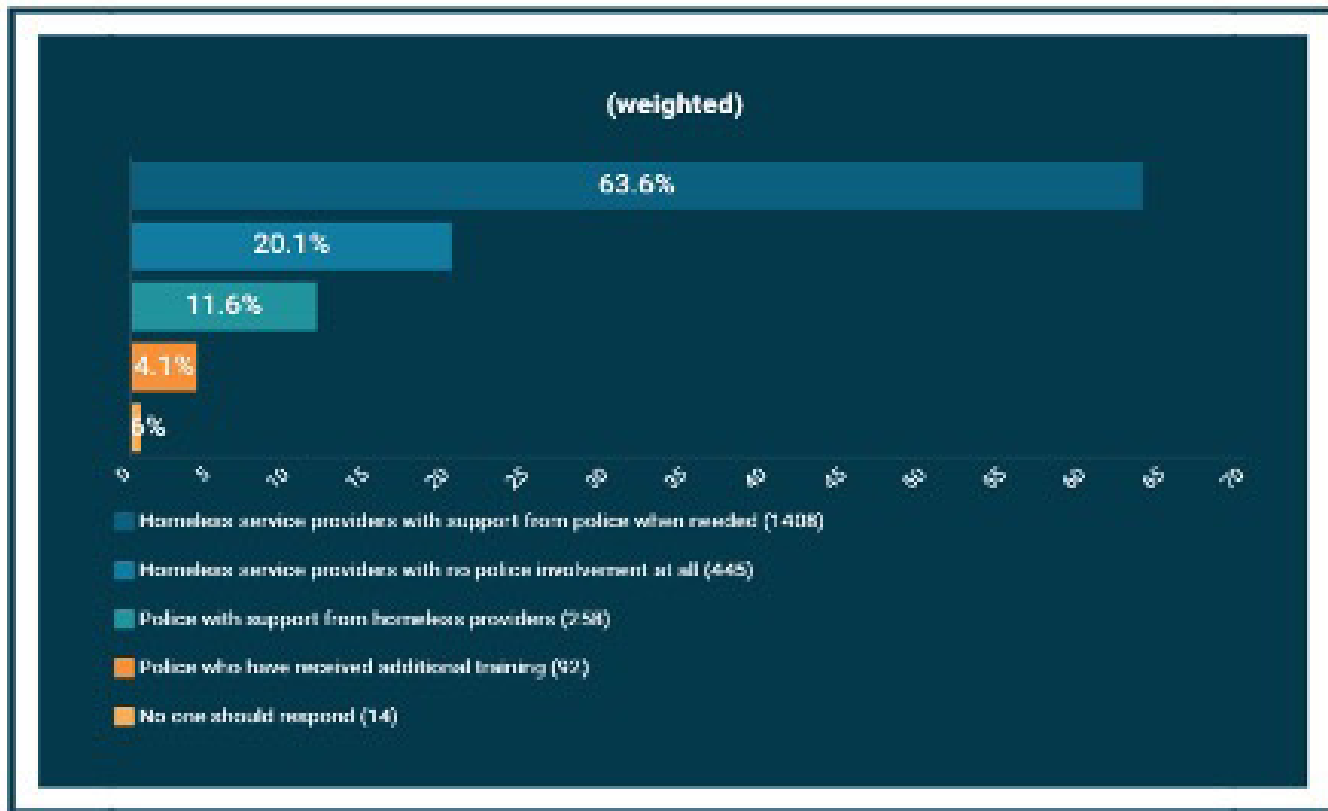


Figure 9. Who should respond to calls related to homelessness?



Focus Group Feedback

In collaboration with NICJR, Bright Research Group facilitated a series of focus groups to gather data on community sentiment regarding the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Outreach to Black, Latino, system-impacted, and unstable housed/food-insecure residents was facilitated by the McGee Avenue Baptist Church, Center for Food, Faith, and Justice, and the Berkeley Underground Scholars. Researchers conducted four focus groups comprised of 55 individuals.

Youth under the age of 18 and Latino residents are underrepresented in the focus groups. The qualitative data collected is also not necessarily representative of Black, Latino, formerly incarcerated, or housing-insecure residents.

Table 15. Focus Group Participants

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

Focus group participants shared concerns regarding gang involvement, racism, and the availability of guns in Berkeley. Black and Latino youth and Justice-System-Impacted students expressed significant concerns about their personal safety and police violence. Participants identified homelessness and the housing crisis as critical public health and safety issues. Black residents, housing-insecure residents, and system-impacted individuals all expressed distrust in the City government. Black residents, youth, system-impacted students, and low-income residents also expressed that policing in Berkeley allows for race and income-related profiling. Focus group participants also stated that police resources are mismanaged.

Diverse perspectives were collected regarding the future role of BPD. Youth would like police officers who are part of the community and interact positively with young people. Participants who discussed divestment from police recommended investment in trained peacekeepers and community safety patrols as alternatives.

With regard to mental health crises and homelessness, focus group participants across demographic groups suggested that clinicians and social workers play a role in interventions. Focus group participants expressed broad support for the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations; conversely, there was some suspicion expressed regarding the idea that BPD functions would simply be performed by another government agency.

PROPOSAL: TIERED DISPATCH SYSTEM

Based on the information and analysis described above, and in accordance with City Council ordinances and the Berkeley Reimagining Public Safety Process, NICJR and its team recommends that Berkeley initiate a phased implementation of a Tiered Dispatch system, reflecting the CERN framework described above, and tailored to the needs of the City.

The Tiered Dispatch model contemplates diverting a substantial portion of calls for service that are currently handled by BPD sworn officers to a newly-established CERN that leads with a non-law-enforcement response. This diversion includes “Tier 1” responses, which do not include dispatch of law enforcement officers (at least at the outset), and “Tier 2” responses, which are led by alternative responders but include presence of officers as a precaution. The model also includes non-law-enforcement participation in “Tier 3” responses that are led by sworn officers.

The CERN – which should be robust, structured, and well-trained – will have radio connection directly into BPD dispatch in order to be able to call for an officer if needed. On Tier 2 responses, the alternative responders leading the team will determine the necessity for active engagement of the on-site officers. During the pilot phase, the frequency of active police assistance can be assessed and certain call types can be moved to different tiers based on the assessment.

Our analysis of call-for-service data indicates that over 80 percent of the calls are for non-criminal matters (see Fig. 3, above). A substantial subset of these calls can be handled as Tier 1 and Tier 2 responses, led by alternative responders.

Alternative responders may include: non-governmental entities, including community-based organizations retained by the City through service contracts; City employees, who are staff of departments other than BPD; and/or BPD employees who are not sworn officers. Each arrangement presents a variety of benefits and challenges, and different approaches can be adopted for different elements of the Tiered Dispatch program. The new BerkDOT and the SCU may be integrated as appropriate, as these new arms of City government get off the ground. These decisions can be made during the phased implementation described below.

Alternative responses should be piloted and scaled after proven effective. As the Tiered Response system is built out, BPD budget needs will be reduced, and more funds should be available to support alternative responses, whether performed by City staff or community-based organizations under contract with the City.

Development and implementation of the Tiered Dispatch advances the Berkeley City Council’s July 14, 2020, direction “to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police’s scope of work primarily to violent and criminal matters.”²¹ In addition, phased implementation of the Tiered Dispatch model would reflect substantial public and community sentiment expressed in the surveys described above, and in Task Force discussions to date. Finally, the model builds on innovative best practices being advanced in various cities around the country; Berkeley can learn from initial experiences in this rapidly-changing field, and develop an approach suitable to the City’s needs.

²¹ Berkeley City Council, Omnibus Motion on Public Safety Items (Council Agenda Items 18a-e, Recommendation #2), approved July 14, 2020.

Implementation of Tiered Dispatch System

As described above, we recommend that the Tiered Dispatch system be implemented on a phased basis over time, commencing with a pilot program. This will enable assessment for efficacy; give time for administrative, employment, and contracting structures to be put in place; and allow for thorough and focused program development. NICJR will provide detail on a proposed implementation plan in its final report, but includes some initial thoughts at this stage for public consideration.

Pilot Program

As a first step, we recommend establishment of an Alternative Response Pilot Program, focused on a subset of the “Tier 1” calls. The following subset of BPD call types can be used in the pilot phase in order to work out logistical and practical challenges.

Table 16. Tier 1 Subset of Call Types

	2015	2016	2017	2018	2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Injury Accident Report	-	-	-	31	29
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17754	17997	18279	18152	17161

Once the pilot has been initiated then we recommend the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Evaluate administrative, budget, and staffing implications from the transfer of services;
3. Expand additional alternative response programs, over time, to achieve City Council's direction of concentrating police response on violent and criminal matters;

With the implementation of alternative responses through the phased in Tiered Dispatch approach, we anticipate that a hiring freeze and natural attrition will reduce the numbers of sworn officers employed by BPD, as the alternative response system is built out. NICJR is not recommending layoffs of officers. As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

CONCLUSION

Berkeley is a relatively safe and well-resourced city. However, thefts, robberies, and incidents involving people with potential mental health and/or substance use challenges are of significant concern. By reducing BPD's focus on non-criminal and low-level CFS, the Department can improve its response, investigation, and prevention of more serious crime. Over time, a transition of responsibility for response to Tier 1 CFS could generate between \$2-\$6 million of annual savings to the BPD budget.²² If invested in the build-out of the alternative response network, these funds would comprise a 35 percent increase in the City Manager's proposed FY22 funding level for community-based organization, or alternative City staffing. This type of targeted redirection of BPD resources would represent a significant and meaningful step in the City's efforts to reimagine public safety.

These new, reimagined ideas will take time and effort to implement successfully. Any reduction in policing services should be measured, responsible, and safe. A Final Report and Implementation Plan will be submitted to the City that includes detailed recommendations. Financial and organizational impacts and resources for implementation recommendations as well as a detailed timeline and plan for implementation will be included.

²² See Fiscal Implications section above, estimating Tier 1 savings at \$6.3 million.

APPENDIX

Appendix A. NICJR/ Auditor Crosswalk

Appendix B. Breakdown of Berkeley CFS by CERN Tiers

Appendix C. CBOs by Tier 1 Subcategory

Appendix D. Tiered Dispatch with Traffic Calls as Tier 1

Appendix E. Master List of CBOs*

*Courtesy of Janny Castillo, boona cheema, and Margaret Fine

APPENDIX J

Community Engagement Report

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OVERVIEW

The Reimagining Public Safety process in Berkeley includes comprehensive outreach and engagement of local community members. The National Institute for Criminal Justice Reform (NICJR) and our partners Bright Research Group (BRG), with significant support and input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy. The process included a broadly distributed survey along with a series of listening sessions designed to engage marginalized, hard to reach, or communities with high rates of police contact. With guidance from the City Manager's Office, BRG focused on four populations for listening sessions: Black, Latinx, formerly incarcerated and low-income individuals struggling with food and/or housing insecurity. The following report includes initial findings from these events and the survey.

Additional Community Engagement efforts were organized and facilitated by Task Force members with the support of NICJR in an effort to include additional marginalized populations: LatinX, those who have experienced mental health challenges, the LGBTQIA+ community, and those who have experienced partner violence. Following the initial release of the draft final report, three community wide virtual listening sessions were held to gather feedback and input from the broader Berkeley community. Information and perspectives garnered from this wide array of community engagement provide valuable information for the work of the Taskforce and the City of Berkeley moving forward.

Berkeley Reimagining Public Safety Process Community Engagement Timeline

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
BPD focus group with command staff	NICJR	May 6, 2021		In report
Community Survey	BRG	May 14, 2021	2,729	In report
Listening Session/Community meeting – focus on Black community	BRG-Pastor Smith	May 25, 2021	18	In report
BPD focus group with line staff	NICJR	June 2, 2021 & June 3, 2021		In report
Berkeley Merchant Association Focus group	NICJR - In coordination with Telegraph BA and Downtown BA	June 2, 2021	6	In report
Listening Session/Community meeting – Housing Unstable and Formerly Incarcerated (focus on POC)	BRG-Center for Faith Food and Justice	June 9, 2021	27	In report
Vulnerable Youth Listening Session (ages 13-17)	BRG-Pastor Smith	Jun 28, 2021	4	In report

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
Listening Session for residents experiencing mental health challenges	NICJR - In coordination with CE TF Commissioner Fine	June 29, 2021	14	In report
BIPOC students Listening Session	BRG-Underground Scholars	Jun 30, 2021	4	In report
LGBTQ/Trans Community Listening Session	NICJR - In coordination with CE TF Commissioner Fine	July 1, 2021	0	In report
Develop Report on process and findings from Community Engagement/Outreach and Community Survey results	BRG	Jul 6, 2021		In report
Latinx Listening Session	TF Commissioner Malvido-with support from NICJR	July 8, 2021		Pending submission of notes from TF members
Latinx Listening Session Youth from Berkeley High School	TF Commissioner Malvido-with support from NICJR	no updates as of 10/25/2021		Pending submission of notes from TF members
Gender-Based Violence	Gender-Based Violence Subcommittee	8/19/2021	8 organizations represented	In report
Gender-Based Violence	Gender-Based Violence Subcommittee	9/21/2021		In report
Citywide Community Meetings: 3 virtual 1 in-person (The in-person Community Meeting was canceled due to public health/safety concerns)	NICJR/Task Force CE Subcommittee/City Mgr's office	11/10/2021 11/15/2021 11/23/2021 In-person 11/30/2021		In report
A toll free number will be available for community members to add additional feedback on the Final report	888-299-1118			Two messages have been received as of the publication of this report. Both messages left were related to procedural matters; i.e. Task Force meeting schedules and postings on the City website.



City of Berkeley Reimagining Public Safety Survey— Summary Report

Moira DeNike, PhD., and Alice Hu-Nguyen, MSPH
Bright Research Group | July 1, 2021

INTRODUCTION

The City of Berkeley is developing a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response; their perspectives on and priorities for reimagining public safety; and recommendations for alternative responses for community safety. This report summarizes the key quantitative findings from the City of Berkeley's Reimagining Public Safety Survey.

METHODS AND SAMPLE

A total of 2,729 responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

Descriptive and statistical analyses were conducted. To allow for disaggregated analysis by race and ethnicity, the survey responses were recoded into six discrete race and ethnicity categories: white, Black, Latin, Asian, Other Nonwhite, and Undisclosed. For all the findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factors in order to correct for the disproportionate representation among some racial and ethnic groups in the sample. Cross-tabulations and a chi-square test for significance were conducted to examine the relationship between race and ethnicity and categorical survey responses. A comparison of means and an analysis of variance (ANOVA) test for significance were also used. Both of these tests look at differences across the independent variables as a whole. These tests can show whether the differences observed on the basis of race and ethnicity are different from one another in general, but cannot tell us if answers from one racial and ethnic group are specifically different from another. Given that race and ethnicity have been shown to be substantive factors associated with perceptions of community safety (Whitfield, et al., 2019), and given the limitations with respect to the representativeness of this sample, this analysis is particularly attentive to racial and ethnic differences in responses. All reported differences by race and ethnicity in the findings are statistically significant ($p < .05$) for both chi-square tests and ANOVA test.

LIMITATIONS

The survey sample was not representative of the Berkeley population with regard to race and ethnicity, sexual orientation, zip code, and age. White, older (45 years and older), women, and LGBTQ residents, as well as those who live in the 94702, 94705, and 94707 zip codes, were overrepresented in the sample. Black, Latin, Asian, male, and younger residents were underrepresented in the sample. The nonrepresentative nature of the sample should be noted when interpreting the findings from this survey. The results of this survey are likely to be biased and may not truly reflect community impressions of safety.

See the Appendix for detailed methods and a sample profile.

SUMMARY OF FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

Perceptions of Safety in Berkeley

The respondents expressed a range of perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe” in response to this item. Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe. Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe. Respondents who identified as Latin and Asian were more likely than white respondents, but less likely than Black and Other Nonwhite respondents, to perceive Berkeley as unsafe and very unsafe. Unexpectedly, respondents who declined to indicate their race and ethnicity were the most likely to perceive Berkeley as unsafe and very unsafe.

It is worth noting that while Middle Eastern / North African and Native Americans each represented a small number of the respondents (42 and 33, respectively), they were substantially more likely to perceive Berkeley as unsafe and very unsafe than most other racial and ethnic groups (52% and 42%, respectively). Similarly, Pacific Islander / Native Hawaiian respondents represented a small number (N = 22) but were substantially less likely to perceive Berkeley as safe and very safe (0%), but they were not more likely to indicate it as unsafe with 60% selecting somewhat safe.

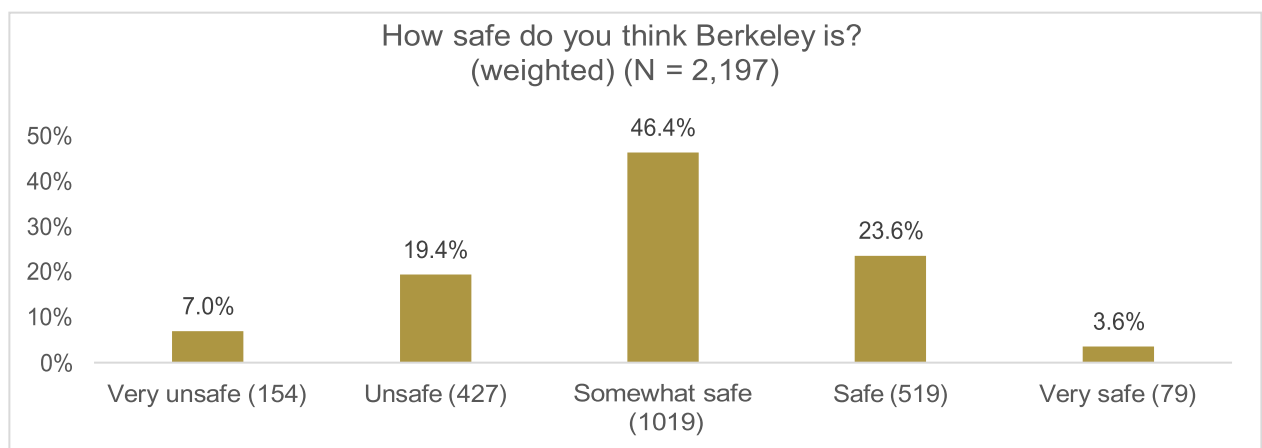


Table 1. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Resident Priorities for Safety

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns, followed by shootings and homicides and mental health crisis. Respondents ranked substance use, drug sales, and police violence as their lowest priorities.

Some responses varied on the basis of the respondents' race and ethnicity—although the differences were not large—and patterns were fairly consistent across the array of race and ethnicity groups, with the exception of the respondents with an undisclosed race and ethnicity. Notably, this group collectively rated police violence substantially lower in importance to community health and safety as compared with other groups. This group was also far more likely to indicate that theft was an important issue in Berkeley.

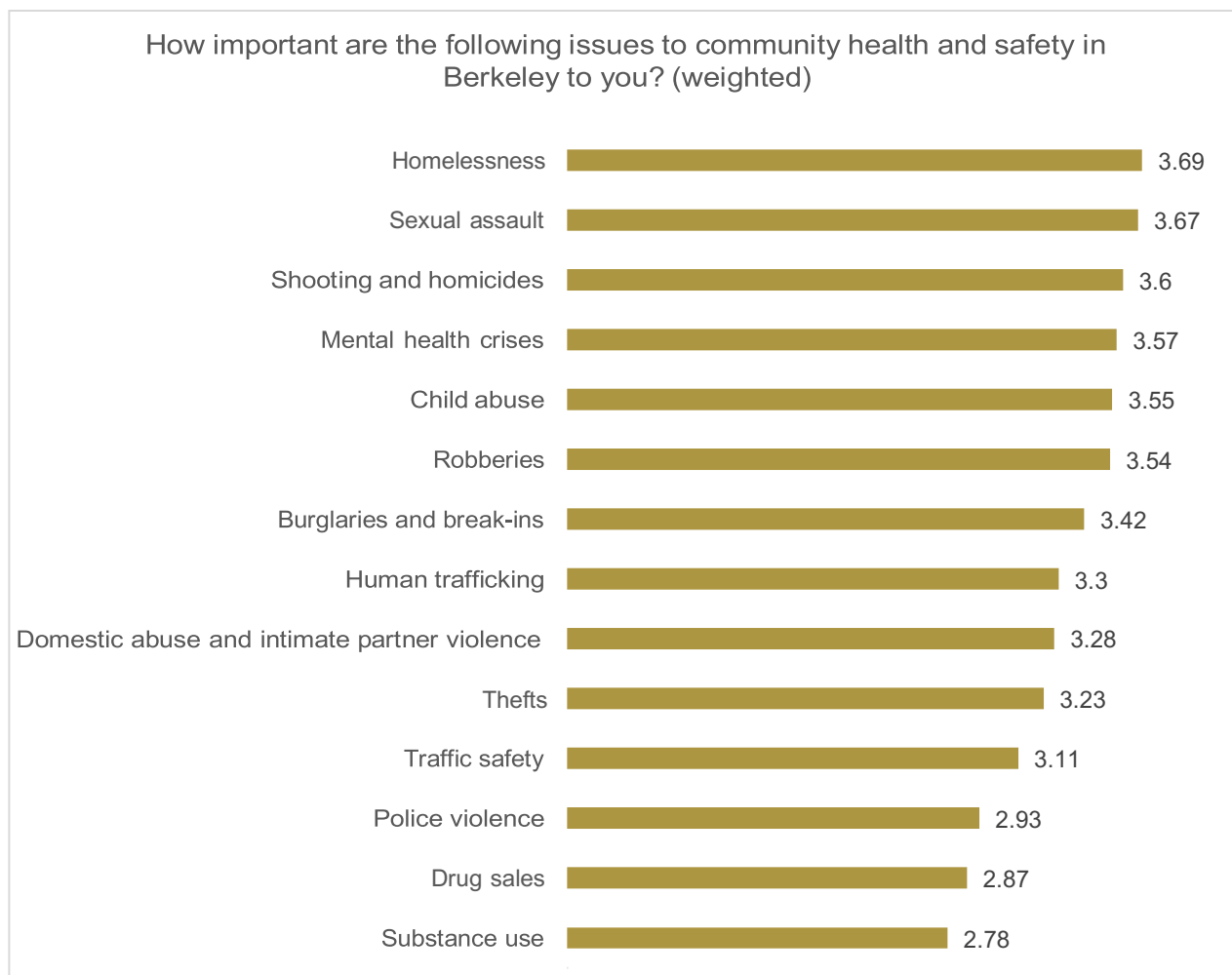


Table 2. How important are the following issues to community health and safety in Berkeley to you? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Substance use	2.68	2.97	2.73	2.91	2.95	2.97
Drug sales	2.77	3.00	2.86	3.01	3.03	3.14
Police violence	3.00	2.90	2.74	2.95	2.76	2.34
Traffic safety	3.07	3.24	3.09	3.13	3.22	3.18
Thefts	3.16	3.35	3.26	3.32	3.25	3.57
Domestic abuse and Intimate partner violence	3.28	3.31	3.34	3.23	3.24	3.18
Human trafficking	3.27	3.48	3.38	3.23	3.42	3.27
Burglaries and break-ins	3.35	3.51	3.46	3.50	3.46	3.73
Robberies	3.46	3.67	3.59	3.64	3.56	3.82
Child abuse	3.54	3.68	3.63	3.47	3.63	3.55
Mental health crises	3.59	3.68	3.50	3.54	3.48	3.45
Shooting and homicides	3.51	3.77	3.69	3.67	3.68	3.77
Sexual assault	3.61	3.80	3.77	3.70	3.77	3.71
Homelessness	3.71	3.59	3.65	3.73	3.59	3.60

Priorities for Community Health and Safety

The mean responses show the highest community support for investment in mental health services, with investment in homeless services programs and violence prevention program also rating fairly high. There are some differences along race and ethnicity in terms of investment priorities, with white respondents rating all listed program investments higher overall, and those with an undisclosed race and ethnicity rating all listed program investments lower overall. While all racial and ethnic groups rated mental health services higher than the other listed program investments, Black respondents rated it particularly high in comparison to other investment options.

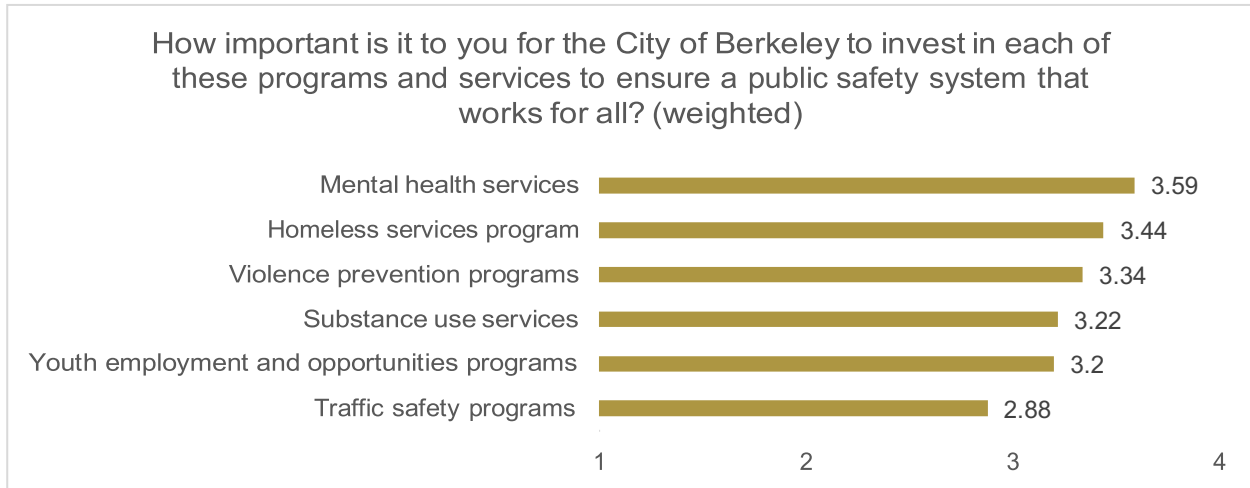


Table 3. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Traffic safety programs	2.91	2.90	2.77	2.84	3.02	2.81
Youth employment and opportunities programs	3.26	2.99	3.23	3.15	3.14	2.74
Substance use services	3.27	3.03	3.21	3.19	3.17	2.81
Violence prevention programs	3.35	3.19	3.32	3.33	3.41	3.06
Homeless services program	3.56	3.12	3.26	3.44	3.22	2.86
Mental health services	3.69	3.48	3.46	3.53	3.43	3.15

Experiences in Berkeley

Nearly half of the respondents reported experiencing street harassment, and 41% reported being the victim of a crime. Differences along race and ethnicity appear on a number of self-reported personal experiences. Black respondents were more likely to indicate that they have experienced multiple incidents and conditions, including arrest, police harassment, a mental health crisis, homelessness, family victimization, and crime victimization.

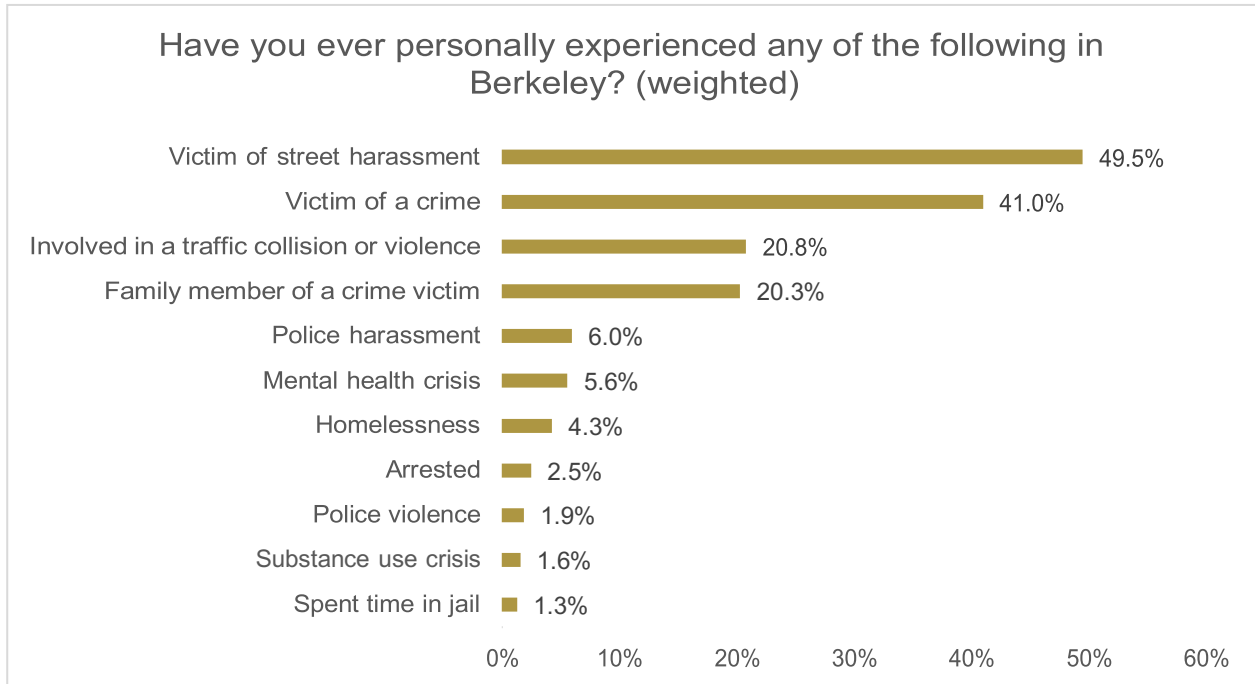
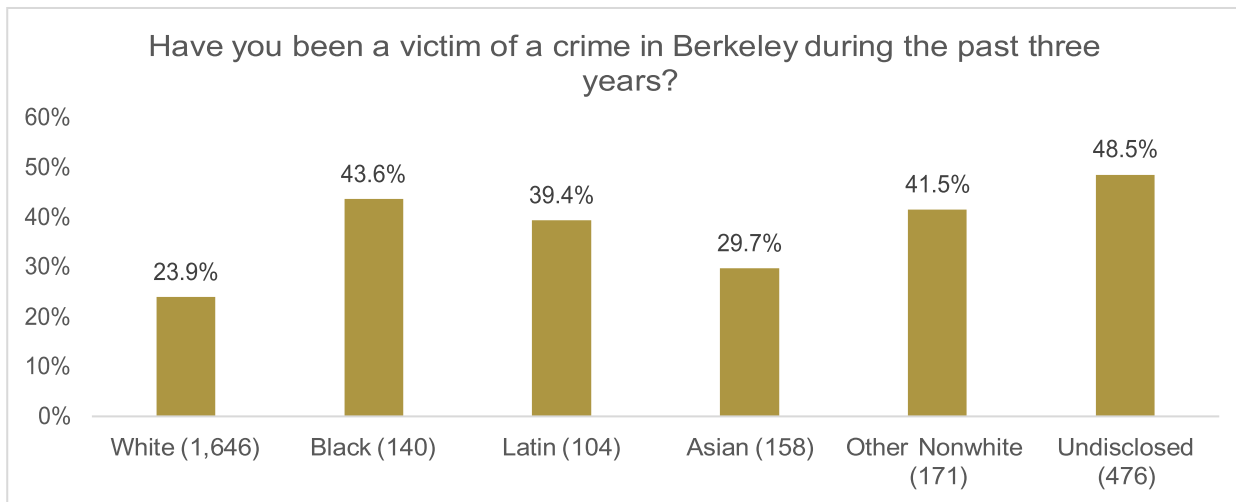


Table 4. Have you personally experienced any of the following in Berkeley? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Spent time in jail	1.3%	5.0%	1.9%	0.0%	.6%	1.4%
Substance use crisis	1.3%	4.3%	4.8%	0.0%	1.7%	1.0%
Police violence	1.5%	2.1%	2.9%	2.5%	1.7%	.8%
Arrested	1.8%	7.1%	4.8%	1.9%	.6%	2.2%
Homelessness	3.1%	12.1%	7.6%	1.9%	6.4%	6.6%
Mental health crisis	5.1%	8.6%	7.6%	4.3%	5.8%	6.2%
Police harassment	4.3%	17.1%	7.6%	5.0%	6.4%	4.0%
Family member of a crime victim	17.0%	35.0%	24.8%	16.8%	32.0%	32.5%
Involved in a traffic collision or violence	20.5%	22.9%	20.0%	21.1%	20.3%	25.9%
Victim of a crime	40.2%	50.7%	43.8%	37.3%	43.0%	53.3%
Victim of street harassment	43.1%	55.7%	61.9%	52.2%	64.0%	64.1%

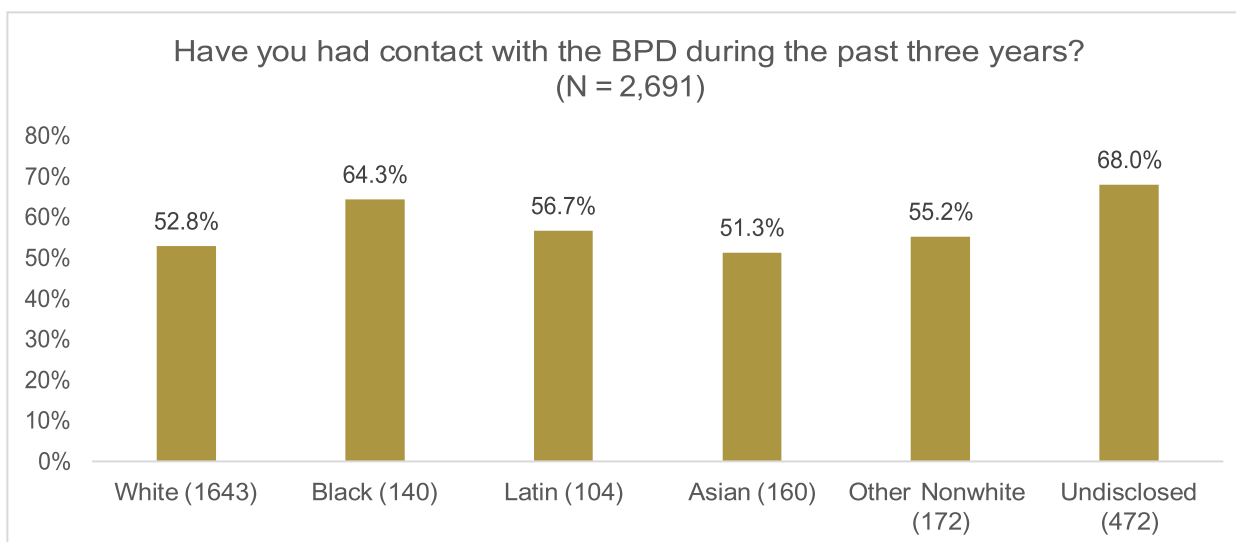
Crime Victimization

Approximately 30% of the respondents indicated having been a crime victim in the City of Berkeley during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to indicate that they have been the victim of a crime in Berkeley during the past three years. White respondents were the least likely to do so.



EXPERIENCE WITH THE BERKELEY POLICE DEPARTMENT

Over half of the respondents (54%) indicated that they have had contact with the Berkeley Police Department (BPD) during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to report that they have had contact with the BPD during the past three years.



Perceived Effectiveness of the Berkeley Police Department

Many respondents (38%) perceived the department to be somewhat effective and over half (55.3%) perceived it to be effective or very effective. Only a small number and percentage of the respondents (6.7%) indicated that the Berkeley Police Department is not effective at all.

Some differences in perceived effectiveness of the Berkeley Police Department emerged when the data were disaggregated by race and ethnicity. Nonwhite respondents were more likely to indicate that the

BPD is not effective at all; Asian and Latin respondents were more likely to indicate that the BPD is somewhat effective; and white respondents were more likely to indicate that the BPD is effective. Black residents held diverse views regarding the BPD, and the analysis found that they were more likely to view the BPD as either very effective or not effective at all compared to other groups. Those with undisclosed race and ethnicity were more likely to indicate that the BPD is very effective.

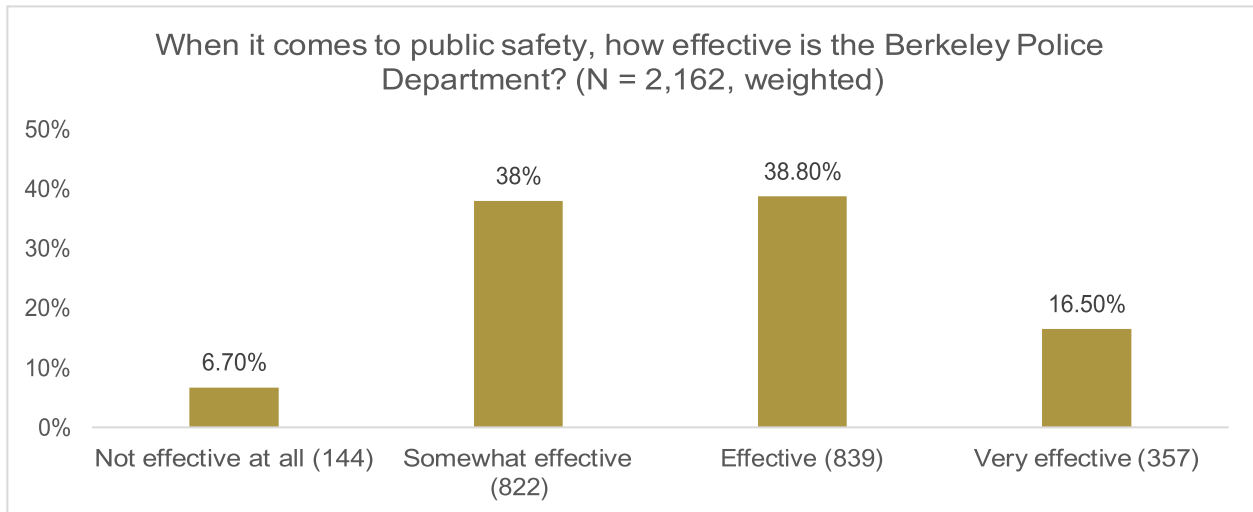


Table 5. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Trust that the Berkeley Police Department treats all people fairly and equitably

A little over half of the respondents trust the BPD to usually treat people fairly and equitably, with the remaining 26% demonstrating low confidence in the police on this measure. A minority of the respondents (22%) always trust the BPD to treat people fairly and equitably. Some differences emerged along race and ethnicity with respect to confidence in the BPD to exercise fairness and equity. Black and Latin respondents hold a variety of perspectives on police. They were more likely than other groups to either not trust the BPD or to have confidence in them. Respondents with an undisclosed race and ethnicity were the most likely to demonstrate confidence in the BPD in this regard, and the least likely to demonstrate low confidence.

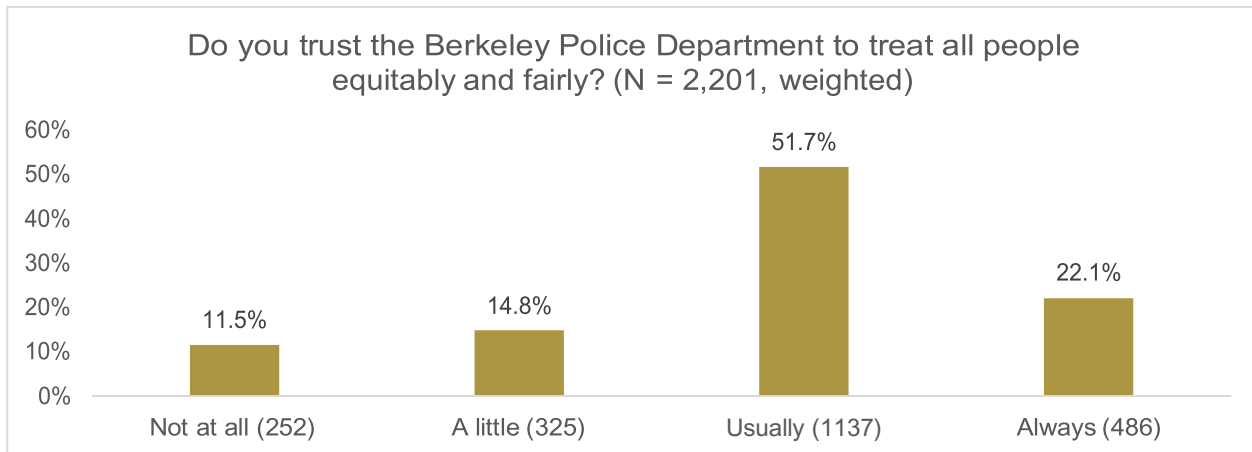


Table 6. Do you trust the Berkeley Police Department to treat all people equitably and fairly? By race and ethnicity.

	White (N = 1,632)	Black (N = 139)	Latin (N = 102)	Asian (N = 159)	Other Nonwhite (N = 169)	Undisclosed (N = 474)
Not at all	10.3%	16.5%	16.7%	10.1%	10.7%	3.0%
A little	16.1%	12.9%	12.7%	13.9%	12.4%	8.2%
Usually	55.0%	38.8%	37.3%	56.3%	48.5%	44.9%
Always	18.6%	31.7%	33.3%	19.6%	28.4%	43.9%

Quality of Experience with the Berkeley Police Department

Among the respondents who indicated that they've had contact with the BPD and chose to report on the quality of those experiences, three out of four (74.8%) indicated that the experience was positive or very positive. Differences in experiences with police across race and ethnicity include Black and Asian respondents as the most likely to report negative experiences, and respondents with undisclosed race and ethnicity as the least likely to report negative experiences and the most likely to report positive experiences with the BPD.

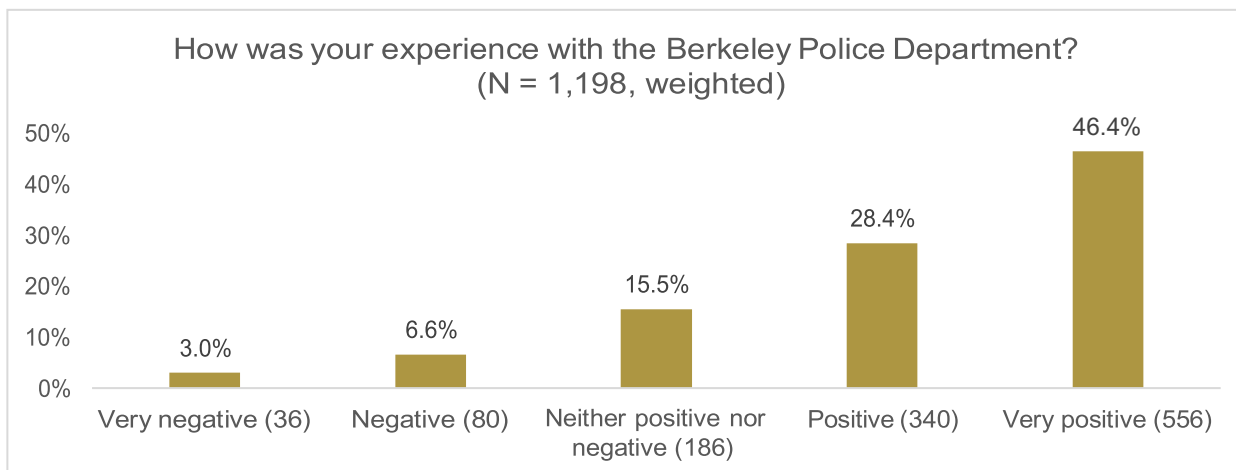


Table 7. How was your experience with the Berkeley Police Department? By race and ethnicity.

	White N = 864	Black N = 90	Latin N = 59	Asian N = 82	Other Nonwhite N = 95	Undisclosed N = 318
Very negative	2.3%	4.4%	5.1%	2.4%	4.2%	0.6%
Negative	6.1%	6.7%	1.7%	11.0%	5.3%	3.8%
Neither positive nor negative	17.0%	13.3%	20.3%	11.0%	13.7%	12.6%
Positive	31.0%	21.1%	18.6%	31.7%	25.3%	15.1%
Very positive	43.5%	54.4%	54.2%	43.9%	51.6%	67.9%

LIKELIHOOD TO CALL EMERGENCY RESPONSES

Respondents are far more likely to call 911 in response to an emergency situation *not* involving mental health or substance use (86.2%) than they are to an emergency that does relate to a mental health or substance use crisis (57.9%). Over half of the respondents did, however, indicate that they are likely or very likely to call 911 in response to a mental health or substance-use-related crisis (57.9%).

Black and Latin respondents indicated a wide range of responses to the question regarding their likelihood of calling the 911 in response to a mental health or substance use crisis. On the other hand, racial and ethnic groups responded similarly in response to the question about calling 911 when there's an emergency *not* related to mental health or substance use. Substantially more Black respondents indicated extreme reluctance as compared with other groups.

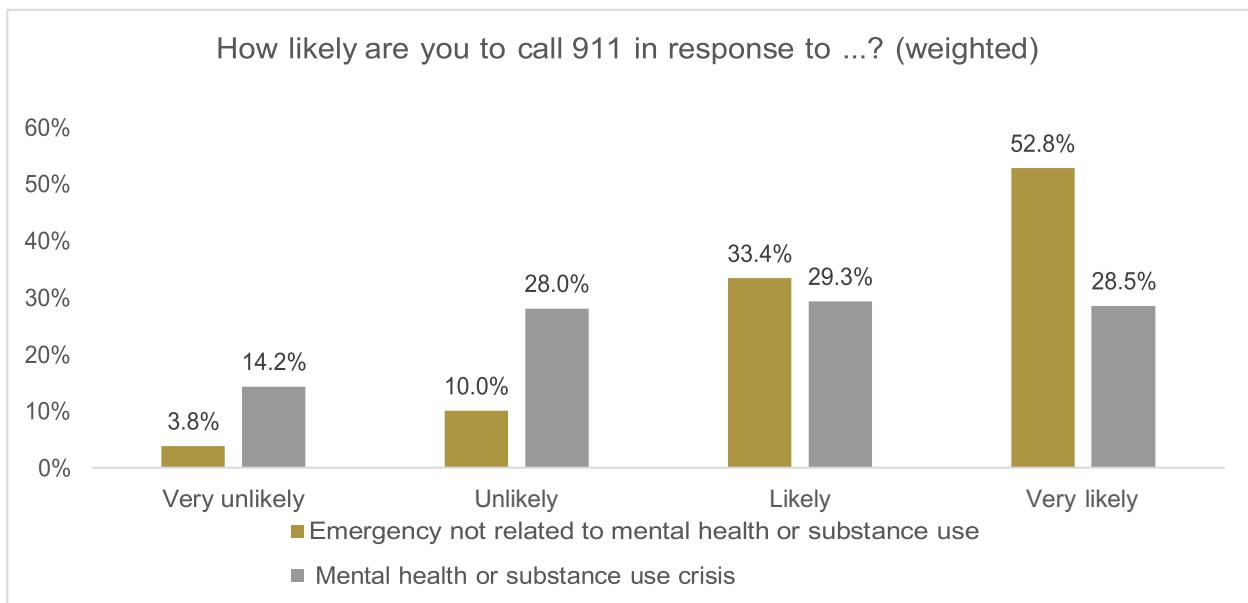


Table 8. How likely are you to call emergency services (911) in response to an emergency NOT related to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,632	Black N = 140	Latin N = 104	Asian N = 156	Other Nonwhite N = 171	Undisclosed N = 468
Very unlikely	3.7%	9.3%	3.8%	1.9%	2.9%	4.1%
Unlikely	10.9%	11.4%	7.7%	8.3%	10.5%	9.8%
Likely	33.8%	27.9%	33.7%	34.6%	32.2%	26.7%
Very likely	51.5%	51.4%	54.8%	55.1%	54.4%	59.4%

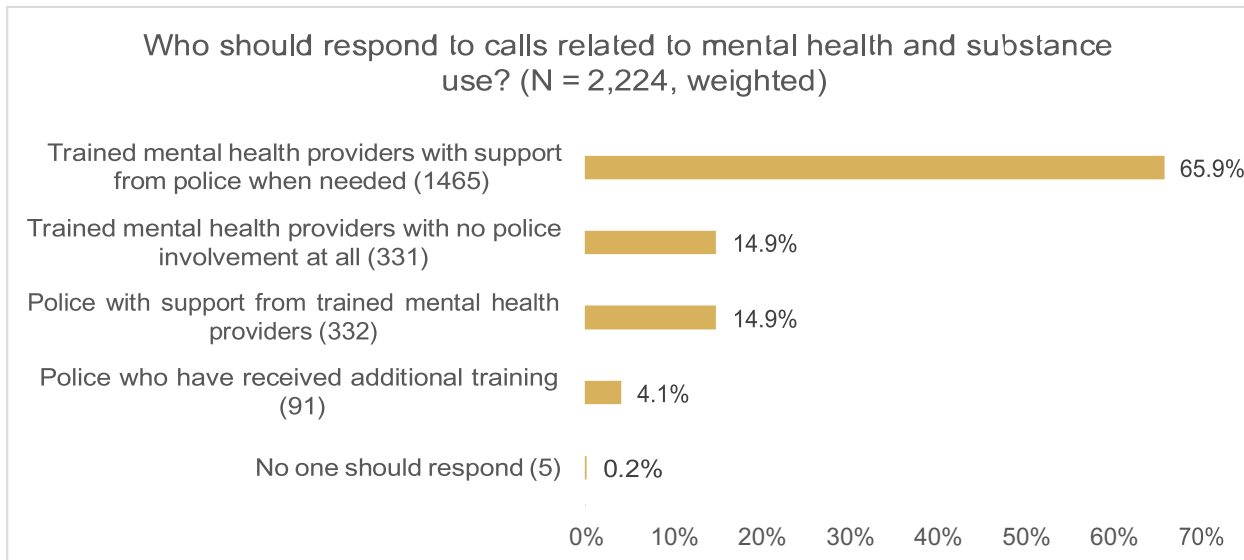
Table 9. How likely are you to call emergency services (911) in response to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,628	Black N = 140	Latin N = 104	Asian N = 158	Other Nonwhite N = 170	Undisclosed N = 471
Very unlikely	15.2%	20.0%	20.2%	6.3%	14.7%	15.9%
Unlikely	26.7%	25.0%	20.2%	35.4%	31.2%	22.9%
Likely	30.8%	20.7%	21.2%	32.9%	28.8%	28.5%
Very likely	27.4%	34.3%	38.5%	25.3%	25.3%	32.7%

PREFERENCE FOR CRISIS RESPONSE

A large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed. Some respondents (19%) indicated a preference for a police response, with over two-thirds of those respondents indicating that mental health providers should be available for support.

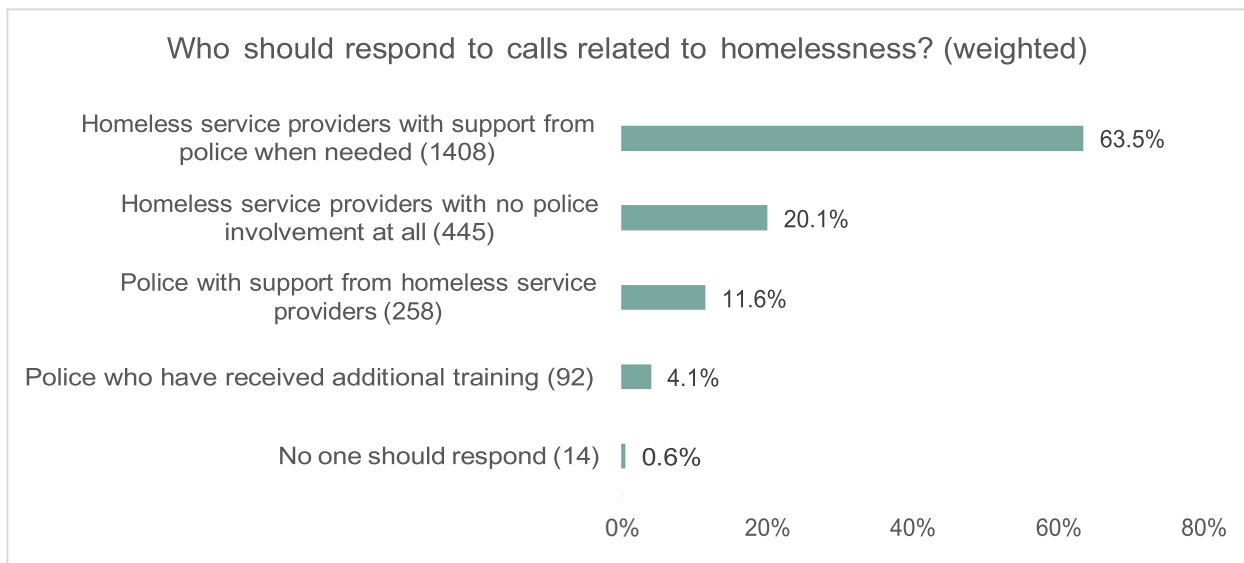
All racial and ethnic groups show a preference for “Trained mental health providers, with support from police when needed” to respond to calls related to mental health and substance use. Respondents whose race and ethnicity were undisclosed were the most likely to prefer a police response (42%) in comparison to other groups.



PREFERENCE FOR RESPONSE TO HOMELESSNESS

A large majority of the respondents (83.6%) indicated a preference for homeless services providers to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed. Some of the respondents (15.7%) indicated a preference for a police response, with the majority of those respondents indicating that homeless services providers should be available for support.

All racial and ethnic groups show a preference for homeless services providers, with support from police when needed to respond to calls related to homelessness. Respondents whose racial and ethnic were undisclosed were the most likely to prefer a police response (41%) in comparison to other groups.



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APPENDIX

SAMPLE PROFILE

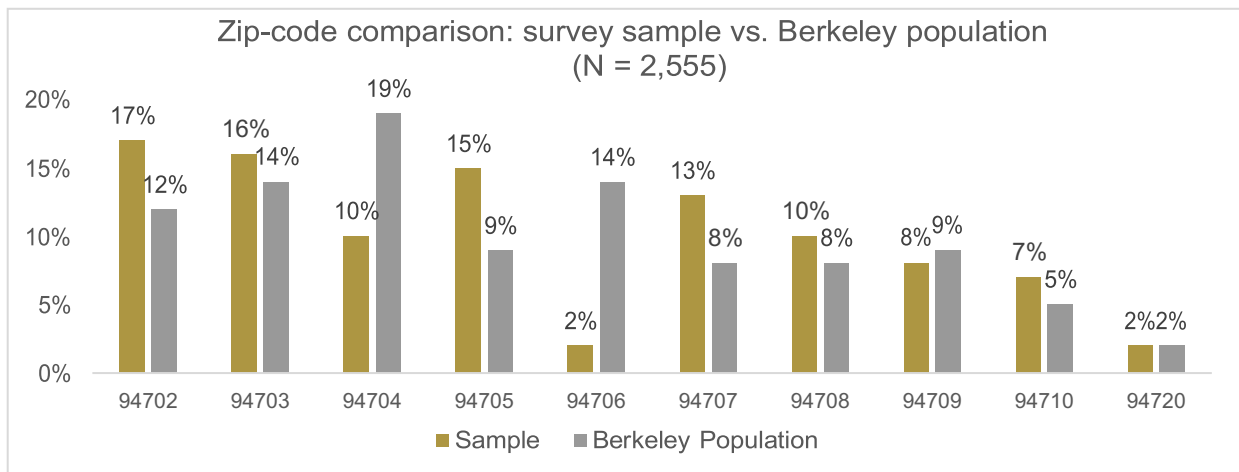
Relationship to City of Berkeley

The vast majority of the survey respondents live in Berkeley (84.4%). A portion work in Berkeley (but don't live there), and a small number have other situations or provided no information. Notably, very few houseless residents responded to the survey.

Live or work in Berkeley (N = 2,729)	Percent
Live in Berkeley	84.4%
Work in Berkeley	12.0%
I am currently experiencing homelessness	0.1%
I do not live or work in Berkeley	2.3%
No information	1.1%

Zip Code

The Berkeley population is spread out primarily across the 10 zip codes listed in the table and chart below, which compare the survey responses with Berkeley population figures.¹ These data show that certain zip codes are overrepresented in the sample (e.g., 94702, 94705, 94707), while others are underrepresented (e.g., 94704, 94706).

**Age**

The sample skews significantly toward older respondents, with approximately 70% of the respondents who provided information on their age identifying themselves as 45 years or older, and over 40% of the respondents identifying themselves as 60 years or older. By comparison, among the adult population of

¹ Zip-code data for the residents of Berkeley from Zip-code.com. Retrieved on 6/24/21 from <https://www.zip-codes.com/city/ca-berkeley.asp>.

Berkeley, 42% is estimated to be 45 or older, and only 25% is estimated to be 60 or older.² Note that there were 55 respondents who did not respond to this question.

Age Range (N = 2,674)	Percent
Under 14 years (1)	0.04%
14–17 (3)	0.1%
18–29 (182)	6.8%
30–44 (21)	23.2%
45–59 (788)	29.5%
60+ years (1,079)	40.4%

Sexual Orientation

Of the respondents who responded to the question pertaining to sexual orientation (84 respondents declined to answer the question), 67% indicated that they are heterosexual or straight; nearly 17% indicated a preference not to disclose; and approximately 16% indicated a sexual orientation generally classified under the umbrella of LGBTQ. While there are no reliable existing figures to show the percentage of the LGBTQ population among Berkeley residents, it is reasonable to speculate that the LGBTQ population is overrepresented in the sample on the basis of recent figures estimating that the LGBTQ population in the wider Bay Area is 6.7% (Conron, et al., 2021). Furthermore, new analyses show that younger populations are more likely to indicate an LGBTQ identification as compared with older populations (Jones, 2021). Given this research and the age of the sample, one would anticipate a lower-than-average LGBTQ percentage in the sample rather than a higher-than-average percentage—which again suggests over-sampling of the LGBTQ population.

Sexual Orientation (N = 2,645)	Percent
Heterosexual or straight (1,771)	67.0%
Prefer not to say (447)	16.9%
Gay or lesbian (155)	5.9%
Bisexual (133)	5.0%
Queer (72)	2.7%
Questioning or unsure (16)	0.6%
Other, please specify (51)	1.9%

² Population estimates from Census Reporter. Retrieved on 6/24/21 from <https://censusreporter.org/profiles/16000US0606000-berkeley-ca/>.

Gender Identity

In terms of gender, men are underrepresented in the sample. A substantial portion of the respondents (nearly 10%) preferred not to disclose their gender identity.

Gender Identity (N = 2,662)	Percent
Woman (1,439)	54.1%
Man (893)	33.5%
Genderqueer / nonbinary / other (73)	2.7%
Prefer not to say (257)	9.7%

Race and Ethnicity

The table below represents all survey responses to the question of race and ethnicity before any recoding or weighting, so the total number exceeds the number of respondents. Please note that for this survey, respondents were invited to select all racial and ethnic categories that applied to them. In other words, an individual who selected White, as well as Black or African American and South Asian is counted three times in the table below.

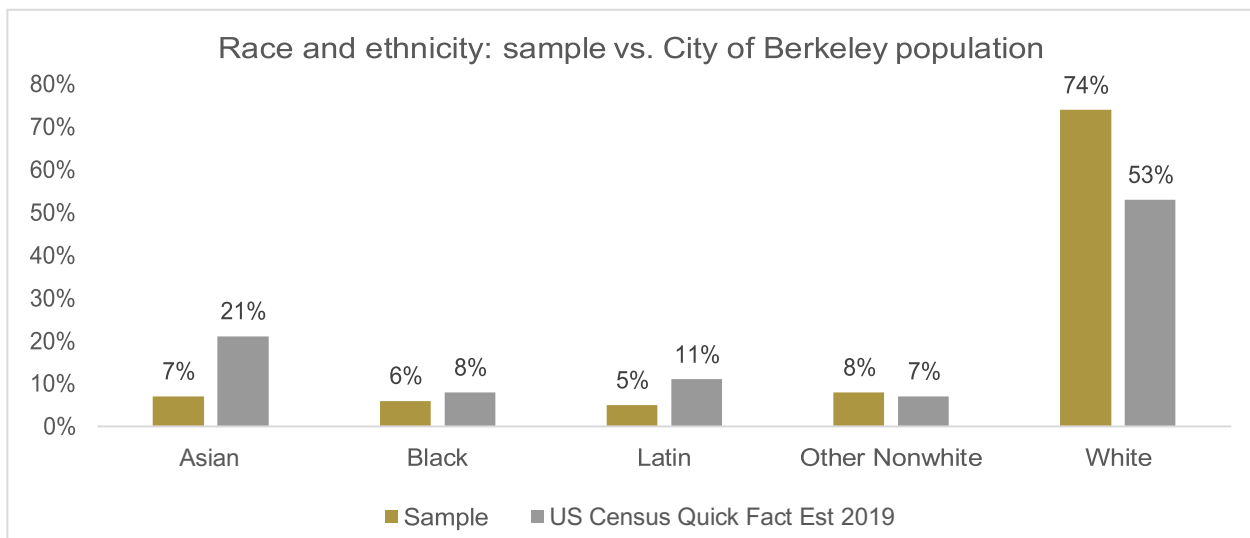
Race and ethnicity	Number	% of Total
White	1787	65.5%
Black or African American	137	5.0%
Latin	126	4.6%
East Asian	168	6.2%
South East Asian	53	1.9%
South Asian	47	1.7%
Middle Eastern / North African	42	1.5%
American Indian / Native American / Alaskan Native	33	1.2%
Pacific Islander or Native Hawaiian	22	0.8%
Other	113	4.1%
Prefer not to say	409	15.0%

In order to simplify the data to allow for disaggregated analyses and to enable the creation of a weighting scheme, the analysts created a reduced number of discrete (i.e., not overlapping) racial and ethnic categories. To condense the data into discrete categories, the data were recoded in the following manner:

- **White:** Respondents who selected only White as their race and ethnicity were coded as white; respondents who selected “Other” and then wrote in only an ethnicity that is considered white (e.g., European, Irish, Jewish, etc.) were coded as white.
- **Black:** Respondents who selected Black were coded as Black, even if they also selected other racial and ethnic identities.

- **Latin:** Respondents who had selected Latin were coded as Latin, even if they also selected other racial and ethnic identities (unless they also selected Black, in which case they were recoded as Black).
- **Asian:** Respondents who selected East Asian, Southeast Asian, or Other and then wrote in an ethnicity that is considered Asian (e.g., Japanese, Chinese, etc.) were coded as Asian, even if they also selected other racial and ethnic identities (besides Black or Latin)
- **Other Nonwhite:** All other nonwhite racial and ethnic categories were combined into a single “Other Nonwhite” variable, including Native American / Alaskan, South Asian, Arab / Middle Eastern, and Pacific Islander / Native Hawaiian, as well as anyone who selected multiple racial and ethnic identities that did not include Black, Latin, or Asian, and anyone who selected “Other” and then wrote in an ethnicity that was outside the aforementioned categories.

Notably, after White the most common response in the data set was “Prefer not to say,” which was recoded to include blank responses as well as anyone who selected “Other” and then wrote in a nonresponsive category (e.g., “human race,” “race does not exist,” or “irrelevant”). These respondents comprise 18% of the sample (478 out of 2,708) and are listed as Undisclosed under race and ethnicity. In the disaggregated analyses, their responses are included to show how this group’s answers differed from those of other groups, but for the purposes of devising a weighting scheme on the basis of race and ethnicity, these respondents are omitted, as the race and ethnicity data for them is essentially missing.



	Sample		Berkeley Population US Census QuickFacts Est. 2019	Weighting Factor
Asian	161	7%	21%	3
Black	140	6%	8%	1.333
Latin	105	5%	11%	2.2
Other Nonwhite	172	8%	7%	0.875
White	1652	74%	53%	0.716
Subtotal	2230	100%	100%	--

Undisclosed	478	18%	--	--
Total sample	2708	100%	--	--

The Berkeley Community Safety survey sample (respondent population) is not representative of the Berkeley population in terms of race and ethnicity. The table above shows the breakdown of race and ethnicity for the Berkeley population and the sample (for the respondents who provided race and ethnicity information).

For all findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factor (as listed above) in order to correct for the disproportionate representation of some racial and ethnic groups in the sample. So, for example, respondents who are Asian comprise only 7% of the sample but 21% of the Berkeley population. So in the frequency tables in the findings section, responses from Asian-identified respondents are amplified by a factor of 3. Similarly, white and Other Nonwhite respondents are overrepresented in the sample, so the value of their responses is discounted to 71.6% and 87.5% of their original value, respectively.

Race and ethnicity by Zip Code

Ethnicity		Blank	94701	94702	94703	94704	94705	94706	94707	94708	94709	94710	94712	94720	Not sure	Total
White	#	48	4	264	247	126	264	33	229	186	129	91	1	25	5	1652
	%	2.9%	.2%	16.0%	15.0%	7.6%	16.0%	2.0%	13.9%	11.3%	7.8%	5.5%	.1%	1.5%	.3%	100.0%
Black	#	4	0	31	24	16	11	2	6	9	7	24	0	4	2	140
	%	2.9%	0.0%	22.1%	17.1%	11.4%	7.9%	1.4%	4.3%	6.4%	5.0%	17.1%	0.0%	2.9%	1.4%	100.0%
Latin	#	3	0	18	15	15	22	7	7	5	4	6	0	0	3	105
	%	2.9%	0.0%	17.1%	14.3%	14.3%	21.0%	6.7%	6.7%	4.8%	3.8%	5.7%	0.0%	0.0%	2.9%	100.0%
Asian	#	7	0	27	27	19	14	2	10	18	19	11	0	7	0	161
	%	4.3%	0.0%	16.8%	16.8%	11.8%	8.7%	1.2%	6.2%	11.2%	11.8%	6.8%	0.0%	4.3%	0.0%	100.0%
Other Nonwhite	#	11	1	19	23	28	15	6	15	18	15	13	0	7	1	172
	%	6.4%	.6%	11.0%	13.4%	16.3%	8.7%	3.5%	8.7%	10.5%	8.7%	7.6%	0.0%	4.1%	.6%	100.0%
Undisclosed	#	63	3	72	75	56	56	8	53	32	25	30	0	8	18	499
	%	12.6%	.6%	14.4%	15.0%	11.2%	11.2%	1.6%	10.6%	6.4%	5.0%	6.0%	0.0%	1.6%	3.6%	100.0%
Total	#	136	8	431	411	260	382	58	320	268	199	175	1	51	29	2729
	%	5.0%	.3%	15.8%	15.1%	9.5%	14.0%	2.1%	11.7%	9.8%	7.3%	6.4%	.0%	1.9%	1.1%	100.0%

CITY OF BERKELEY REIMAGINING PUBLIC SAFETY SURVEY

If you would like to take this survey in Spanish, please select Spanish on the right (in the black bar above).

Si le gustaría responder a esta encuesta en español, por favor escoja “Español” a la derecha (en la barra color negro que aparece arriba).

The City of Berkeley is looking to create a community safety model that reflects the needs of the community. We invite those who live, work, and study in the City of Berkeley to provide their input on the following:

- The current state of public safety in Berkeley
- The role of the Berkeley Police Department
- Your ideas for the future

Your participation in the survey will inform our decisions about funding and strategy for community safety in Berkeley.

We want your honest feedback and perspective. **Your survey responses are completely anonymous and confidential.** You can skip any questions and end the survey at any time. Only [Bright Research Group](#), a third-party outside research firm, will have access to the survey responses. Bright Research Group will summarize de-identified survey responses in a report to the City of Berkeley.

If you have any questions, please contact David White at rpstf@cityofberkeley.info.

Community Safety

1) How safe do you think Berkeley is?

Very safe

Safe

Somewhat safe

Unsafe

Very unsafe

2) For you, what would make Berkeley a safer city?

3) How important are the following issues to community health and safety in Berkeley to you? Please rate each of the issues.

	Very important	Important	Somewhat important	Not important
Shooting and homicides				
Robberies				
Domestic abuse and intimate partner violence				
Sexual assault				
Child abuse				
Burglaries and break-ins				
Thefts				
Traffic safety				
Mental health crises				
Homelessness				
Drug sales				
Substance use				
Human trafficking				
Police violence				

4) *Have you personally experienced any of the following in Berkeley? Please check all that apply.*

Homelessness

Arrested

Spent time in jail

Victim of a crime

Family member of a crime victim

Victim of street harassment

Involved in a traffic collision or traffic violence

Mental health crisis

Substance use crisis

Police harassment

Police violence

None of the above

5) *Have you been a victim of a crime in the City of Berkeley in the past 3 years?*

Yes

No

6) *Have you had contact with the Berkeley Police Department in the past 3 years?*

Yes

No

7) *How was your experience with the Berkeley Police Department?*

Very positive

Positive

Neither positive nor negative

Negative

Very negative

8) *What recommendations do you have to improve police response?*

9) *When it comes to public safety, how effective is the Berkeley Police Department?*

Very effective

Effective

Somewhat effective

Not effective at all

10) Please share examples of how the Berkeley Police Department *has worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

11) Please share examples of how the Berkeley Police Department *has not worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

12) *Do you trust the Berkeley Police Department to treat all people fairly and equitably?*

Always

Usually

A little

Not at all

13) In what ways could the Berkeley Police Department work to build more trust with the community?

Reimagining Public Safety

14) How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all?

	Very important	Important	Somewhat important	Not important
Youth employment and opportunities programs				
Homeless services program				
Mental health services				
Substance use services				
Violence prevention programs				
Traffic safety programs				

15) What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?

As part of the city's Reimagining Public Safety Initiative, the city is developing a pilot program to *reassign noncriminal police service calls to a Specialized Care Unit*.

This Specialized Care Unit (SCU) will consist of trained crisis-response workers who will respond to calls that are determined to be noncriminal and that pose no immediate threat to the safety of community members and/or responding personnel.

Your answers to the following questions will help the city in the design of the pilot program.

16) How likely are you to call emergency services (9-1-1) in response to a mental health or substance use crisis?

Very Likely

Likely

Unlikely

Very unlikely

*17) How likely are you to call emergency services (9-1-1) in response to an emergency **not related** to mental health or substance use ?*

Very likely

Likely

Unlikely

Very unlikely

18) Who should respond to calls related to mental health and substance use?

Trained mental health providers, with no police involvement at all

Trained mental health providers, with support from police when needed

Police, with support from trained mental health providers

Police who have received additional training

No one should respond

19) Who should respond to calls related to homelessness?

Homeless service providers, with no police involvement at all

Homeless service providers, with support of police when needed

Police, with support from homeless service providers

Police who have received additional training

No one should respond

20) Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

21) What recommendations do you have to improve mental health and/or substance use crisis response in Berkeley?

Demographic Information

22) *What best describes you?*

Live in Berkeley

Work in Berkeley

I am currently experiencing homelessness

I do not live or work in Berkeley

23) *Which City of Berkeley zip code do you live or work in?*

94701

94702

94703

94704

94705

94706

94707

94708

94709

94710

94712

94720

Not sure

24) *How old are you?*

Under 14 years

14–17

18–29

30–44

45–59

60+ years

25) *What is your race and ethnicity? (Check all that apply.)*

Black or African American

Latinx

White

East Asian

South Asian

South East Asian

Pacific Islander or Native Hawaiian

American Indian, Native American, or Alaskan Native

Middle Eastern or North African

Prefer not to say Other—

please specify:

26) *Do you identify as transgender?*

Yes

No

Unsure / prefer not to say

27) *What is your gender?*

Woman

Man

Genderqueer

Nonbinary Other—

please specify:Prefer

not to say

28) *How would you describe your sexual orientation?*

Gay or lesbian

Bisexual

Queer

Questioning or unsure

Heterosexual or straight

Other—please specify: *

Prefer not to say

29) *Are you familiar with the City of Berkeley's efforts to reimagine public safety?*

Yes

No

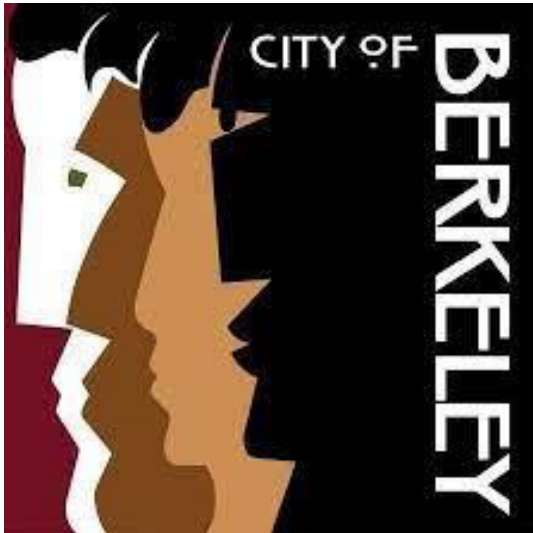
30) *Would you like to know more about the city's efforts to reimagine public safety?*

Yes

No

Thank you!

Thank you for taking our survey! Your response is very important to us. You can find more information about the City of Berkeley's ongoing efforts to reimagine public safety at <https://berkeley-rps.org>.



CITY OF BERKELEY: REIMAGINING PUBLIC SAFETY—COMMUNITY PERCEPTIONS

Summary of Findings—July 2021



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INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, Bright Research Group (BRG) facilitated a series of focus groups to gather community perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to Black, Latin, system-impacted, and unstably housed / food-insecure residents. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021.

METHODOLOGY

Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for community focus groups—Black, Latin, formerly incarcerated, and low-income individuals struggling with food and/or housing insecurity. The research aimed to gather community insights from those most impacted by disparate policing and was guided by the following research questions:

- How do community members view public safety in Berkeley? How safe do they feel in Berkeley, and what are their most pressing public-safety priorities?
- What ideas does the community have when it comes to reimagining public safety? How should public safety issues be addressed and by whom?
- How do community members experience and view the BPD? How does the BPD currently operate in communities, and what role should they play in future public safety efforts?

DATA COLLECTION AND ANALYSIS

Bright Research Group researchers conducted four focus groups and spoke with 55 individuals. The focus groups ran for 60–90 minutes and included questions about the participants' perceptions of public safety in Berkeley, including their opinions about existing and proposed responses to crime, mental health crises, homelessness, traffic safety, priorities as they relate to increasing public safety, and their experiences with and opinions about the role of the BPD.

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

BRG analyzed the data from the focus groups and conducted a thematic analysis by research question. The themes uncovered during the thematic analyses are documented in this report as findings and recommendations, and they are intended to support the City of Berkeley and the Reimagining Public Safety Task Force as they work to develop a community safety model that reflects the needs of the community, creates increased safety for all, and reduces inequities and disparities about access to safety.

Limitations: The focus groups reached 55 individuals. A key limitation is that the qualitative data is not necessarily representative of the perspectives of Black, Latin, formerly incarcerated, and houseless residents. Additionally, youth under age 18 and Latin residents were not well-represented in the focus groups.

As part of the community-engagement process, BRG developed a community-safety survey that was distributed by the Berkeley City Manager's Office, the Reimagining Public Safety Task Force, and other community partners. As a group, focus group participants were more critical of the Berkeley Police Department than survey participants.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety from crime, the focus group participants described Berkeley as a city divided. The focus group participants agreed that many areas of Berkeley are relatively safe but pointed to significant disparities in neighborhood safety. Black residents named the neighborhoods below Martin Luther King Boulevard as unsafe and the hills and neighborhoods above Martin Luther King Boulevard as safe. They indicated that feelings of safety for some come at the expense of younger adults, Black people, and unhoused residents, who are targets of greater surveillance and looming displacement. Black residents and students who participated in the focus groups emphasized that gentrification is detrimental to community safety, erodes community cohesion, and negatively impacts their sense of belonging in their own neighborhoods.

Focus group participants shared concerns about gang involvement, racism, and the availability of guns in Berkeley. Black residents expressed concerns about low-income Black youth's involvement in regional gang and group activity connected to Oakland and Richmond and described a need for deeper recognition of the vulnerability of Black youth. They called for increased investments in community-based and peer-led violence-prevention programs and named a specific need for Black-centered and Black-led mentorship interventions.

Black and Latin youth and students expressed significant concerns about their personal safety and worry most about being victims of robberies, shootings, and police violence. When asked about how safe Berkeley is, students and youth said they do not feel comfortable while walking the streets or enjoying public spaces in Berkeley and therefore move through the city cautiously. Black and Latin students and youth feel hyper visible while living in Berkeley. The students described feeling equally surveilled by neighbors and police and shared that living under a

"A lot of people in our community don't feel safe around Black bodies and the reality is that there are less Black bodies in Berkeley. That may be the plan from the perspective of those who don't feel safe around Black bodies..."
—Resident

constant veil of suspicion is stressful, makes them feel like outsiders in their own city, and prevents them from fully engaging in the community. Black students pointed to the decreasing number of Black residents and the racism expressed by some locals as a source of stress. One Black student shared a story of being profiled by a neighbor who accused her of stealing packages from his porch.

In addition, the Black youth who participated in the focus group expressed dismay at the ease with which children and teenagers can purchase guns in the City of Berkeley. They spoke about a bustling, well-known, and easily accessible illegal gun market operating in the city and were troubled by the inability of the police and city leaders to stop the flow of guns into their communities. They named ending gun violence and police harassment of youth of color as Berkeley's most pressing community safety priorities.

The focus group participants lifted homelessness and the housing crisis as one of the most critical public safety issues in Berkeley; they feel strongly that the city is responsible for providing for the basic needs of every resident. The

participants expressed dissatisfaction with the city's current management of homeless services and supports. When asked about the existing crisis system and the approach to homeless services, many of the participants explained that the police should have limited or no involvement in the issue. They cited the need to provide wraparound supports, including long-term housing, mental health care, drug treatment, and skills training for homeless residents.

Residents across the focus groups believe that most crimes in Berkeley are crimes of survival or the result of mental health issues and asserted that building an infrastructure to support a higher quality of life for homeless and low-income residents would make Berkeley safer. They called for more investment in housing, health care, and youth programs.

"It's not as safe as it used to be. It's too many people on the streets with severe mental health issues and nobody to monitor them."

—Resident

During the focus group with housing-insecure residents, the participants shared their critiques of the current approach to public safety advanced by city leadership. From their perspective, the city leadership prioritizes investments that fulfill the demands of wealthy residents. As examples, they cited the installation of speed bumps on roadways and the placement of surveillance cameras on city streets, while the critical needs of homeless, low-income, and formerly incarcerated residents are ignored. They recommended 24-hour street teams to provide medical and mental health care in communities, safe indoor and outdoor public spaces that stay open late, more community-run drop-in programs with the capacity to meet their basic needs, and expanded access to education, job training, and healing arts.

The focus group participants rely on each other and community-based organizations for safety and support. Black residents, housing-insecure residents, and system-impacted students expressed significant distrust in the city government. When asked about who or what makes them feel safe in Berkeley, they emphasized that they do not feel seen, heard, or protected by government entities. Instead, they rely on one another and community-based organizations for safety and supports. At the same time, they have an expectation that the government should care about, work for, and be accountable to them as tax-paying and contributing residents of Berkeley. They were frustrated by what they see as the failure of city leaders to recognize their value, voice, and legitimacy when it comes to

influencing the way the city is run. They called for greater decision-making power when it comes to how resources are deployed in their communities.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

The focus group participants do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black residents, youth, system-impacted students, and low-income residents experiencing housing/food insecurity agreed that the current practices of the BPD are not in alignment with the needs and priorities of their communities. When it comes to crime and violence, the focus group participants across the demographics indicated that officers are largely absent in their communities and questioned the police department's commitment, skill, and capacity to prevent, intervene in, and solve serious crimes.

Focus group participants believe that police resources are mismanaged. They explained that the police currently prioritize high-income residents' low-level calls for service and spend too much time enforcing quality-of-life issues and recommended that the city prioritize improvements in police response times to emergencies identified by residents, as well as building relationships with the communities who experience both the disparate impacts of policing and violence/crime.

When asked about their experiences with and perceptions of the BPD, the participants in the focus groups shared a common perception that policing in Berkeley is racist and classist. They said that they do not look to the BPD for protection and instead feel targeted and unsafe when in their presence. They asserted that the city leadership is complacent in the BPD's racism and allows racial profiling and the harassment of Black, brown, and low-income residents to go on unchecked in the city. Many long-time Black residents described an increasingly aggressive style of policing and militarization in recent years that stands in sharp contrast to the friendlier community policing style they experienced while growing up in Berkeley. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Similarly, individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. Two Latin students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. In addition, the youth who participated in the focus group said they'd witnessed the police harassing homeless people and immigrants working as street vendors. In response, the Black, housing insecure, student, and youth participants attempt to avoid the police whenever possible.

"They {police} were people persons back in the day and now they are not. It was a different mentality."

—Resident

The focus group participants shared a range of perspectives regarding the future role of the BPD. Although they agree on the current state of policing in Berkeley, there are diverse opinions regarding the future role of the police. Some of the focus group participants believe the city should focus on police reform, while others think significant divestment from policing is needed. For those who discussed reforms, increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum—were lifted as priorities along with a focus on hiring Black officers and officers of

color from the community to improve police-community relationships and increase trust. During the focus groups, Black participants, youth, and people experiencing food/housing insecurity lifted the importance of expanding community policing in the form of foot and bicycle patrols. In addition, residents named a need for increased police accountability in the form of mandatory body-worn-camera policies; community-led police commissions staffed with low-income people of color; the proactive, regular release of police performance and misconduct data; and swift terminations of officers who practice racially biased policing.

“The police are supposed to be superheroes who protect us, but they’ve turned against us.”

—Youth, age 13

Youth recognized and named the power of the BPD and wish the police would use their power to protect them and support their communities. They would like to have police officers who are part of the community, live in the community, and interact positively with young people through sports and mentoring.

The focus group participants who discussed divesting from policing recommended that the city invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies. They lifted relationship building, cultural competency, de-escalation techniques, and restorative justice as the core strategies to be deployed by these community patrols.

Overall, the focus group participants believe that investing in community health and ensuring that all residents have equitable access to quality education, food, shelter, and jobs should be the priority over investments in and reliance on the police to create community safety.

COMMUNITY IDEAS ABOUT ALTERNATIVE RESPONSES

When it comes to mental health crises and homelessness, the focus group participants across the demographic groups suggested that clinicians and social workers play a role in interventions and responses. While most of the focus group participants characterized the police as not fit or qualified to respond to these calls and wanted police response limited to situations involving violence, they described an expectation that when police do respond, they are skilled in crisis intervention, de-escalation, and cultural competency.

“They need more street teams; they drive around looking for tents and sign people up for services. Back then there used to be street teams, but now there’s not as many. They need mental health teams, not the police”

—Resident

“Police ask if they can search the car, if you are on probation or parole, and if there are any drugs or guns in the car before they even tell the driver why they were pulled over.”

—Resident

The focus group participants across the demographic groups viewed traffic enforcement as a low-priority public safety issue in Berkeley. They recommended that the role of the police be streamlined and believe that officers currently spend too much time involved in car stops, which disparately target Black residents. When presented with the idea of unarmed staff handling traffic enforcement, most were open to the idea, but some expressed concerns about the safety of civilian staff. Although Black residents expressed support for non-police responses, they have little confidence in the city’s ability to decrease racism and disparate stops through the creation of unarmed civilian units.

The Black residents who participated in the focus group do not trust that the city's proposed alternative programs will reduce racial oppression and racial disparities, noting that the racism and anti-blackness that exists within the police department exists throughout the city government. They feared that without a true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs with the most impacted communities, the new programs will simply replicate the racist abuse, oversurveillance, and lack of responsiveness to community needs currently practiced by the police department. They explained that hiring local Black social workers, mental health clinicians, and traffic-enforcement staff will be essential to ensuring equitable interactions between Black residents and any new programs or city departments.

COMMUNITY-CENTERED VISION OF PUBLIC SAFETY

The focus group participants shared a common vision of public safety beyond the absence of crime as the presence of community health and equitable access to a higher quality of life for low-income, homeless, and Black and brown residents. The focus group participants expressed hope in the future of Berkeley and a desire to build close-knit, inclusive communities capable of taking care of all residents. Across the focus groups, the residents called for the city to make long-term investments in housing, educational enrichment, mentoring, health care, and job-training programs for youth and low-income residents. These, they maintained, would create authentic community safety. Other investment priorities include drug-treatment services, programs to interrupt recidivism, and prevention and advocacy to address gender-based violence and intimate-partner abuse.

Black residents expressed willingness to work collaboratively with the City of Berkeley and the BPD on relationship building, reform, and reimagining efforts, but in the meantime, they named a need for safety ambassadors who can act as a bridge between the Black community and the police. They expressed frustration about what they see as the city government's failure to listen to and act on their experiences and expertise when it comes to designing public safety strategies. Black residents believe they have a lot to offer when it comes to creating and implementing new programs and strategies and see their involvement in reimagining efforts as essential to increasing equity, reducing harms, and increasing safety.

The focus group participants expressed broad support for and belief in the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations. They believe the city government should make deeper investments in the community-based organizations run by leaders of color from the community. In addition, marginalized communities want increased access to power in the city in the form of representation. They explained that seeing more Black, Latin, and people from low-income backgrounds who share similar experiences in city-leadership positions, on committees, and within the police department will make Berkeley a safer city.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

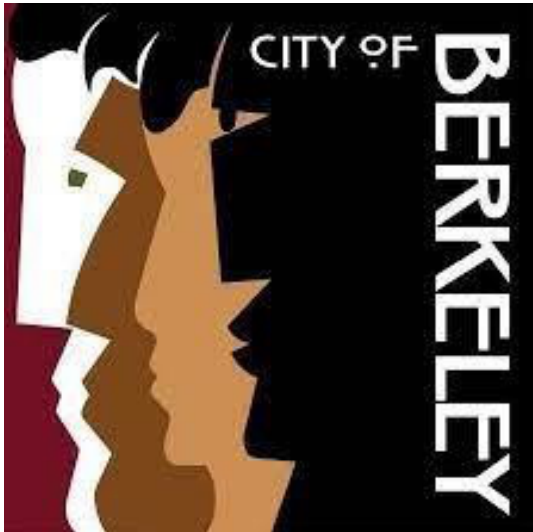
KEY RECOMMENDATIONS

- € Expand the city's definition of public safety to include community health and equity
- € Prioritize long-term investments in housing, mental health care, and drug treatment for homeless residents
- € Increase investments in community-based and peer-led crime prevention programs
- € Create 24-hour street teams to provide medical and mental health care in communities
- € Invest in community-based drop-in centers
- € Train community peacekeepers and create community safety patrols
- € Hire local Black social workers, mental health clinicians, and traffic-enforcement staff to support equitable interactions between Black residents and any new public safety programs
- € Streamline the role of the police to focus on violence prevention and intervention and responses to emergency calls for service
- € Increase transparency and accountability of the BPD regarding racially disparate policing
- € Increase opportunities for positive police engagement with Black and Latin community members and youth
- € Identify opportunities to partner with impacted communities on reimagining public safety strategies

- € Prioritize the representation of Black, Latin, youth, and criminal-justice-impacted individuals, as well as people who've experienced homelessness, in city leadership, police-department staffing, and committee appointments

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.



CITY OF BERKELEY: REIMAGINING PUBLIC SAFETY SURVEY— COMMUNITY PERCEPTIONS

Latin Community Perceptions Summary of Findings—July 2021



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INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, the City of Berkeley, and the Reimagining Public Safety Task Force, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response, perspectives on and priorities for reimagining public safety, and recommendations for alternative responses for community safety. This report summarizes the key qualitative findings from survey respondents who identified as Latin.

METHODOLOGY

A total of 2,729 survey responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

The survey included the following six open-ended questions related to community perceptions of safety and preferences regarding public safety strategies:

- What recommendations do you have to improve police response?
- Please share examples of how the Berkeley Police Department has *worked well* in your community.
- Please share examples of how the Berkeley Police Department has *not worked well* in your community.
- In what ways could the Berkeley Police Department work to build more trust with the community?
- What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?
- Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

During the research design, Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for engagement beyond the community survey. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to the identified priority populations. Bright Research Group conducted a series of focus groups to gather their perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Although the focus groups engaged 55 individuals, Latin residents were not well-represented. In order to learn more about the priorities of Latin residents, BRG analyzed the qualitative data responses from survey respondents who identified as Latin. Of the 2,729 survey respondents, 126 individuals identified as Latin. BRG conducted a thematic analysis by qualitative research question. This report documents the key findings and recommendations from this thematic analysis.

Limitations: Of the 126 Latin respondents, only 2 completed the survey in Spanish. This suggests that the opinions, experiences, and preferences of recent immigrant, monolingual Spanish speakers are under-represented. Latin respondents were under-represented in the survey responses and these results may not be generalizable to the city as a whole.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety in Berkeley, the survey respondents expressed significant concerns related to their safety and the safety of their family members and were dissatisfied with the city's response. Many Latin survey respondents associated the homeless crisis with feeling unsafe in Berkeley. Respondents described homelessness as the source of crime and reason that Berkeley is unsafe. Respondents recounted instances of street harassment by unhoused residents and expressed frustration that many parks, streets, and neighborhoods including downtown are not usable due to blight and on-going street harassment associated with the homeless population. The current state of public spaces in Berkeley negatively impacts Latin residents' quality of life and influences their decisions about how they and their children move through the city. In addition, some Latin respondents expressed concerns about traffic safety and violent crime including gang violence, robberies, and shootings in Berkeley.

Overall, Latin respondents expressed dissatisfaction with the city's current approach to public safety and shared a common expectation that city leaders should prioritize cleaning up streets and public parks, installing additional lighting in neighborhoods, improving traffic control, and urgently address the issue of a growing homeless population in Berkeley. Additionally, they called for increased gun control, investments in youth prevention and intervention programs, and more visible police presence, such as officers patrolling on foot and bicycles.

Latin survey respondents lifted homelessness and the housing crisis as the most critical public safety issues in Berkeley but expressed divergent views about the best way to address the issues.

Many respondents expressed dissatisfaction with the city's current response to homelessness in Berkeley. While residents concurred that the city's current response to homelessness is inadequate and needs to be reconstructed, they offered a wide range of solutions. Recommendations ranged from enforcing a zero-tolerance approach to illegally parked RV's, criminalizing substance use and removing encampments to investing in upstream efforts to tackle homelessness and mental illness, such as investments in affordable housing, therapeutic services, and living wage employment.

When asked about the crisis response system, Latin residents offered few perspectives related to the current crisis system. Instead, they wanted the city to address the root causes of homelessness such as affordable housing, economic opportunity and treatment options. When asked specifically about their experiences with the existing crisis system and the city's response to calls for service associated with homeless services, mental health, and substance abuse, a small number of respondents offered feedback on the existing crisis response system. Many responses

"The city needs to have actual housing with requirements for homeless and facilities that can actually deal with mental health issues as well as drug and alcohol issues. The current county systems do not work."

—Resident

"The level of people experiencing homelessness that are directly affecting people's day to day lives has gotten to a tipping point. From being accosted on the street to having to swerve while driving from people in encampments....we need to address the homeless issue immediately!"

—Resident

collapsed mental health, substance use, and homelessness and expressed frustration with the city's inability to identify and implement solutions. For those who did share personal experiences with the current crisis response system, there was a range of opinions about its effectiveness. Some respondents dealt only with the police during a mental health crisis and felt that they were professional and efficient while others expressed an unmet need for a counselor or clinician. A few respondents described positive regard for a collaborative team that includes the police and a mental health professional during crisis situations.

Overall, respondents focused on the need for long range solutions that prioritize early intervention, prevent crisis from occurring, and support people in achieving and maintaining sobriety, stability, and housing. They expressed frustration with what they see as a revolving door of people in and out of justice and mental health systems and called for strategies that effectively stop cycles of violence and recidivism, chronic homelessness, and drug abuse. When it comes to investments, respondents expressed diverse views. Some articulated growing frustration with the tax burden associated with program investments and believe that Berkeley attracts people from out of town struggling with homelessness, mental health issues, and substance abuse because of the city's tolerant attitudes and readily available supports. Others named the need to increase investments in long-term care facilities, treatment programs, therapeutic services, and job training.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

Latin respondents expressed a wide range of perspectives regarding their overall satisfaction with the police with many expressing positive perceptions of the police. Many respondents held favorable views of the police and experienced positive interactions with BPD; they described the police as responsive, professional, effective, and supportive of community safety. Some respondents with favorable views of the police expressed a belief that the current political climate and movement to divest from policing does not represent the majority of residents' views. Additionally, respondents conveyed frustration with the city council who they characterized as a hindrance to effective policing. They believe that the BPD should focus on increasing community safety through crime prevention, intervention, and response. Some promoted a tough on crime perspective and expressed a belief that the BPD are mismanaged, over-controlled, and under-appreciated by city government. These respondents called for increased police presence, more investment in community policing, and proactive policing.

Latin respondents who held unfavorable views of the police, cited slow response times, inability to prevent and solve crimes, and harassment of residents as the most salient features of the BPD.

Respondents expressed concerns about racial profiling by the Berkeley Police and named it as a priority public safety issue. This sentiment was expressed by respondents supportive and unsupportive of the

"The department needs to be supported by our community and allowed to do their jobs rather than being hamstrung by members of the city council..."

—Resident

"The police have stopped members of my family in West Berkeley in what was clearly racial profiling (Hispanics) on several occasions ."

—Resident

police and was recognized as an issue that must be addressed by the Berkeley Police Department. Many respondents described specific instances of racial profiling and overly aggressive interactions between Black and Latin residents and the BPD. Although a few respondents called for divestment from the police department, the majority of respondents expressed an expectation for a high-functioning, service-oriented, police department responsive to the needs of communities of color and capable of equitable interactions. They recommended training on implicit bias, racial profiling, cultural competency, community policing, and de-escalation and expressed an unmet need for increased transparency, greater community engagement, and positive interactions between the police and communities.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

KEY RECOMMENDATIONS

- € Prioritize clean-up of streets and public parks
- € Install additional lighting in neighborhoods
- € Increase traffic control, create car free zones and areas where speed limits are reduced
- € Focus on long-term planning to address homelessness
- € Identify early intervention and prevention strategies to prevent mental health crisis and substance abuse issues
- € Increase police visibility via walking and bicycle patrols

- € Reduce police response times to calls for service
- € Expand community policing initiatives and increase opportunities for positive engagement between the police and communities
- € Address racial profiling and aggressive police encounters by the BPD with cultural competency, anti-bias, and de-escalation trainings and deepened relationships between the police and communities of color

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the Latin survey respondents' answers to open-ended questions and represents an important step in building understanding of community strengths, needs, and public safety priorities.

ABBREVIATED SUMMARIZED RESPONSES BERKELEY POLICE DEPARTMENT LISTENING GROUPS

Facilitator Question: *How do you respond when you hear the phrase or idea “Reimagining Public Safety”?*

Strong themes emerged around officer’s feeling a lack of voice or input, the Berkeley Police Department being compared to or attacked for incidents that happened elsewhere, or not being recognized for policies and programs that have been in place for years that other departments are just now enacting. Officers recognized the community may have ideas as to how to change processes in the police department but wanted to be able to share their successes and efforts and not be seen as defensive especially around low numbers of complaints and uses of force. Officers expressed a clear desire to be a meaningful part of the reimagine process, and for their expertise and efforts to be heard, considered and valued.

Facilitator Question: *Officers we have talked with have agreed that police are asked to do too much, including non-police work. What do you think of this and are there responsibilities that should be taken off of your plate?*

Some officers felt there are definitely some calls, such as civil matters that police would like to remove themselves from, however we are not sure the public understands the nuances of the job and the fact that BPD are currently the only operational response to many of society’s emergencies. Police investigations of crimes demand a great deal of department resources, as does the investment in police community engagement; we have to find the best way to do both with the limited resource of police officers.

Officers understand and appreciate that there may be alternative responses and services other than the police. While the infrastructure is created to possibly access those alternatives the community demand of emergency calls to the police will continue, and

the police response will be necessary. We need to continue to support the police department, while investigating possible alternatives that are realistic and viable, long-term solutions.

Facilitator Question: *What are your thoughts on having trained mental health providers/responders respond to disturbance incidents, like someone screaming outside of a business, but is not harming or threatening anyone?*

BPD currently works with Berkeley Mobile Crisis Team (MCT) members, who have been part of our culture at BPD for over 40 years. MCT members are a valued part of our organization, and they will not go to calls without the police. MCT members are concerned for their safety without police presence, in fact a few years ago a suspect was charged with the attempted murder of an MCT member who was responding to a call of a person exhibiting symptoms of being in a mental health crisis.

Many officers regularly work with MCT and believe it is an effective and proven approach.

We need to fix the back end of the mental health system, the aftercare for a patient once they are placed on a 5150 hold has to be addressed. We will continue to see the cycle of hospitalization until the overburdened Mental Health system receives the support it so desperately needs.

Facilitator Question: *What do you think is the biggest crime problem in Berkeley?*

Property crime is a significant crime in the city, however of great concern to the community is the quality of life crimes which many times stem from mental health and/or addiction. People who are afflicted by mental health and/or addiction, are repeatedly contacted by the police because they are quickly released from custody/hospitalization, and

never have the opportunity to receive the proper interventions or support necessary to create the positive behavior change they may desire.

Facilitator Question: *What is the greatest need for improvement in BPD?*

We need a crime analysis unit to track and identify the who, what, when, where and why of crimes in our city, so that we may deploy the most precise and appropriate police intervention, thereby addressing the crime while leaving the smallest police footprint. We need police officers, as our police department is shrinking, the city population is increasing and those numbers just don't work as greater demands are put onto fewer officers.

Facilitator Question: *Comments from PEOs related to BerkDoT:*

The PEOs are the most diverse group of officers in the department and just moving the PEOs from the police department to transportation is not genuinely reimagining. The community shows more respect to the badge of the PEO, as the badge indicates we have gone through a validated hiring process which means we get quality people who are working as PEOs. When PEOs came to be under the police department in 1991 it changed the culture of PEOs and made the department more professional. Maintaining PEOs in the police department produces a more professional and respected workforce both internally and externally.

REIMAGINING PUBLIC SAFETY BERKELEY MERCHANTS ASSOCIATION LISTENING SESSION

NICJR facilitated a Listening Session with the Berkeley Downtown Merchants' Association and the Telegraph Merchants' Association on June 2, 2021. Thirteen people attended the listening session. Following closely to the guidelines defined by BRG, the facilitators engaged in a robust discussion with participants. Below are summary findings from the Listening Session:

Concerns over the Safety of Berkeley and the most pressing public safety issues:

Participants shared concerns over the safety of the City, the most pressing concerns their employees and patrons face, as well as their perceptions on how these concerns are being addressed. They expressed their disheartening perception that the city council and mayor are less than responsive to the needs of the business community and have allowed a permissive environment that creates the opportunity for crime to take place with an "apathetic enforcement policy". Some participants feel as though businesses deal with a lot of problematic street behavior with ambassador staff regularly called upon to respond to situations where merchants and shopkeepers can't deal with the situations. Sharing specific stories of people experiencing homelessness and/or substance use addiction attacking employees and customers and creating unsafe and unhealthy conditions, participants feel that the current environment has definitely had an impact on people who visit local businesses because they have to park around the corner, and walk to businesses.

"It does not feel safe especially during the later hours of the day."

Addressing how these public safety issues should be approached:

Participants feel there is a contradiction in saying that we stand united against hate and we are reimagining public safety and allow people to smoke crystal methamphetamine on our streets. There is a fear that with continued acceptance of specific drugs being used on the streets that the incidents of people experiencing mental health breakdowns will increase and that a stronger use of punishment to deter this behavior is warranted. Some participants expressed the need for there to be a choice: we can choose to allow those drugs to be used and then we can expect more violence or we can actually take a stand against that.

Additionally, members of the business association feel that prevention is what's going to shift the environment. They recognize that the City of Berkeley has mental health services but feel they are really not getting support from the city, when they have seen the mobile crisis unit drive away from a situation because it was deemed that no one was an immediate danger to themselves or others. There is a perception that there is no follow through with identifying a person with a problem and then going forward with next steps.

"We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community."

Community investments that would support increased public safety:

The participants engaged in a discussion around the complexity and depth of the issues that need to be addressed, for example, where do those experiencing

homelessness go? At the same time, there is an acknowledgement that businesses are seeing a drop in patrons and employees because of safety concerns.

In response to questions regarding a trained, alternative, civilian response that was trained to be able to engage with this population and might include people who have had similar experiences of being unhoused, the Berkeley Mental Health department was identified as already available, but having been less visible downtown, limited in their ability to take valuable, sustainable steps to help someone in crisis unless there is a direct and immediate threat of harm and/or unsupported by the city in recent years. A participant identified the call center now under construction near a local synagogue and expressed the desire to see the community do more of that type of thing. A suggestion was also made that the City should look into a policy that can allow the mental health units to take more initiative.

Addressing the ways in which the Berkeley Police Department currently works in the community:

A general sentiment was that merchant interactions with the police have been very positive, yet there is often a hesitation to call on them for concern over unnecessarily escalating a situation. Concern was expressed that there is a national narrative demoralizing police departments as a whole and police departments are not given the tools they need to do their jobs. In Berkeley it was expressed that there was a shift in the amount of police presence and response in the community and that police officers were told by the City to not do anything.

In addressing some areas where the Berkeley Police Department's presence has been particularly effective, the bike detail was mentioned with the sentiment that this unit is about community policing and they get to know the street population and merchants which is helpful in problem solving and helping people. The Ambassador program was also identified as a unit that is helpful in de-escalating individuals in crisis, and working well in collaboration when police officers are present. With the CAHOOTS model and the SCU - the biggest issue participants feel the City faces is beds and how to get people into

care 'with a little bit of tough love'. The possibility was raised of mental health professionals and police officers working together when responding to a situation.

"I have great support for what the bike detail is doing since they have been back on the force. They have a calming effect for a lot of the folks out there that get a little wild, actually seeing a person in a position of authority calms them down."

BerkDOT and SCU Program Opportunities:

There was a desire to learn more about exactly how these programs would be able to best serve the community with the current policies in place. Additional concern was expressed with the national narrative and how the City of Berkeley needs to ensure that whatever changes are being made, need to address the specific issues and needs facing the residents of Berkeley.

With respect to the BerkDOT program a participant shared: "I don't understand why that was even thought of. It just seems like we are focusing energy away from the problem, which is the fact that we have a ginormous mental health, drug, and homelessness problem in Berkeley. I do not agree that adding that additional agency would help the problem."

For the SCU, the specific need for case management and a presence in the community later at night was discussed. An overlap with the Police Department to partner with mental health workers in responding to situations and help assess whether SCU is reducing the number of calls and can cut back on the overload of the work of the Police Department. A suggestion was made for the SCU to work with both the Downtown and Telegraph Business Associations to identify the handful of folks that are causing a majority of the problems.

"Until we enforce our sidewalk ordinances, until we make people go to sanctioned encampments, stop the revolving door of violent crime and until we stop the hard drug use and open-air Drug Market this is an absolute waste of your time and our tax dollars. Prevention first."

Visioning community-centered public safety:

Considering what public safety can and should look like, a question was raised asking for better use of vacant space to set up housing and full services that could be helpful for as many Berkeley residents as possible. It was expressed that Berkeley has an abundance of laws and ordinances currently that don't get enforced, which is helping to create the unsafe environment that exists. Therefore compiling new variables instead of using existing laws to address the foundational issues did not sound like a good idea. There was frustration that participants themselves have invested hundreds of hours into issues of public safety and nothing ever gets done.

“If you look at the relationship between what we pay in taxes and regulations and everything else versus what we get back, the disparity is anything but equitable and people love to throw the word Equity around in Berkeley.”

PEERS LISTENING SESSION REPORT

by Janavi Dhyani and Margaret Fine¹

The Peers² Listening Session raised fundamental questions about how people who live with mental health challenges experience and perceive “safety” in the Berkeley community.

Throughout the Peers Listening Session the participants described their notions of “safety” in terms of their own safety; the safety of people who they observed in the community living with mental health challenges; their “safety” as a collective group of people in the “Peers community;”³ and “public safety” at-large as a pressing societal issue such as homelessness.⁴ The participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their

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2 A **Peer** is a person who self-identifies with lived experience with mental health challenges, substance use experience, and/or someone with experience navigating the public behavioral health care system.

3 The **Peer Community** is composed of diverse people who use their lived experience with mental health challenges, substance use experience, housing challenges, and/or navigation of the public behavioral health care system to increase peer-led support and services for people in the mental health community. The Peer Community is also active in de-stigmatizing mental health challenges, and normalizing wellness and recovery.

4 For the purposes of this report, **homelessness** is defined as housing insecurity ranging from being at risk of losing housing, being in transition of unstable housing (i.e. staying temporarily in a housed location like a friend’s house or shelter, but not maintaining a personal address), or living in a location not intended to house humans (i.e. a car, an underpass, or in a tent).

community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis⁵ in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley. Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with Peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors, and their impact on a policing response to a mental health crisis.

Additionally during this Listening Session participants expressed the need for police to acknowledge when they are “wrong” in their treatment of Peers, particularly for purposes of establishing trust and rapport with the overall Peers community. Moreover, when discussing a non-police crisis response through a Specialized Care Unit (SCU) to non-violent events in the community, one participant said they “like the idea but it takes the onus off the cops to do better” and that it “still feels troubling, seems like a Band-Aid,” as opposed to addressing systemic mistreatment by police of people living with mental health challenges and overall within the Peers community. Based on the lived experiences expressed during this Listening Session, it is indicated there is a need for a reconciliation process, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with mental health challenges may help build trust and rapport with police officers in the future.

5 A mental health crisis is an umbrella term that may refer to: 1) different levels of personal distress such as anxiety, depression, anger, panic and hopelessness; 2) changes in functioning including neglect of personal hygiene, unusual behavior; and/or 3) life events which disrupt personal relationships, support systems, living arrangements, and result in victimization and loss of autonomy.

It is also important to recognize that the Public Safety Dispatch Operators in the Communications Center located at the Berkeley Police Department address emergency and non-emergency dispatch calls for service, including for people experiencing a mental health crisis in the community. It is understood that police act on their own accord responding to these crises in Berkeley; some police have CIT training (Crisis Intervention Training) and in some instances police co-respond with the Mobile Crisis Team (MCT) of the Division of Mental Health to assist people experiencing a mental health crisis in the community. The MCT currently operates in Berkeley for 10.5 hours/day, 5 days/week, excluding holidays (see City of Berkeley, MCT webpage). In the systems currently in place, it appears protocol mandates that police first secure the scene before an MCT clinician can step up and support the person experiencing a crisis (including to interact with an individual experiencing an “altered state of consciousness”).⁶ Please kindly inform if incorrect. It is noted that the Fire Department, including an EMT, may also respond to mental health crises in the community with other first responders or on their own accord.

In addition, there were participants at the Listening Session who have used emergency services to address a person experiencing a mental health crisis, saying that “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.” Indicating that folks did not feel proud of their decision to call emergency services, knowing that police would arrive, but did so because they did not feel like they had alternative options to provide that person with appropriate support.

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard

for a 5150⁷ involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed. There is a need for people with mental health challenges to provide nuanced input about their perceptions and experiences in this context, particularly given that a “crisis” can be used as an umbrella term for diverse array of human behavior; and the role of race, ethnicity, gender identity and expression, sex, sexual orientation, disability, age, class and their intersections can impact the nature of a policing or co-responder crisis response in the community.

Further participants talked about their own lived experiences with police during a time of crisis and whether they felt “safe,” as well as their overall perceptions and feelings about them. Specifically, the main emerging themes included their perceptions and experiences about: 1) officers unease connecting with people experiencing a mental health crisis; 2) feeling stigmatized as dangerous and regarded so by officers; 3) the role of de-escalation if any; 4) feeling traumatized or re-traumatized by police during a mental health crisis; and 5) recommendations to improve mental health crisis response in Berkeley. At the outset it is noted one participant felt treated “pretty good” by police despite run-ins over four years.

Another participant talked about witnessing the police when someone was lying on the ground. He described how the police, fire, and ambulance showed up, “asked the person do they know where they are, asked them a variety of questions, stayed there with them, and even seen them give them a blanket before.” However among many experiences and perceptions described during the Peers Listening Session, these experiences were outliers.

⁷ In the State of California, a 5150 is “when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. See WIC 5150(a).

⁶ An altered state of consciousness may be defined as a temporary change in the overall pattern of subjective experience, such that the individual believes that his or her mental functioning is distinctly different from certain general norms for normal waking state of consciousness.

Section 1: Peers and Mental Health Crisis Response

I. *“Really important to speak their own language”*—participant

Peers indicated the importance of understanding and empathy during a crisis.

During the Peers Listening Session some participants raised questions about how police approach them and/or other Peers in the community. They discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In

particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights. The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.

Consequently, it is critical to further explore how Peers would describe developing a human connection, and develop trust and rapport, with a distressed person in terms of defusing a situation. People living with mental health challenges may experience a non-threatening altered state of consciousness and the police presence may exacerbate the intensity of their situation. Instead, Peers indicated that it would be more effective to make a human connection with the distressed person and de-escalate the situation so they felt “safe.” Moreover, public safety dispatch operators and police officers may not be trained to understand the intersecting challenges and systems that may be contributing to and/or exacerbating the Peer in crisis and the mental health community as a group.

Specifically, one participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people

are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.” This participant spoke to the stigmatization of the Peers Community, and

the need for additional training and public education about how to interact with community members who interact with the world differently than they do. Peers indicated the need to further explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public.

A second participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated,

“we need to learn, develop a field of knowledge of people in altered states.” This participant alluded to a common understanding in the Peers Community that mental health crises can bring about positive change for the person involved and should be allowed to occur in a safe setting when possible. There is a need to further explore perceptions and experiences of people living with mental health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors.

This same participant attributed the lack of human connection exhibited by police with people experiencing a mental health crisis “as most cops [are] not trained that way.” The participant went on to say that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns;

it's a threat, always a threat of violence out there, police come with their guns," and that we are "much better served with people not heavily armed, I don't know how, I think the conversation and non-violent tactics." It is noted that the lack of Peer involvement in the training of police officers, and the resistance to use Peers in the response to mental health crises, can inhibit responders from understanding how Peers would like to experience "safety" in a time of crisis.

Participants talked about the lack of Peers in crisis response, that Peers have been left out of the conversation, and that for crisis response to improve, trained Peer Specialists⁸ need to be involved. This perspective became clearer when talking about the Specialized Care Unit (SCU) program that Berkeley will be implementing as a non-police crisis response in the community. Everybody in the group generally liked the idea of non-police responders to non-violent calls, however, with two exceptions: 1) one person named that without retraining police officers, police would still respond in public with the ability to cause harm; and 2) that Peers would feel safer if the SCU team included Peers. The importance of Peer staffing on the SCU team was highlighted by different participants.

"Facilitator: Who do you think should do the training for the SCU?"

⁸ A Peer Support Specialist is a peer (a person who draws on lived experience with mental illness and/or substance use experience and recovery) who has completed a specialized training to deliver valuable support services in a mental health and/or substance use setting and/or in the community. According to the Peer Certification Fact Sheet from Senator Jim Bael on SB 803: "Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce." As of SB 803 Peer Support Specialist Certification Act of 2020, Peer Support Specialists in the State of California will have a standardized certified body to regulate and certify Peer Support Specialists. SB 803 will allow Peer Support Specialists to bill Medi-Cal for the services they offer to their peer partners in the State of California. With SB 803 California will join 48 other states in the country that have peer certification programs as part of their Medicaid behavioral health network. https://namisantaclara.org/wp-content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=2019202005B803

Participant 1: Someone with lived experience.

Participant 2: I agree.

Participant 3: I agree. I totally agree."

During the Listening Session, it became clear that the Peer participants could clearly identify that it was important for the crisis response training to include people who have lived experiences alongside other first responders as a team. Another participant explained the importance of peer specialists for training by saying, "***What better person can teach them how to respond, body language, than someone who is on the other end and who has walked the walk, and already been through it.***" The participants seemed to be in agreement that one Peer could not respond to crisis situations alone, but was an essential part of the team in both training and in-person response situations. Moreover, participants underscored the importance of Peer-involvement in ongoing post-crisis support to "***Make sure there is continuity of care***" and pointed out that "***The peer specialists are helpful for transition to a wellness center or the next social service.***" This continuum of care would include: wrap-around services and support in navigating the intersecting and often complicated systems of care (i.e. housing, public benefits [SSI, SSDI, SNAP, GA, Medi-Cal, Medicare]; disability; health, mental health, and substance use support; meal assistance; support groups; drop-in services; community programming; employment support). There is a need for further input from people living with mental health challenges about the community-based services they use in Berkeley and Alameda County, particularly ones considered to be compassionate and effective in providing tailored culturally safe and responsive services.

II. "When I see police, it can be triggering, it can be negative, not friendly" – participant

Peers indicated a history of mistrust towards police officers.

In addition, there were emerging themes about how people living with mental health challenges have experienced police as threatening, which may perpetuate and reinforce trauma in responding to

mental health crises. One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated that “So many of us have been harmed when we are treated when we are in crisis” and mentioned Soteria House, a community service that provides space for people experiencing mental distress or crisis, as a recovery model. Other participants also discussed how drop-in centers can offer this space, provide a restroom, a cup of coffee, and a welcoming space in which the person can get their basic life needs met and make meaningful connections with other Peers. Peers indicated that distress could be better met by safe spaces in which a person is allowed to move through the emotions they are feeling without fear of judgment, retaliation, or incarceration while being met with basic life needs (food, water, bathroom, a sense of safety, and human connection). There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.

Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met *with*, is a sentiment people shared. One participant said that “If someone is having a mental health crisis, sit **with** them and let them be.” Peers indicated that they are not “safety threats” that need to be responded to, rather they are humans that need to be met and supported *with* and *through* a situation they are not able to safely endure alone. It would be beneficial to

further understand when Peers perceive their own behavior as threatening and how they expect first responders to interact with them as a result.

III. Policing and mental health crisis response

During the Listening Session, it was clearly conveyed by the majority of the participants that police officers should not be the first responders to mental health crises. When asked what situations police would be able to respond to appropriately, the Peer participants discussed when they would feel police intervention may be necessary. Overall there was a range of different perspectives about the role of the police officers in the mental health community. Initially, Peers felt police officers need specific training for crisis response. One participant questioned the amount of de-escalation training that police receive as he regarded it as the “major pain point” in defusing a mental health crisis. In this light, another participant asked about situations where a person may have a weapon and the type of response to them.

Another participant indicated having a mental health person upfront and police shadowing if needed. A fourth participant stated he would want police if his car was burglarized, but he wants a skilled person with lived experience to respond and police second to ensure safety if needed. This area deserves considerably more exploration about the nature of situations where people with mental health challenges may feel police need to respond. Generally, participants suggested that there may be different people and/or teams responding depending on the type of situation. There is a further need to explore the nuances of specific situations among people living with mental health challenges in order to better understand from Peers when they perceive certain types of teams responding to a mental health crisis in the community. Moreover, there is a need for Peers to discuss their lived experiences and perceptions of crisis response; the role of race, ethnicity, gender identity and expression, sexual orientation, disability, class, and age; and its impacts on police response to those living with mental health challenges.

IV. De-escalation is the “Major Pain Point”—participant

Further research is needed with people who live with mental health challenges, including the PEERS community for understanding peer-informed/peer-created de-escalation practices.

There is a critical need to have a nuanced understanding about how people with lived experience of the mental health crisis in the community describe levels of personal distress such as anxiety, depression, anger, panic, and hopelessness and how to meet their needs for “safety,” as well as how changes in basic functioning can impact the capacity to stay “safe” and not be a danger to themselves or others, or deemed gravely disabled—the 5150 involuntary hold standard in California. Depending on the type of crisis response provided to individuals experiencing distress, the physical and psychological impacts on “safety” may vary widely. They can range from de-escalating crises using specific mental health practices to using coercive controls and force to restrain individuals in crisis. In the latter circumstance, an individual may be restrained, arrested, taken into custody, transported, put in secure detention and there may be violence, brutality, or even death. It is critical to extending this research in order to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with mental health challenges, and the types of crisis response that work for them in the community.

There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments. Both commissioned consultants, National Institute for Criminal Justice Reform and Research Development Associates, should account for the role of police and policing interactions when conducting research with people experiencing mental health challenges and providers, particularly to understand how people can work collaboratively with providers in order to facilitate productive relationships. Whether the research focuses on police interactions with people experiencing mental health challenges in the community on their own accord or

when corresponding with the Mobile Crisis Team of the Division of Mental Health, police play a significant role and impact the nature of crisis response. Without this key data, the consultant researchers will be gathering unrepresentative pieces about a comprehensive crisis response system that operates at all times with the police. Moreover, people living with mental health challenges may have lives that interplay among multiple systems, including policing and mobile crisis response systems, and it is critical to understand the overarching impacts and how to support their well-being and recovery.

During the Peers Listening Session, participants had overriding concerns about police choosing to use violence and guns as a first resort during a mental health crisis in the Berkeley community and not communication and non-violent tactics to de-escalate the situation. It is further important to gather data about policing behavior and accountability during Mobile Crisis Team calls. Gathering this data is essential to the Reimagining Public Safety Initiative and the Specialized Care Unit for the City of Berkeley and the overlap among systems means we need to include not only these inherently critical pieces but analysis about how the systems interplay and impact people living with mental health challenges and their well-being and recovery.

Overall crisis response to people experiencing mental health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect all of our community members. It is clearly evident that the role of police during a mental health crisis is a turning point for people with mental health challenges in the community and we must thoroughly understand the nature of their police behavior in order to begin healing. It is further important again for people with lived experience of mental health challenges to have restorative justice and reconciliation processes to describe events such as police responses to their crisis and how they can disrupt relationships, social networks and communities, living arrangements, and other mainstays of personal life, as well as to understand when a police crisis response is necessitated for “public safety” reasons in the Berkeley community.

Section 2: Peers and Homelessness

Several participants considered “homelessness” as one of the most pressing public safety issues both in Berkeley and generally. Participants shared their perspectives based on: 1) lived experiences of homelessness in the past; 2) living as a housed person with unhoused neighbors and/or 3) being Peer advocates for partners with housing challenges. One person saw the homeless conditions such as lack of safe water, toilets, rodents and other problems impacting both those housed and homeless. She had mixed feelings about the encampments, particularly given the chaos and havoc at night. Another participant talked about how he “enjoyed living on fringe of society without any accountability, really free, [but said] looking back, I was really incarcerated.” He is now housed.

Generally the participants felt it was “unsafe” to be homeless and even harder for people living with mental health challenges. For people living with mental health challenges and homelessness, one participant described their difficulties: “the ones that have had problems, have gone through what they have gone through, makes [it] harder to want to be in a home...” Another participant further talked about the intricate nature of homelessness, and the intersectional approach necessary to meet the needs of unhoused folks. He was someone who experienced homelessness, as well as mental health and substance use challenges. This participant clarified how organizations may offer a free shower and food to “clean people up;” but are not designed to house people (using a Housing First model); provide wrap-around services; or job training for work.

A third participant talked about how homelessness does not “build healthy [a] community” as you’re “living where you shouldn’t really live,” while another pointed to issues like

“deprivation and exhaustion that these poor people go through.” Potentially further research with people living with mental health and housing challenges could inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed—one person suggested crisis management and conflict resolution. Another person had sympathy for folks’ experiences of homelessness

and having their possessions thrown away. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded.

In addition another participant talked about one of the driving forces of homelessness being the increase of housing prices in Berkeley, saying “gentrification and homelessness...Some people can’t afford to live in a home on their own.” This participant indicated that homelessness is not a challenge that can be met by services alone, but that economic disparity continues to play a role in people becoming unhoused. Another participant echoed this comment by saying, “most homeless people not [the] problem, situation drives it, it’s an economic thing.” He indicated that homelessness cannot be met with social services, but needs to also look at through an economics-informed lens.

A few participants discussed other services that were offered in San Francisco that they did not believe are currently available in the City of Berkeley. One participant liked that “In San Francisco they are doing foot patrol” and indicated it would be helpful to have people who provide services going directly to the unhoused in their community too. Another participant mentioned that in San Francisco “they have peers in the library” and said they liked that idea and that Berkeley might also benefit from having Peers in public spaces where unhoused people congregate. More about San Francisco’s street crisis response, that the participants may have been indicating, can be found here: <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both. It is also important to further understand this intersectional approach as including exploration about the role of race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and potentially other factors.

Although it is indicated that further research is recommended, the Peers Listening session did provide considerable insight on the intersection between mental health challenges and homelessness. The majority of the participants agreed that the most important pressing public safety concern is homelessness. One participant pointed out that “mental health crisis[es] and homelessness are synonymous,” and as such should not be treated as completely independent challenges. Within the challenge of housing insecurity, several other sub-concerns were addressed including: (1) the lack of intervention by systems of safety in Berkeley; (2) economic disparity and increasing housing prices driving long-time residents out of their homes; (3) lack of wrap-around services, and systems of care addressing challenges in isolation instead of as addressing homelessness as a product of other underlying challenges, which are often intersecting and multi-dimensional.

Peers Recommendations

1. The first and most important recommendation is to outreach and includes Peers who have worked on mental health reforms since the 1990s, when this movement began. There are trained Peers in Berkeley who are experts in crisis response, and they would be invaluable to developing responses to mental health crises and supporting the transition to new systems of safety in Berkeley. This role is, especially, crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with mental health challenges in the community—particularly for a non-police crisis response through a Specialized Care Unit. Peer participants discussed the San Francisco Crisis Response Street Team, and how this city is employing Peer Specialists on foot patrol as part of its team.
2. Drop-in and wellness centers for people living with mental health challenges need sufficient funding and staff with full-time Peer Support Specialists where folks experiencing non-threatening altered states and/or mental health crises can move through their crisis in a safe and supported state (in opposition to tactics which aim to shutdown mental health and/or altered states at any means necessary). It would be essential to make drop-in and wellness centers available 24/7 and on holidays, and to make sure there are also Peers involved in the transit from the mental health crisis to the Peer staffed drop-in/wellness center. Peer navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.
3. There is a need to account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges in the community. It is, particularly, important to address the stigmatization of diverse people living with mental health challenges and how the role of these additional demographic characteristics may or may not perpetuate and/reinforce problems during a mental health crisis (including as to the roles of people such as police, fire, mental health clinicians, peer specialists responding in the community). There is a specific need to focus on interviewing diverse people with mental health challenges who are unhoused in order to explore the nature of policing and systemic responses to people, particularly to examine if human behavior is criminalized and/or met with service delivery.
4. There is a further need to account for overlapping systems of care, including medical, mental health, substance use, social services and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the mental health community. Housing-first methods, for instance, are only successful in addressing homelessness if the other factors that contribute to housing insecurity are also addressed such as mental health and substance use services. Overall creating comprehensive wrap-around services may be the key to addressing public safety concerns. Moreover, including people with lived experiences of mental health, substance

use, and homelessness will enable systems to be consumer-informed, and in turn more sustainable in the long term.

5. There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with mental health challenges. It is crucial to consider the nature of trauma-informed, de-escalation and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal and incarcerations involvement due to alcohol and drug use. Specifically there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

PACIFIC CENTER FOR HUMAN GROWTH

LGBTQIA+ Staff/Provider Listening Session⁹

Note: The following information represents an LGBTQIA+ mental health provider's perspective that serves Berkeley and other cities in Alameda County. It is important to note that by-proxy information can be useful in providing context for the systems that LGBTQIA+ people may navigate in order to obtain services, however, it cannot be used to assume the exact lived experiences of the individuals/clients using them.

The Pacific Center for Human Growth

The Pacific Center for Human Growth, or namely the Pacific Center, is a LGBTQIA+ mental health provider serving LGBTQIA+ people, or Queer and Trans people including QTBIPOC, with individual, peer support and community mental health programs and services. The Center is designed to serve LGBTQIA+ people with mild to moderate mental health needs, and not those who are experiencing severe, persistent mental illness or substance use disorder, or in crisis. The Center operates from a Victorian house on Telegraph Avenue south of the University of California in Berkeley, California in Berkeley. Clients and community members come from Berkeley and other cities in Alameda County. Currently the Pacific Center offers a full range of programs and services remotely due to COVID.

The Pacific Center as a Socially Constructed Space

The Pacific Center is well-known as the largest regional LGBTQIA+ mental health provider, including for its physical space located in a Victorian house and

⁹ This report is developed from the Pacific Center's Listening Session and a qualitative interview with a staff member who could not attend that session. Please contact Margaret Fine and Janavi Dyhani with questions or concerns: margaretcarrifine@gmail.com.

the LGBTQ+ and Trans flags flying from outside of it. While the Pacific Center's programs and services are designed to support Queer and Trans people, including QTBIPOC, with their mental health and substance use struggles, there have been incidents in front of the Pacific Center. There has been hate crime by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

In one instance a person burned a flag and punched one of the Pacific Center staff, and they called the police as a result of feeling scared for their safety—although the staff did not want to call. In another instance, a man yelled “You should have bi groups for people like me, for men like me.” He was a community member and upset that the Pacific Center staff did not meet his needs. This man seemed to feel unsafe and marginalized as a result of perceiving the Pacific Center's services as excluding him. The Pacific Center staff felt threatened by people both inside and outside its own community. Likewise a Pacific Center provider mentioned people can feel scared entering a building marked with flags—some even wait in their cars until they enter the building. The socially constructed meaning of the Pacific Center space can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging to people violently challenging the existence and cultural representation of LGBTQIA+ people as a group in the community at-large.

More than one provider talked about the lack of Queer and Trans “safe” spaces in the community at-large, especially for transgender women of color, unhoused, youth and BIPOC. Historically the Pacific Center's service model resembled more of an LGBTQIA+ community center (1980s-1990s). The Center had a men's night and a hotline to call for assistance. Now the Pacific Center is closer to a mental health

and medical model, although one person mentioned interest in a hybrid model. There is a further need to know more about how organizations, outside of the Pacific Center, can support and respect Queer and Trans people, and ways that they can be educated to include LGBTQIA+ community members and groups—from posting material in organizational settings to hiring experienced people from the Queer and Trans community, particularly for QTBIPOC. It was noted the Berkeley Wellness Center has not created time/space for Queer and Trans groups

Crisis Response/Intervention, De-Escalation and the Presence/Role of Police

The Pacific Center staff had several comments and recommendations about crisis response and the presence/role of police:

This LGBTQIA+ provider listening session highlighted the critical need to have a nuanced understanding about how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them. Specifically the providers discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, or further escalation of a crisis due to the presence or role of the police.

One provider described how crisis response with police presence made her immediately think of trauma, including for everyone involved. She stated, “I think of families, traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients...” She further commented about how people are resistant to services because of traumatic experiences, and how they need a calm, peaceful approach to addressing crisis and to abide by the ethical standard, “do no harm.” She mentioned it may require a lengthy time period to unpack the trauma.

In addition there was also a provider who dreaded if police were present and thought they tend to escalate a situation for a person who is feeling fearful and unsafe. Another provider commented that it takes time to de-escalate a crisis by talking to someone

in order to calm down at the scene, particularly so people in crisis do not perceive the team as seeking to incarcerate or institutionalize them. This provider described the “need to get rid of the urgency” or the notion of an “immediate solution” during the crisis response. The provider discussed how they should not immediately think about removing the person from public space, and avoid “twisting” the situation into a public safety and policing issue. Overall the provider stated there is a need for a “triage” approach to crisis management and not “moving from 0 to 60” in record time. This provider also had concern about how the “urgent” approach was “rubbing off” on the crisis management team/mobile crisis team.

One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help. There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

This provider further brought up an important note that providers with lived experience similar to clients they serve (in this case Queer and or/Trans BIPOC provider serving diverse Queer and/or Trans clients) may also be shielding their clients from the police based on their own lived experiences. The provider brought up the importance of intersectionality when talking about police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members.

Moreover, the provider recommended that crisis response workers have an accumulation of direct experience with Queer and Trans people including

QTBPOC. In this regard, one provider gave an example about how there is a need for a crisis team member to recognize a meth-induced episode, and understand the cycle of peaking and coming down in order to inform the crisis response, including to know the options for follow-up and the next step in care. The provider mentioned Herrick and John George will not individuals for substance use treatment.

One provider also commented on how diverse crisis team members can provide multiple opportunities for a person in crisis to: 1) gravitate towards one person and 2) feel a sense of safety, human connection and community. Some of the recommendations for crisis team members included people with different identity markers, lived experiences, and professional training (such as an EMT, peer support specialist, and a mental health clinician—noting that developing the critical rapport is not necessarily tied to education).

A provider added that having “a few different eyes to have different perspectives” can allow for assessing and consulting continually to help the person in crisis to feel safe and calm down. Another provider mentioned how peer support specialists are “great at telling when someone is triggered,” building rapport and being a role model for change, particularly when they represent the community served—and do not misgender people and create emotionally damaging experiences. Another provider recommended that the Specialized Care Unit, a non-police crisis response program, should be as separate from the police as possible. It was recommended to house the SCU in a human services department or other city department and not the Berkeley Police Department.

“Public Safety”

Note: Providers cannot represent their clients’ perspectives in determining the most pressing “public safety” concerns in our community. One provider pointed this out by

saying, “I think that one of the most important factors is group determination, or rather the group’s ability to determine what feels like safety as a group. The violence is systemic, and the group must hold responsibility for telling us what the issues are, and what would be helpful solutions, to feel safety.” The upcoming listening session with LGBTQIA+

community members will likely provide better understanding about the most pressing “public safety” concerns.

In terms of violence being a threat to “public safety,” this provider talked about the two kinds of violence currently inhibiting “safety” for the LGBTQIA+ community: “There is hot and cold violence happening for LGBTQ folx and most marginalized Black and Brown people, especially Trans Femme Black and Brown people—most susceptible.” This provider was able to define the terms “hot violence” and “cold violence” as the following:

Hot violence is immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.

Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional micro aggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.

On the topic of intersectionality, one provider explained the importance of factoring in additional identity markers by saying “it is hard to conceptualize intersectionality, especially to understand how Queer Black women are different from Queer women and from heterosexual normative women. If you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world—changes everything.” Given this perspective, it is important to ensure diverse Queer and Trans community members have the opportunity to define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other identity markers in order to understand the impacts of policing and notions of “public safety”—which is different from solely racial, ethnic and heterosexual norms.

“Public Safety” as Having Resources and Support to Meet Basic Human Needs

In this Queer and Trans Listening Session, the providers discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and a stable life existence. Like many of the other providers, this provider recommends that the way to make Berkeley safer “is not rooted in police surveillance but rather rooted in resources and access to them.” Access to resources was a clear emerging theme when talking about the topic of “public safety” in order to create a sense of security for LGBTQIA+ people in Berkeley. One provider saying “The main point is to have resources so that there is a way to decrease people from feeling unsafe”.

Wraparound Services

The Pacific Center providers further talked about basic needs in terms of food security, housing, mental health, substance use, wellness, wraparound services. There was a discussion about what constitutes wraparound services, and efforts to fully provide them. One provider referred to formally working at GLIDE where they had food, a free clinic, health services, acupuncture, and housing vouchers. One provider mentioned the term “wraparound” may be a misnomer; that it may mean referrals; and that organizations are pressured to use the term. It was also acknowledged that substance use is a significant problem in the Queer and Trans community, and that emergency rooms cannot provide tailored care for substance use problems.

Housing and Homelessness

In addition one provider further noted that Queer and Trans people will arrive on the Pacific Center’s front porch from other states and need support to find housing. The provider described the individuals as very vulnerable and marginalized, and shelters as not designed for low-income, non-binary and transgender people. The staff mentioned how Queer and Trans people need a sense of autonomy and agency in order to feel safe in a shelter environment, and choosing a women’s or men’s side

of a shelter does not necessarily respect gender, much less prevent discrimination against non-binary, transgender people. (Note: There may also be gay, lesbian or bi-sexual people with another perspective, and it is noted that gender identity and expression are not separate or mutually exclusive from sexual orientation. A transgender person may also be gay, lesbian or bi-sexual.) In fact, one provider further described how police can raid encampments, which is very stressful and creates trauma, and results in more instability for the unhoused population than any sense of protection.

Moreover, it seemed people are not having a seamless entry into the government systems designed to serve them, and the Pacific Center does not have case management services to guide them in an ongoing, consistent relationship to meet these needs. The staff discussed how they’re understaffed, there are more referrals than staff available, and they’re under resourced for serving the Queer and Trans community. Sometimes they indicated it can prove difficult to connect to case management services in the wider community. Ultimately, the provider indicated LGBTQIA+ people may use an emergency room for ongoing services. They may also potentially become destabilized from being “pushed around” as a result of emergency room visits with no continuity of care and vulnerability to experiencing crisis—particularly for low-income, unhoused QTBIPOC.

We spoke to Queer and Trans mental health and community program professionals who are trained and educated to guide clients in navigating these systems; however they also described the systems as “not really clear” and that there are “blockages” due to grant specifications, which can deny service delivery to people who need them. Specifically, there were frustrations with how the narrow grant criteria could eliminate access to services for a person that is nominally above the income eligibility line. Other difficulties reflected the challenges that vulnerable, marginalized LGBTQIA+ people face when attempting to navigate intricate systems that are designed, ostensibly, to provide for their needs.

It is noted that there is considerable need for mental health workers, such as peer navigators, who can directly guide clients in navigating these systems—

particularly given the shortage of case management services available from CBOs in the community at-large.

Ultimately, as one provider mentioned, collaboration among service providers is key in to become a more well-integrated system with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

It is important to do a follow-up listening session with the Queer and Trans populations as providers can shed light on critical issues they are unable to speak on their clients behalf. Further it is important to move forward with reforms using an intersectional lens that accounts for the overlapping and intersecting identity markers, which create inequities, disparities and systems of oppression for Queer and Trans people of color.

Gender-Based Violence Subcommittee Report

Reimagining Public Safety Task Force, City of Berkeley

November 2021



“Gender-based violence is endemic in our communities. In the United States, about one in four women and nearly one in ten men reported being impacted by sexual violence, physical violence, and/or stalking by an intimate partner. Globally, one in three women across their lifetime are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner.”¹

¹ <https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf>

Overview

This subcommittee formed to identify the needs of community members who often face the most barriers when seeking help and safety. Historically, intimate partner violence, also called “domestic violence” or “domestic abuse,” was treated as a personal problem or family dispute. This view dismissed the community’s role and obligation in addressing these issues. In the last few decades, federal and state laws have passed, including the Violence Against Women’s Act (VAWA), to recognize the role the government must play in preventing and intervening in gender-based crimes. In October of 2021, the first ever report was released by the Biden/Harris Administration on a national strategy to address gender equity and gender equality.

And change starts here, at the community level. The City of Berkeley (the City) is uniquely situated to address gender-based violence in innovative ways. Berkeley has been seen as a place of change and progress, home to students, thought leaders, and academic experts at UC Berkeley, as well as its proximity to experts who call the Bay Area home. This subcommittee offers a number of recommendations that fall squarely within the City’s reimagining priority areas, including domestic violence prevention, restorative justice programs, housing and homelessness services, and expanding partnerships and community organizations.”²

Information Gathered

This subcommittee hosted two listening sessions for providers who serve domestic violence, human trafficking, and sexual abuse survivors. The first listening session, hosted in September of 2021, focused on alternative non-police responses—eight organizations were represented at this session. The second session was hosted in October of 2021 and focused on police response—three organizations were represented. It is important to note that this subcommittee did not host any listening sessions specifically for victims and survivors. Because of the COVID-19 pandemic, the subcommittee was not confident in its ability to provide a safe remote space. The subcommittee erred on the side of caution and instead hosted spaces for providers to share their ideas, on behalf of the clients they serve. This subcommittee strongly believes that any work done by the City in this area, must be done in partnership with providers, who can help facilitate direct feedback from victims and survivors in a safe and supportive way.

In addition, subcommittee members reached out to the Berkeley Police Department for information on existing policies, and training. Specific questions were sent by this subcommittee to the department. Those questions and the department’s responses are included at the end of this report (see Appendix). All information gathered from this subcommittee, along with the expertise of subcommittee members, form the basis for the recommendations provided below.

Recommendations

All recommendations put forth by this task force should be centered around the needs of people in our community. This means that people in our community need options to choose from to

² [cite City resolution]

address their well-being and safety. Victims and survivors of domestic violence, human trafficking and sexual abuse can experience a number of barriers in accessing help and justice. Providing a range of options will ensure that these barriers do not prevent someone from achieving safety.

Barriers include:

- Limited or no English proficiency
- Impact of trauma
- Systemic racism and colonization
- Discrimination based on gender identity or perceived gender identity
- Discrimination based on sexual orientation or perceived sexual orientation
- Lack of affordable housing and access to other basic needs
- Being unhoused
- Fear of immigration consequences
- Lack of behavioral health resources
- Stigma and victim blaming

Prevention and Intervention: Non-Police Response Recommendations

Recognizing that some people will not look to the police for help, the City should provide alternative services for community members seeking help. The City should also invest in prevention efforts.

This subcommittee proposes the following to address prevention and non-police intervention and resources (estimated costs on page 8):

1. **Increase the capacity of community-based organizations** serving Berkeley residents, students, and employees by providing additional funding. The City should consider providing grants to various organizations. Funding should be flexible so providers can decide the best way to support victims and survivors. This would include using funds for housing, childcare, transportation, and other crucial resources.

Rationale: Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.

2. **Train and provide technical assistance to faith-based leaders** on domestic and family violence issues.

Rationale: Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place³ in Oakland, and Korean Family Services in Los Angeles⁴. The latter has trained over 1700 faith leaders in the last 10 years.

3. **Provide services for people who cause harm.**

Rationale: While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.

4. **Prevention education for K-12 to provide, and coordinate prevention work**

Rationale: Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.

Intervention: Police Response Recommendations

The Yurok word for police translates into “they take people”⁵ illustrating the deep distrust certain communities have not only with the police, but the police as an arm of the government that colonized, enslaved, and took their children. To move forward, this subcommittee recommends strengthening the relationships of those most impacted by police action and most in need of safe intervention. Specific actions that the Berkeley Police Department and the City should take include the following (estimated costs on pages 8–9):

1. **Provide City leadership to host regular meetings and coordinate services.** The City should create a forum for service providers, advocates, community members and response teams (police department, mental health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City

³ <https://www.asafeplace.org/>

⁴ <https://www.kfamla.org/upage.aspx?pageid=u06>

⁵ <https://www.theguardian.com/us-news/2020/sep/25/california-native-american-women-police-violence>

leadership should also participate in county-wide efforts, like the Family Violence Council in Alameda County⁶

Rationale: Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.⁷ Outreach should be done to ensure that BIPOC leaders are at the table.

2. **Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws.** Countywide coordination will be needed to implement Senate Bill 320⁸, which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders.

Rationale: Starting January 1, 2022, local courts will be required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement would have to take all necessary actions to obtain the identified firearms or ammunition.

3. **At least once a year, update the police department's domestic violence policies and victim resource materials,** in consultation with domestic violence and community providers.

Rationale: California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

4. **Regular domestic violence and trauma-informed training for officers, dispatch and any community-based officer** who responds to 911 or non-emergency calls. These trainings should be designed in partnership with community-based providers so that the

⁶ The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: [http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

⁷ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

⁸ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Rationale: Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.

5. **Victim resources should be in plain language and translated** into multiple languages, including, but not limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.⁹ Other languages that are spoken in Berkeley should also be included.

Rationale: Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.

6. **Domestic violence should be screened** for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect's relationship to one another.

Rationale: This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.

7. **A female officer (over a male officer)** should be provided to interview, examine, or take pictures of an alleged victim, at the alleged victim's request.

Rationale: This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. **Police response to DV calls should be accompanied or coordinated with a DV advocate.** This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response.

Rationale: This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act

⁹ These languages represent the top five languages spoken in the Bay Area and California. At a minimum, victim resources should be translated into these languages.

as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).

Conclusion

Investments by the City to address gender-based violence could have a profound impact on the community, not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. While this report in no way represents a complete list of actions the City could take to address gender-based violence, the subcommittee believes that these recommendations represent a significant step in the right direction. Of course, more information and input is needed, especially to address the impact of structural racism on victims, survivors and those that cause harm, as well as the experiences of LGBTQ+ members of our community. Forging partnerships and building meaningful community engagement will help support a response that is centered around the needs of the people.

Special thanks to the people who show up every day for victims and survivors. And many thanks to the organizations and individuals who participated in the listening sessions. Your time and expertise were crucial to this process. We could not and cannot do this work without you all.

Subcommittee members (in alphabetical order):

boona cheema

Barnali Ghosh

Frances Ho

Recommended Costs	
Prevention and Intervention: Non-police response	
<p>1. Increase the capacity of community-based organizations</p> <p>(Fund 3-4 organizations to provide the services and resources mentioned on page 2.)</p>	\$500,000
<p>2. Training and technical assistance for faith-based leaders</p> <p>(This amount would be used to hire consultants to provide training and resources or provide funding directly to a number of faith-based organizations to hire experts directly).</p>	\$50,000
<p>3. Services for people who cause harm</p> <p>(Fund 2-3 organizations to provide services to people who cause harm (see #3 on page 3).</p>	\$150,000
<p>4. Prevention education for K-12 to provide, and coordinate prevention work</p> <p>(Fund one full-time person to increase prevention education by developing curricula and coordinating with all schools in the Berkeley School District. This would include working with student groups from Berkeley High School to develop peer-based education.)</p>	\$125,000
Intervention: Police response	
<p>1. City leadership to work on gender-based violence issues, including leading a forum for community providers and members.</p>	In-kind from the City
<p>2. Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws</p>	In-kind from police department and the City

3. Update DV policies annually and as needed.	In-kind from police department
4. DV and trauma-informed training	\$5,000 for contracted speakers In-kind from police department
5. Translation of DV resource cards into multiple languages (Cost to translate resource cards and other materials into at least five most common languages.)	\$15,000 (<i>one-time investment with some funding needed to update resources</i>)
6. Screen for domestic violence for every call for help	In-kind from all responding agencies
7. Female officer available	In-kind from police department
8. Advocate to accompany DV call and provide crisis intervention	\$125,000 (two advocates at 0.5FTE)
Total	\$970,000

Appendix

Questions to Berkeley Police Department (BPD) from GBV subcommittee of Reimagining Public Safety Task Force

1. When an alleged victim or suspect needs language assistance, who provides interpretation?

BPD response: When an alleged victim or suspect needs language assistance, we first look to fellow officers for translation services. The Berkeley Police Department employs officers and other department personnel that speak many different languages - about 12 different languages are spoken. Berkeley Police Officers also use the AT&T “Language Line” for languages that are not spoken by fellow officers/Berkeley Police employees. When an exigency exists, officers also use family members and/or friends to translate, where appropriate.

2. If an alleged victim or suspect needs language assistance, is this noted in the police report, including the language spoken and who provided interpretation?

BPD response: Berkeley Police officers document when an alleged victim or suspect requires language assistance in their police reports. The documentation also includes what language the victim or suspect speaks, and who provided the translation. The Domestic Violence supplemental report specifically asks the officer to document whether the victim/suspect has difficulty with English, and if so, what language is preferred. The report also has a field for the officer to input who provided translation.

3. Are resources, like domestic violence pamphlets and resource cards, translated into different languages? If so, what languages?

BPD response: The Berkeley Police Department stocks Victims of Crime Resource pamphlets and Marsy’s Rights cards in Spanish.

4. If an alleged victim is unhoused and does not have a phone, how does the department contact the victim if follow-up is needed?

BPD response: When an alleged victim is unhoused and does not have a phone, officers will try to obtain alternate means of communication for the

victim (e.g. email account, social media accounts, etc.). If the alleged victim does not have any means of contact, officers will try to obtain information about where the victim will be staying so that personal contact can be made by detective(s) conducting follow-up investigation. Patrol officers are often very knowledgeable about where specific victims live or areas they frequent. Officers are diligent about documenting various ways - unique to every victim - to contact them.

5. Can you provide a copy of any pamphlet or brochure that is provided to an alleged domestic violence victim by responding officers?

BPD response: [Pamphlet/brochures provided to DV victim] See attached.

6. How often does the department update its domestic violence policies?

BPD response: The Berkeley Police Department does not currently have a set revision schedule for updating its Domestic Violence policy and related policies. The Berkeley Police Department just migrated its policies to Lexipol. Policies are updated as revisions are needed. The DV policy was last updated October 5, 2018.

7. Are domestic violence advocacy groups consulted when the department updates its internal domestic violence policies?

BPD response: No, a domestic violence advocacy group was not consulted when the department updated its internal domestic violence policies. Per city protocol the domestic violence policy was written in conjunction with the Police Review Commission (now the Police Accountability Board). However, we are in weekly collaboration with our domestic violence advocate at the Family Justice Center. She helps coordinate all aspects of care and resource procurement for victims.

8. Does the department use the relationship between the alleged victim and suspect to indicate that a case involves DV allegations? For example, in some cases the alleged violation per the penal code would not reveal that the case involves DV, but knowing that the

parties are married or in a dating relationship would (e.g. PC 422, false imprisonment, annoying or harassing phone calls).

BPD response: Yes, the Berkeley Police Department uses the relationship between the alleged victim and suspect when investigating reports of criminal violations. The Department treats all reports of criminal activity seriously, however, those involving intimate partner violence are of particular concern due to the elevated emotional component and frequent volatility of such incidents. Domestic abuse/violence incidents tend to repeat and intensify in nature if the cycle of violence is not interrupted.

9. What training do responding officers and specially assigned detectives receive in the areas of domestic violence, sexual assault and human trafficking? How often is this training provided? Please provide examples of topic areas and the provider of the training, if possible.

BPD response: If the DV subcommittee is interested in topics that are trained for sexual assault and/or human trafficking we could work on this information in the future. Domestic Violence Related training topics for Officers and Detectives:

Academy POST Training:
 Domestic Violence related laws
 Batterer and victim characteristics
 Victim Protections
 Types of court orders
 Emergency Protective Orders
 Support Services for Victims
 Reporting and Documentation

POST ICI Domestic Violence Investigations:
 Search Warrants
 Stalking
 Strangulation
 DA Presentation
 Equality, power and control, abusive relationships
 Power and Control for Lesbian, gay, bisexual and Trans Relationships
 Abuse in Later life
 People with Disabilities in Partner Relationships

Impact on Children
DV Injuries
Officer Involved DV
Lethality



**RECURSOS PARA VÍCTIMAS
DE CRIMEN**

14

RECURSOS PARA VICÍMAS DE CRIMEN

Arresto Policial

El Departamento de Policía de Berkeley se compromete a proteger a las personas que sean víctimas de un crimen, incluyendo Violencia Doméstica. Los agentes policiales consideran la Violencia Doméstica como conducta delictuosa, cual se investigará como cualquier otro crimen. En los casos de delitos mayores o lesiones graves, el agente policial puede efectuar un arresto del sujeto en base al motivo fundado de que el sujeto cometió el delito.

Arresto Ciudadano

Bajo ciertas circunstancias, los agentes policiales no pueden efectuar un arresto directamente, pero le deben pedir hacer el arresto ciudadano (excepto en los casos de Violencia Doméstica) al agente policial. Una persona particular puede arrestar a otra por un crimen cometido en su presencia. El agente pondrá bajo custodia al sospechoso cuando exista motivo fundado.

ATENCIÓN: La persona sujeta a la acusación puede depositar una fianza o ser puestos en libertad con una citación. Las víctimas no deberán depender en el arresto como garantía de su propia seguridad.

Presentar Cargos

Usted tiene el derecho de pedirle al Fiscal que entable una denuncia. Al siguiente día hábil después de su denuncia a la policía, debe comunicarse con la División de Investigaciones al número escrito en su recibo del informe. Es muy importante que haga esto sin importar si el sospechoso haya sido arrestado.

En casos de Violencia Doméstica el Fiscal toma la decisión final para decidir si se presentan cargos o no en contra del agresor.

Usted tiene el derecho de que el Fiscal lo(a) escuche, y el derecho de pedirle al Fiscal que presente una denuncia penal.

Oficina de la Fiscalía del Condado de Alameda (510) 268-7500
Defensor de Víctimas de Violencia Familiar (510) 268-7276
de la Fiscalía

INFORMACIÓN LEGAL

Programas de Asistencia para Víctimas

La oficina de la Fiscalía del Condado de Alameda tiene personal que puede brindarle información y asistir a víctimas de crímenes.

Fiscalía del Condado de Alameda – Servicios para Víctimas y Testigos
1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
(510) 272-6180

Centro Familiar de Justicia del Condado de Alameda
470 27th St., Oakland, CA 94612 (510) 267-8800

La Oficina de la Fiscalía también tiene un Defensor de víctimas que le puede brindar información sobre el estado de casos penales. Se puede comunicar con la Oficina de la Fiscalía al (510) 268-7276.

BPD – Violencia Doméstica y Agresión Sexual

El Departamento de Policía de Berkeley tiene un equipo de Detectives y un Defensor de Víctimas que le puede brindar información sobre el proceso judicial y ofrecerle asistencia adicional.

Detective de Violencia Doméstica (510) 981-5736
Defensor de Violencia Doméstica (24 horas) (510) 757-5123
Detective de Agresión Sexual (510) 981-5735

Información para Víctimas y Notificación Diaria (VINE por sus siglas en inglés)

Para averiguar si un agresor está bajo custodia en el estado de California o para que se le notifique cuando un agresor es puesto en libertad, llame (877) 411-5588. Necesita un teléfono con teclado. También necesita saber el nombre de la persona que se encuentra bajo custodia.

Las víctimas no deberán de confiar en esto para garantizar su propia seguridad.

Visa U

La Ley Federal creó la Visa U para animar a víctimas de crímenes sin ciudadanía a cooperar con agencias del orden público proporcionándoles protección de deportación y un camino para obtener una Tarjeta de Residente Permanente. Puede encontrar más información en el sitio web del Departamento de Justicia de California Oficina de la Procuraduría www.oag.ca.gov al igual que en el sitio de Servicios de Ciudadanía e Inmigración de los Estados Unidos (USCIS por sus siglas en inglés) www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

Visa T

La Visa T le permite a víctimas de trata severa de personas permanecer en los EE.UU para ayudar a las autoridades con su investigación. Puede encontrar más información en el sitio web de Servicios de Ciudadanía e Inmigración de los Estados Unidos www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

INFORMACIÓN – ORDEN DE RESTRICCIÓN

Si lo han amenazado, acosado o agredido, puede solicitar un Orden de Restricción. Si el agresor es o fue su esposo(a), pareja o con quien tiene hijos en común, puede solicitar una “Orden de Restricción por Violencia Doméstica.” Si está casado(a) con el agresor, no tiene que obtener un divorcio para obtener una Orden de Restricción. Si el agresor es un vecino, amigo, o conocido, puede pedir una “Orden por Acoso Civil.” Hay un cobro por una Orden de Restricción por Acoso Civil. Si usted es de bajos recursos, puede solicitar una exención de pago.

Como solicitar. Puede solicitar una Orden de Restricción en el:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA

Puede obtener los documentos e instrucciones detalladas en el Tribunal o en línea www.courts.ca.gov. El Defensor de víctima al (510) 757-5123 o Centro de Derecho de Violencia Familiar al (800) 947-8301 también puede asistirle a obtener una Orden de Restricción por Violencia Doméstica.

Costo. No hay costo para obtener una “Orden de Restricción por Violencia Doméstica.” Sí hay costo para obtener una “Orden por Acoso Civil.” Si usted es de bajos recursos, puede solicitar una exención de pago. No necesita un abogado para obtener una Orden de Restricción, pero sí es buena idea tener uno si tiene uno disponible

¿Cuánto tiempo toma para obtener una Orden de Restricción?

Es posible obtener una Orden de Restricción Temporal dentro de 24 horas, o puede tomar hasta una semana. Es importante comenzar temprano el proceso para obtener una Orden de Restricción a largo plazo. Si el agente policial le da una “Orden de Protección de Emergencia”, no espere hasta que se venza esta Orden antes de solicitar una Orden de Restricción a largo plazo.

¿Qué hace una Orden de Restricción?

1. Ordenar al acusado mantenerse a cierta distancia de usted, su familia, y/o miembros de su hogar.
2. Ordenar al acusado a mantenerse alejado de su casa, sitio de trabajo, casa de su familia, sitio de escuela/guardería de sus hijos, y si es necesario alguna otra dirección.
3. Ordenar al acusado a mudarse de su casa o departamento, aunque el nombre del acusado se encuentre en el contrato de alquiler o sea copropietario.
4. Que se le de custodia de sus hijos y exigir una orden de visitas.
5. Ordenar Manutención para sus hijos.
6. Ordenar al acusado que no acose, maltrate o se comunique con usted, su familia o miembros de su hogar.
7. Que se le dé uso de cierta propiedad.
8. El reembolso por la pérdida de ingresos y/o el gasto real causado directamente por la violencia como cobros médicos y daño a propiedad.
9. Ordenar al acusado que pague ciertas deudas.
10. Ordenar el acusado que cumpla con un programa de intervención para agresores de 52 semanas.

ATENCIÓN: No se puede hacer cumplir una Orden de Restricción hasta que sea emplazada, que significa que se le ha notificado al acusado en persona, en el tribunal o por un agente policial que están sujetos a una restricción.

Guarde la Orden de Restricción consigo.

Si usted obtuvo una Orden de Restricción la cual le prohíbe al agresor pegarle o acosarlo(a), y el agresor a sabiendas quebranta la Orden, pueden ser arrestados y en la mayoría de los casos encarcelados. A pesar de que el Departamento de Policía debe de tener su Orden de Restricción en el sistema de datos, es extremadamente importante que guarde una copia de su Orden de Restricción y Comprobante de Emplazamiento (Proof of Service) consigo en todo momento.

¿Qué debe hacer si el acusado quebranta la Orden de Restricción?

1. Llame a la Policía.
2. Pida que se prepare un informe formal, aunque se haya ido el acusado.
3. Si se le emplazó la Orden de Restricción al acusado y el(ella) sigue ahí cuando llegue la policía, pueden ser arrestados.
4. Comuníquese con la División de Investigaciones de BPD al próximo día hábil después de su denuncia policial para informarse sobre el procesamiento de su caso por el quebrantamiento de la Orden de Restricción.

Demandando al agresor

Usted puede tener el derecho a demandar al agresor en el tribunal civil aparte de presentar cargos penales. Si usted perdió ingresos, acumuló cobros médicos, tuvo daños de propiedad, u otras pérdidas debido al abuso, puede consultar con un abogado. Comuníquese con el Servicio de Recomendaciones de Abogados del Condado de Alameda (510) 302-2222.

LESIONES

Puede ser que encuentre más lesiones o el empeoramiento de lesiones después de que se haya ido la policía o de cuando tomaron su denuncia.

Por ejemplo, durante los días después de la agresión se pueden marcar más los moretes. Los Detectives le pueden pedir que se tome más fotos de sus lesiones.

ESTRANGULACIÓN

La estrangulación puede causar lesiones internas graves y se les sugiere a las víctimas que inmediatamente busquen atención médica. Infórmele al agente o al personal médico si el agresor lo(a) estranguló o trato de sofocarlo.

INFORMACIÓN DE AGRESIÓN SEXUAL

Como Pedir Ayuda.

La agresión sexual es un crimen grave y emocional. Puede implicar a alguien que usted conoce o a un desconocido. El denunciar una violación o agresión sexual a la policía puede ser una decisión difícil. Para recibir ayuda y orientación, llame al Centro de Crisis de Violaciones.

BAWAR (Bay Area Women Against Rape) –Mujeres contra la Violación
470 27th St., Oakland, CA 94612 24 horas al día (510) 845-7273

Centro de Justicia Familiar del Condado de Alameda
470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network)
(Red Nacional de Violación, Abuso e Incesto) (800) 656-4673

VÍCTIMAS DE AGRESIÓN SEXUAL: DERECHOS

Esta información se le debe proporcionar por escrito a las víctimas de agresión sexual antes de la investigación.

Como víctima de agresión sexual tiene los siguientes derechos específicos a la agresión sexual:

No se le requiere participar en el sistema judicial ni de reportarlo a la policía.

Tiene el derecho de tener un terapeuta/defensor de víctimas y por lo menos a una persona de apoyo que usted escoja que esté presente durante la examinación médica forense, examinación física, o entrevista de investigación a raíz de la agresión sexual. Los Terapeutas/Defensores de víctimas de agresión sexual están inmediatamente disponibles 24 horas al día.

No se le obliga participar en una examinación médica física o probatoria.

Las pruebas forenses de agresión sexual serán examinadas y analizadas en el laboratorio a menos que la víctima pida que no se examinen las pruebas.

Las víctimas pueden recibir información sobre los resultados de análisis de todas las pruebas forenses de agresión sexual del hospital que está llevando a cabo el examen o del Departamento de Policía de Berkeley.

Tiene el derecho de pedir que el agente policial sea hombre o mujer cuando lo entrevisten.

Las pruebas de agresión sexual se deterioran con el tiempo. Con el paso del tiempo podría ser imposible recuperar pruebas biológicas. Las pruebas biológicas se deben de recopilar y preservarse lo antes posible.

Las pruebas forenses de agresión sexual se conservan por 20 años por lo menos. Si la víctima es menor de 18, se conservan hasta que la víctima cumpla 40 años.

Tiene disponible Ordenes de Restricción y Ordenes de Protección y también en este folleto se incluye información de cómo recibir ayuda y obtenerlas.

Como víctima de un crimen, también tiene los derechos tal y como se describen al final de este folleto bajo **DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY**.

Si tiene la intención de denunciar una violación o agresión sexual a la policía:

1. Ayuda preservar las pruebas. No se bañe, no use la ducha vaginal, no se cambie ni lave su ropa. Tampoco cambie nada en el lugar donde sucedió la agresión.
2. Comuníquese con la policía lo antes posible para que lo puedan llevar al hospital y preparar un informe.
3. Aunque la policía preparará un informe detallado, usted les puede pedir que su nombre no se incluya en la parte pública del informe.
4. Tiene el derecho de tener un Defensor y una persona que usted elija de apoyo durante su examen en el hospital y durante la interrogación policial.

RECURSOS EN LA COMUNIDAD PARA VÍCTIMAS

Servicios de Emergencia.

Los Terapeutas de Violencia Doméstica están disponibles 24 horas al día si necesita terapia profesional por situación de crisis, reubicarse de emergencia a un lugar seguro, buscar un plan de seguridad, o para obtener información sobre orden de restricción. Se puede comunicar con el equipo de respuesta móvil FVLC (Centro de Derecho de Violencia Familiar por sus siglas en inglés) al (800) 947-8301.

Asistencia Legal

Family Violence Law Center (FLVC)	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Refugios y Líneas Directas

A Safe Place	(510) 536-7233 (510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT (866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women's Shelter	(415) 924-6616
Asian Women's Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE (800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Consejería para los Sobrevivientes

Ser víctima de un crimen puede ser extremadamente difícil y traumático. Es muy importante que obtenga el apoyo necesario para cuidarse. Las siguientes agencias proporcionan asesoría y asistencia.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233
Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clínica de la Raza (Español)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Asesoría para Niños

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children’s Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Asesoría para Agresores

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

JUNTA DE COMPENSACION PARA VICTIMAS DE CALIFORNIA

El Estado de California le puede pagar a las víctimas de crimen o sus dependientes los gastos relacionados a actos criminales. Este Programa de Compensación para Víctimas de California le podría pagar los siguientes gastos:

- Tratamiento medico y dental
- Servicios de salud mental
- Reubicación por su seguridad
- Seguridad en el hogar
- Pérdida de ingresos

ATENCIÓN: El Programa de Compensación para Víctimas de California no puede pagarle gastos por daños a la propiedad.

Para obtener más información sobre este Programa o para obtener una solicitud por favor llame al:

Programa de Compensación para Víctimas de California

Estado de California	(800) 777-9229
Condado de Alameda	(510) 272-6180

Programa para asistir a Víctimas/Testigos Fiscalía del Condado de Alameda

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Centro Familiar de Justicia de Condado de Alameda
470 27th Street Oakland, CA 94612 (510) 267-8800

DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY.

La Constitución de California, Artículo 1, Sección 28, confiere ciertos derechos a víctimas de crimen, según lo define la ley. Los derechos son:

1. Justicia y Respeto

A que se le trate con justicia y respeto a su privacidad y dignidad, no ser intimidado, acoso y abuso, durante todo el proceso penal o el proceso jurídico de menores.

2. Protección del acusado

A que se le proteja razonablemente del acusado y las personas que actúen en nombre del acusado.

3. Consideración de la Seguridad de la Víctima para Fijar Fianza y Condiciones de Libertad

A que se considere la seguridad de la víctima y de los familiares de la víctima al momento de fijarse el monto de la fianza y las condiciones de la liberación del acusado.

4. Evitar la Divulgación de Información Confidencial

A evitar la divulgación de información o registros confidenciales al acusado, al abogado del acusado o cualquier persona que actué a nombre del acusado, que se pudieran utilizar para ubicar u hostigar a la víctima o la familia de la víctima, o que divulgaran comunicaciones confidenciales llevadas a cabo durante el tratamiento médico o de consejería, o que de otra forma se consideren privilegiados o confidenciales ante la ley.

5. Rechazar una entrevista por parte de la Defensa

A reusarse a una entrevista, declaración o petición de revelación de pruebas de parte del acusado, del abogado del acusado o cualquier persona que

actúe en nombre del acusado, y a establecer condiciones razonables para llevar a cabo dicha entrevista en caso de que la víctima acepte.

6. Consultar con la Agencia Acusadora y Notificación de la Resolución antes del Juicio

A recibir aviso razonable y a consultar razonablemente con la agencia acusadora, por solicitud, en cuanto al arresto del acusado si el procurador lo conoce, los cargos presentados, la decisión de extraditar al acusado y, de ser solicitadas, a que se le notifique e informe antes de cualquier resolución previa a un juicio del caso.

7. Notificación y Presencia en Procesos Judiciales

A recibir aviso razonable de todos los procesos judiciales públicos, incluyendo los procesos judiciales de delincuencia, de ser solicitado, en los que el acusado y el procurador puedan estar presentes, y de todos los procesos judiciales de libertad condicional u otras liberaciones posteriores a la condena, y a estar presente en esos procesos judiciales.

8. Presencia en Procesos Judiciales y Expresión de Opinión

A que se le escuche, de ser solicitado, en cualquier procedimiento, incluidos procedimientos de delincuencia, que incluyan una decisión de liberación tras el arresto, alegato, sentencia, decisión de liberación tras la condena, o cualquier procedimiento en el que esté en juego un derecho de la víctima.

9. Juicio con celeridad y Conclusión Inmediata del Caso

A un juicio sin demora y a una conclusión inmediata y final del caso y cualquier proceso relacionado tras la imposición de la condena.

10. Proveer Información al Departamento de Libertad a Prueba

A brindarle información a un oficial del departamento de libertad a prueba que realice una investigación previa a la imposición de pena sobre el impacto del crimen en la víctima y la familia de la víctima, y cualquier recomendación de la pena antes de su imposición al acusado.

11. Recibir el Informe Previo a la condena

A recibir, de ser solicitado, el informe previo a la condena disponible para el acusado, excepto aquellas partes que sean legalmente confidenciales.

12. Información de la Condena, Pena, Encarcelación, Libertad, y Escape

A recibir información, por solicitud, de la condena, la pena, el lugar y la hora de encarcelamiento u otra resolución del acusado, la fecha programada de liberación del acusado y la liberación o el escape del acusado de la custodia.

13. Indemnización

- A. Es la intención inequívoca del pueblo del estado de California que todas las personas que sufran pérdidas como resultado de actividad criminal tengan derecho a buscar y asegurar la indemnización de las personas condenadas por los crímenes que causaron la pérdida que han sufrido.
- B. La indemnización debe salir del malhechor condenado en todos los casos, sin importar la pena ni resolución impuesta, en los que una víctima de crimen sufra una pérdida.
- C. Todos los pagos monetarios, fondos y propiedad recaudada de cualquier persona que deba resarcir se aplicarán primero al pago de los montos ordenados como indemnización a la víctima.

14. Devolución Rápida de Propiedad

A la devolución rápida de la propiedad cuando ya no se necesite como pruebas.

15. Aviso de Libertad Condicional y sus Procedimientos

A estar informada sobre todos los procedimientos de libertad condicional, a participar en el proceso de libertad condicional, a brindarle información a la autoridad de libertad condicional para que se le tenga en cuenta antes de la libertad condicional del acusado, y a que se le notifique, si así lo solicita, sobre la libertad condicional u otra liberación del agresor.

16. La Seguridad de la Víctima y de la Comunidad son Factores para la Libertad Condicional

A que se tenga en cuenta la seguridad de la víctima, la familia de la víctima y el público general antes de que se tome cualquier decisión de libertad condicional u otra liberación tras la imposición de la condena.

Información sobre estos 16 Derechos

A que se le informe sobre los Derechos enumerados en los párrafos (1) al (16).

Para más información sobre la Ley de Marsy, visite el sitio web del Procurador General de Justicia al: www.ag.ca.gov/victimservices.

Para obtener información sobre el Centro para Asistir a Víctimas/Testigos más cercano a usted, llame:

Attorney General's Victim Services Unit (877) 433-9069
(Servicios para Víctimas del Procurador General de Justicia)

Información Adicional para los Afiliados con la Universidad de California

Si usted está afiliado con UC Berkeley se le está proporcionando con este guía de recursos indispensable por que recientemente tuvo un impacto por actividad criminal, o tal vez necesite recursos que la Universidad le puede brindar. La Universidad de California en Berkeley tiene muchos recursos disponibles para ayudarle durante un momento difícil. Nos comprometemos a dar atención a sus necesidades en colaboración con nuestros socios en la comunidad.

UCPD Berkeley
Para más Información visite:
<http://safetycounts.berkeley.edu>



Reportar

Center for Student Conduct

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

Apoyo

Gender Equity Resource Center

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsrvs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICO

University Health Services, Urgent Care Clinic

2222 Bancroft Way (The Tang Center)

(510) 643-7197 (advice after hours), www.uhs.berkeley.edu

Este material está disponible en formatos alternativos, de ser solicitados. Formatos alternativos incluye, formato audio, braille, de letra grande, texto electrónico, etc. Por favor comuníquese con los Especialistas de Servicios para los Discapacitados y permita que pasen de 7 a 10 días para producir el material en un formato alternativo.

Especialistas de Servicios para los Discapacitados

Correo Electronico: ADA@cityofberkeley.info

Teléfono: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims - Spanish

NOTICE OF REPORT
Berkeley Police Department
Tsukamoto Public Safety Building
2100 Martin Luther King Jr. Way
Berkeley, CA 94704
(510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number (Numero de Informe):

Date(Fecha):

Type of Report/Offense (Clase de Informe/Crimen):

Officer's name(Nombre del Agente Policial):

Badge #(Número de Placa):

Officer's duty hours (Horario de turno del Agente):

Days off (Días de descanso):

Si tiene alguna pregunta sobre el estado de investigación de su caso, por favor comuníquese con el Departamento Policial indicado abajo. Debe de hacer sus preguntas de lunes a viernes, de 8:00am a 4:30pm.

Crimes Against Property (Crimen de Propiedad)	(510) 981-5737
Domestic Violence (Violencia Doméstica)	(510) 981-5736
Sex Crimes (Crimen Sexual)	(510) 981-5716
Youth Services (Servicios para Jóvenes)	(510) 981-5715
Homicide/Assault (Homicidio/Agresión)	(510) 981-5741
Robbery (Robo)	(510) 981-5742
Traffic (Tránsito)	(510) 981-5980



RESOURCES FOR VICTIMS OF CRIME

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RESOURCES FOR VICTIMS OF CRIME

Officer Arrest

The Berkeley Police Department is committed to protecting persons who are victims of crime, including Domestic Violence. Officers shall consider Domestic Violence as criminal conduct, which shall be investigated as any other crime. In cases involving felonies or serious injuries, the officer may make an arrest on probable cause that the suspect committed the offense.

Citizen's Arrest

In certain circumstances, officers cannot make an arrest directly, but must ask you to make a citizen's arrest (with the exception of Domestic Violence cases). A private person may arrest another for a public offense committed in their presence. The officer will take the suspect into custody in circumstances where probable cause exists.

NOTE: Suspects may post bail or may be released on a citation. Victims should not rely on arrests as a guarantee of their personal safety.

Pressing Charges

You have the right to ask the District Attorney to file a criminal complaint. On the next work day after you have made a police report, you should contact the Investigations Division at the phone number listed on your report receipt. It is very important that you do this whether or not the suspect has been arrested.

In Domestic Violence cases, the ultimate decision as to whether a suspect is charged with a crime or not is made by the District Attorney.

You have the right to have your voice heard by the District Attorney, and the right to ask the District Attorney to file a criminal complaint.

Alameda County D.A.'s Office	(510) 268-7500
D.A.'s Domestic Violence Advocate	(510) 268-7276

LEGAL INFORMATION

Victim Assistance Programs

The Alameda County D.A.'s Office has staff members who are able to provide information and assist victims of crime.

Alameda County DA - Victim Witness Services
1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
(510) 272-6180

Alameda County Family Justice Center
470 27th St., Oakland, CA 94612 (510) 267-8800

The District Attorney's Office also has an Advocate that can provide information about the status of criminal cases. The District Attorney's Advocate can be reached at (510) 268-7276.

BPD - Domestic Violence and Sex Crimes

The Berkeley Police Department has a team of Detectives and a Victim Advocate that can provide information on the criminal justice process and offer additional assistance.

Domestic Violence Detective	(510) 981-5736
Domestic Violence Advocate (24 hour)	(510) 757-5123
Sexual Assault Detective	(510) 981-5716

Victim Information & Notification Everyday (VINE)

To find out if and where an offender is in custody in the State of California or to be notified when an offender is being released from custody, call (877) 411-5588. You need a touchtone telephone. You will also need to know the name of the person in-custody. Victims should not rely on this as a guarantee of their personal safety.

U Visas

U Visas were created by Federal Law to encourage non-citizen crime victim cooperation with law enforcement by providing victims protection from deportation and a pathway to a green card. More

information can be found at the California DOJ's Office of the Attorney General website at www.oag.ca.gov as well as the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

T Visas

T Visas allow victims of severe forms of human trafficking to remain in the US to assist authorities in their investigation. More information can be found at the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

RESTRAINING ORDER INFORMATION

If you have been threatened, harassed, abused, or assaulted, you can apply for a Restraining Order. If the offender is your current or former spouse, partner, or someone with whom you have a child, you can apply for a "Domestic Violence Restraining Order." If you are married to the offender, you do not have to get a divorce to get a Restraining Order. If the offender is a neighbor, friend, or acquaintance, you may request a "Civil Harassment Order." There is a fee for Civil Harassment Restraining Orders. If you are low-income, you can apply for a fee waiver.

How to apply. You can apply for Restraining Orders at the:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA 94612
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA.

You can obtain the paperwork and detailed instructions at the Courthouse or online at www.courts.ca.gov. The Victim Advocate at (510) 830-3663 or the Family Violence Law Center at (800) 947-8301 may also be able to assist you in obtaining a Domestic Violence Restraining Order.

Cost. There is no fee for obtaining a "Domestic Violence Restraining Order." There is a fee for obtaining a "Civil Harassment Order." If you are low-income, you can apply for a fee waiver. You do not need an attorney to obtain a Restraining Order, but it is a good idea to have one if one is available to you.

How long does it take to get a Restraining Order?

It is possible to get a Temporary Restraining Order within 24-hours, or it may take as long as a week. It is important to start the process of obtaining a long-term Restraining Order early. If the police gave you an "Emergency Protective Order," do not wait until this Order expires before applying for a more long-term Restraining Order.

What the Restraining Order can do?

1. Order the defendant to stay a specified distance away from you, your family, and/or members of your household.
2. Order the defendant to stay away from your home, your workplace, your family's home, your children's school/childcare location, and other addresses if necessary.
3. Order the defendant to move out of your home or apartment even if the defendant's name is on the lease or he/she is a co-owner.
4. Give you custody of your children and mandate a visitation order.
5. Order child support.
6. Order the defendant not to contact, harass, or abuse you, your family, and members of your household.
7. Give you the use of certain property.
8. Reimburse you for lost earnings and/or actual expenses caused directly by the violence such as medical bills and property damage.
9. Order the defendant to pay certain debts.
10. Order the defendant to complete a 52-week Batterer's Intervention Counseling Program.

NOTE: A Restraining Order is not enforceable until it has been served, meaning the defendant has been notified in person in court or by a police officer that they are restrained.

Keep your Restraining Order with you.

If you have obtained a Restraining Order which stops the offender from beating or harassing you, and the offender knowingly violates the Order, they can be arrested and, in most cases, taken to jail. Even though the Police Department should have your Restraining Order in their computer system, it is extremely important that you keep a copy of your Restraining Order and Proof of Service with you at all times.

What should you do if the defendant violates your Restraining Order?

1. Call the Police.
2. Ask that a formal report be taken even if the defendant has left.
3. If the defendant has been served with the Restraining Order and is still there when the police arrive, they can be arrested by the police.
4. Contact the BPD Investigations Division the next work day after you have made a police report to follow-up regarding prosecution of your Restraining Order violation case.

Suing the Offender

You may have a right to sue the offender in civil court in addition to pressing criminal charges. If you have lost wages, accumulated medical bills, property damage, or other losses because of the abuse, you may contact a lawyer. For assistance in locating an attorney, contact the Alameda County Lawyer Referral Service at (510) 302-2222.

INJURIES

You may notice additional or worsening injuries after the police have taken your report and left. For example, bruising may be more pronounced in the days following an assault. Detectives may ask for additional photos to be taken of your injuries.

STRANGULATION

Strangulation may cause serious internal injuries and victims are highly encouraged to seek medical attention right away. Tell officers or medical personnel if the suspect strangled or attempted to suffocate you.

SEXUAL ASSAULT INFORMATION

How to Get Help.

Sexual assault is a serious and emotional crime. It can involve someone you know, or a stranger. Reporting a rape or sexual assault to the police can be a difficult decision. For assistance, call a Rape Crisis Center for help and guidance.

BAWAR (Bay Area Women Against Rape) www.bawar.org
470 27th St., Oakland, CA 94612 24 hour (510) 845-7273

Alameda County Family Justice Center
470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network) (800) 656-4673

SEXUAL ASSAULT VICTIMS: RIGHTS

This information is to be provided to victims of sexual assault in writing before investigating further.

As a sexual assault victim you have the following rights specific to sexual assault:

You are not required to participate in the criminal justice system or to make a police report.

You have a right to have a sexual assault counselor/victim advocate and at least one support person of your choosing present at any initial medical evidentiary examination, physical examination, or investigative interview arising out of a sexual assault. Sexual assault counselors/advocates are available immediately 24 hours a day.

You are not required to participate in a medical evidentiary or physical examination.

You will not incur any out of pocket expenses for any forensic examinations.

Sexual assault forensic evidence will be sent to the lab to be tested and analyzed unless the victim requests the evidence not be tested.

Victims may request information about the results of analysis of any sexual assault forensic evidence from the hospital conducting the exam or the Berkeley Police Department.

You have the right to request to be interviewed by a male or female officer.

Sexual assault evidence deteriorates over time. Biological evidence may become impossible to recover as time passes. Biological evidence should be collected and preserved as soon as possible.

Sexual assault forensic evidence will be retained for at least 20 years, or if the victim is under 18, until the victim's 40th birthday.

Restraining Orders and Protective Orders are available to you and information on how to obtain them and get assistance is included in this pamphlet.

As a victim of crime, you also have the rights outlined at the end of the pamphlet in the **VICTIM'S BILL OF RIGHTS MARSY'S LAW** section.

If you intend to report a rape or sexual assault to the police:

1. Help preserve the evidence. Do not bathe, douche, change or wash your clothes, or alter anything at the location of the assault.
2. Contact the police as soon as possible so they can take you to a hospital and make a report.
3. Although the police will take a detailed report, you can ask that your name not become a matter of public record.
4. You have the right to have an Advocate and a support person of your choice with you during the hospital exam and police questioning.

COMMUNITY RESOURCES FOR VICTIMS

Emergency Services.

Domestic Violence Counselors are available 24-hours a day if you are in need of crisis counseling, emergency relocation to a safe place, seeking safety planning, or restraining order information. You can contact the Family Violence Law Center's Mobile Response Team at (800) 947-8301.

Legal Assistance

Family Violence Law Center	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Shelters and Hotlines

A Safe Place	(510) 536-7233 (510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT (866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women’s Shelter	(415) 924-6616
Asian Women’s Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE (800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Counseling for Survivors

Being the victim of a crime can be extremely traumatic and difficult. It is very important that you get the support that you need to take care of yourself. The following agencies provide counseling and assistance.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233

Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clinica de la Raza (Spanish)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Counseling for Children

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children’s Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Counseling for Offenders

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

STATE OF CALIFORNIA CRIME VICTIM COMPENSATION PROGRAM

Victims of crime or their dependents may be paid by the State of California for expenses relating to the criminal act. California’s Victim Compensation Program may pay for expenses such as:

- Medical and dental treatment
- Mental health counseling
- Relocation for your safety
- Home security
- Lost income

NOTE: California Victim's Compensation Program cannot pay for property damages.

For further information about this Program or to get an application, please contact:

California Victim Compensation Program

Statewide (800) 777-9229
Alameda County (510) 272-6180

Alameda Co. District Attorney's Victim/Witness Assistance Program

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Alameda County Family Justice Center

470 27th Street Oakland, CA 94612 (510) 267-8800

VICTIM'S BILL OF RIGHTS MARSY'S LAW

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect**
To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse throughout the criminal or juvenile justice process.
- 2. Protection from the Defendant**
To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail & Release Conditions**
To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- 4. The Prevention of the Disclosure of Confidential Information**
To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the

victim or the victim's family, or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.

5. Refusal to be interviewed by the Defense

To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.

6. Conference with the Prosecution and Notice of Pretrial Disposition

To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant and, upon request, to be notified of and informed before any pretrial disposition of the case.

7. Notice of and Presence at Public Proceedings

To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.

8. Appearance at Court Proceedings and Expression of Views

To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

9. Speedy Trial and Prompt Conclusion of the Case

To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.

10. Provision of Information to the Probation Department

To provide information to a Probation Department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.

11. Receipt of Pre-Sentence Report

To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.

12. Information on Conviction, Sentence, Incarceration, Release, and Escape

To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.

13. Restitution

- A. It is the unequivocal intention of the People of the State of California that all persons, who suffer losses as a result of criminal activity, shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
- B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
- C. All monetary payments, monies, and property collected from any person, who has been ordered to make restitution, shall be first applied to pay the amounts ordered as restitution to the victim.

14. The Prompt Return of Property

To the prompt return of property when no longer needed as evidence.

15. Notice of Parole Procedures and Release on Parole

To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.

16. Safety of Victim and Public are Factors in Parole Release

To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.

Information about these 16 Rights

To be informed of the Rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices.

To obtain information on the Victim Witness Assistance Center nearest to you, contact:

Attorney General's Victim Services Unit (877) 433-9069

Additional Information for University of California Affiliates

If you are affiliated with UC Berkeley you are being provided with this valuable resource guide because you have been recently impacted by criminal activity, or may need resources the University can provide. The University of California, Berkeley has many resources available to assist you during what may be a difficult time. Please know we are committed to addressing your needs in conjunction with our community partners.

UCPD Berkeley
For more information visit:
<http://safetycounts.berkeley.edu>
<http://survivorsupport.berkeley.edu/>
CARE Confidential Advocates:



(510) 642-1988

REPORT

Center for Student Conduct

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

SUPPORT

Gender Equity Resource Center

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsrvs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICAL

University Health Services, Urgent Care Clinic

2222 Bancroft Way (The Tang Center)
(510) 643-7197 (advice after hours), www.uhs.berkeley.edu

This material is available in alternative formats upon request. Alternative formats include audio-format, braille, large print, electronic text, etc. Please contact the Disability Services Specialist and allow 7-10 days for productions of the material in an alternative format.

Disability Services Specialist

Email: ADA@cityofberkeley.info

Phone: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims Pamphlet

NOTICE OF REPORT
Berkeley Police Department
Tsukamoto Public Safety Building
2100 Martin Luther King Jr. Way
Berkeley, CA 94704
(510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number:

Date:

Type of Report/Offense:

Officer's name:

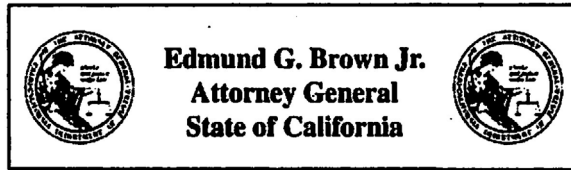
Badge #:

Officer's duty hours:

Days off:

If you have questions regarding the status of the investigation of your case, please contact the Police detail indicated below. Inquiries should be made Monday – Friday, 8:00am-4:30pm.

Crimes Against Property	(510) 981-5737
Domestic Violence	(510) 981-5736
Sex Crimes	(510) 981-5716
Youth Services	(510) 981-5715
Homicide/Assault	(510) 981-5741
Robbery	(510) 981-5742
Traffic	(510) 981-5980



Victims' Bill of Rights
Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect**
To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse, throughout the criminal or juvenile justice process.
- 2. Protection from the Defendant**
To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail and Release Conditions**
To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- 4. The Prevention of the Disclosure of Confidential Information**
To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the victim or the victim's family or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.
- 5. Refusal to be Interviewed by the Defense**
To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
- 6. Conference with the Prosecution and Notice of Pretrial Disposition**
To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding, the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant, and, upon request, to be notified of and informed before any pretrial disposition of the case.
- 7. Notice of and Presence at Public Proceedings**
To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.
- 8. Appearance at Court Proceedings and Expression of Views**
To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

- 9. Speedy Trial and Prompt Conclusion of the Case**
To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.
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To provide information to a probation department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.
- 11. Receipt of Pre-Sentence Report**
To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.
- 12. Information About Conviction, Sentence, Incarceration, Release, and Escape**
To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.
- 13. Restitution**
- A. It is the unequivocal intention of the People of the State of California that all persons who suffer losses as a result of criminal activity shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
 - B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
 - C. All monetary payments, monies, and property collected from any person who has been ordered to make restitution shall be first applied to pay the amounts ordered as restitution to the victim.
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Attorney General's Victim Services Unit
1-877-433-9069

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BERKELEY COMMUNITY MEETING FEEDBACK

Overview:

The three virtual Community Meetings were the culmination of the Community Engagement process. Following the distribution of the survey and 15 listening sessions focused on vulnerable populations and stakeholders, the Community Meetings were scheduled after the submission of NICJR's Draft Final Report and Recommendations. The intention with the timing of these events was to offer the broader Berkeley community an opportunity to provide feedback on the Draft Final Report while also sharing thoughts and ideas on ways in which the City of Berkeley can continue this process of Reimagining Public Safety.

Each meeting identified a specific group of districts listed below:

January 13, 2022: Districts 1,2

January 20, 2022: Districts 3,4

February 3, 2022: Districts 5, 6, 7, 8

NICJR incorporated several ways in which feedback could be provided during the Community Meetings. In addition to a Question and Answer session the following pages include direct feedback from interactive platforms Mentimeter and Jamboard; which was utilized during the Breakout Rooms.

What are the most pressing public safety issues impacting you and your community?



What are the most pressing public safety issues impacting you and your community?



What are the most pressing public safety issues impacting you and your community?



What are the most important investments in the community that would support increased public safety?

Mentimeter



14

What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Cheryl-some of your retorts are invalidating. *Listening* doesn't require a response. The purpose of these meetings should be *listening* to what the community's concerns, not railroading through your agenda

In my experience, the BPD have been professional and courteous. I do not agree with the premise that fewer officers will result in increased safety.

2017 through September 2021 shows the department responded to an average of 72,738 calls for service per year and averaged 2,804 arrests. = 0.038! Why are reimagining safety for such a small

It sounds like you are removing the ability of officers to be proactive - by reducing interactions, by reducing police, by reducing their ability to be effective. This is not what we want.

CIT left out of the report.

made, Berkeley's Police Department needs to maintain the ability to respond to and investigate violent crime, they are an essential institution in Berkeley and have made me and my family safer as we have experienced

there are only ~50 people at this meeting out of ~120k Berkeley residents, how will this potentially dramatic departure from current policies be communicated to a much wider audience?

I am deeply concerned about the implementation of the CERN program. Replacing 911 calls with community personnel instead of police is extremely high risk.

triage of different calls relies on accurate information from callers- this is often not the case, and a well staffed call center, which Berkeley currently does not have. Will the proposed system work without this triage?

less- I am worried this "reimagining" process is being used as an excuse to raise taxes for more from an already overburdened tax base. I would feel much more comfortable supporting this initiative with a pledge for funding

we have CERN and SCU? Should be 1 entity. Seems problematic. We need 1 additional new phone line mental health crisis/ overdoses, etc. Only 1% of calls are actually violent crime in Berkeley. We need police out of mental

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Glad to see Advance Peace has been added to list of recommendations

please don't reinvest further in police reform (such as the new police academy or new QAT bureau)

council members have been for years talking about spending money for a cease fire program and it never happens. looking at our history and why there isn't better community engagement is important.

didn't hear mention of the gangs which have been in the city for a long time

Safety for all - without displacing is complicated and not a concept we actually understand well. A lot of it has to do with actually educating everyone. Berkeley schools hopefully will be engaged in this process and held

While the study is very interesting and great - it takes a lot of effort and openness to change the status quo. How can we build that willingness amongst community members.

we need buy in of city staff for any of the recommendations to work. our elected officials often make policies that staff often doesn't know how to implement and doesn't buy into. I didn't see suggestions for staff

I agree we already have social programs for youth - Under-funding limits their impact.

many of the "recommendations" from NICJR are things already in place/in progress in Berkeley - not sure how helpful they are (e.g., EIS, ending pretext stops)

Very helpful presentation. I see a level of humility that is appropriate in any ground-breaking proposal like this. But we are also being appropriately ambitious due to the challenges we face in revisioning public

Question. Is it possible to train responders into compassion? Compassion would have saved the life of the man who died this weekend just outside the police station.

Training of CERN and who could fill those roles is not well researched/explained

In addition to history of policing, it would have been helpful for report to describe how policing fails to actually prevent most crime and how police "reform" efforts are mostly unsuccessful

concern about nonsworn officers handling DV and traffic stops. also concerned that police are needed to secure situations before mental health and others respond

concerned that some alternatives like CAHOOTS have low percentage effectiveness. again, as i stated, 30-40% of crime in berkeley is committed by out of city offenders.

An A/B pilot test seems reasonable. The other two seem like massive overkill in time, money, and effort in a town where there are mental health services, police review, etc.

Planting trees and neighborhood clean up matters. I've seen research showing that it has a substantial impact on property crime and violence.

Having appropriate non-police response to behavior problems will be a great improvement

Very little here to actually "reimagine" and provide solutions to the underlying root causes of crime (e.g., lack of housing, health care, jobs)

Lighting is a big issue in the city - it makes streets / parks and public spaces safer

we already have social programs for youth

How do the CBOs access the money which supposedly exists for more interaction with the community?

the guaranteed income is really not okay when so many community members are struggling to pay taxes here, which are about the highest in the area

City needs to invest substantially in BerkDOT and self-enforcing streets

I am glad to hear positive mention of the Fair and Impartial Policing plan proposed by the mayor's working group and adopted by the city council. However, the specifics of the program are vital for the "Improve"

Are black community members in favor of these changes? elsewhere that has not been the case, I believe

reflect reality of policing in Berkeley by including officers in your discussions. So far it all seems disrespectful to the folks who make life in Berkeley possible.

Significant need for job training and opportunities for youth starting early (e.g., middle school)

agree with writer about lack of mention of gang in Berkeley

City already has many many programs. Are they working? How will new ones help?

Should also think about traffic safety in terms of passive devices: red light cameras; speeding cameras; speed bumps.

Having lived many places, BPD seems like a good police department if under-staffed.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

What's the process for intervening with people who live outside the area who are committing (violent) crime within the City. How do we find the people who are causing the crime?

The call types currently assigned to CERN have overlap with calls that the SCU should be responding to. CERN and SCU should be combined into one program that addresses non-criminal calls,

It is confusing and rather unproductive to have CERN separated from the SCU and will likely lead to confusion with dispatch, overlapping jurisdiction and uncertainty within the community. Not to mention the

The mayor asserted a "fair and objective data based" process. I haven't been hearing or seeing the data base for the need for an "alternative" scheme. Nor am I seeing or hearing a data base in terms of any expected results

what does success look like here? What is the problem we're trying to solve? If we're a pilot and the metrics aren't achieved then what?

Being sure things are adequately funded will be so important. CBOs are always underfunded. They will step up to be helpful but will not be able to succeed w/o needed funding. Police are extraordinarily well

Were there recommendations/solutions that are suggested/implemented in other cities, but weren't made to our city/Berkeley, and why?

The inclusion of police at any level will taint the CERN/SCU programs entirely. Rather than working in concert with police, the CERN/SCU should work solely on calls that do not require police assistance or backup.

The problem we are trying to solve is systemic racism and injustices. Restate the facts/evidence of this in Berkeley. That is why we are here.

I passionately support these solutions. We need to implement reimagining public safety in Berkeley

The section on the history of policing in Berkeley doesn't include the history of corruption within the BPD

support the recommendations and curious to see the data that shows what the issue is and how it is addressed through the recommendations

How do we as a community define Public Safety?

Can't find police when you need them.

Is this effort just a new way of framing police and fire and emergency services or are we really reimagining public safety?

word cloud indicates general fear of Berkeley residents. What part of plan (particularly reinvest) addresses/mitigates community fear, thus helping community embrace change from the Reduce Improve and Reinvest

CERN/SCU should not respond to misdemeanors as this will lead them towards being an enforcement power (aka policing power). It is crucial that CERN/SCU value safety over enforcement in order

Suggest a Community Based Organization assessment, showing what the coverage in skills and areas already exists, and where there are gaps. So that reinvestment can proactively start building capacity in gap areas.

The creation of a "progressive" police academy will adversely affect attempts to shrink the footprint and budget of BPD. Instead, create a Public Safety Academy to train CERN/SCU employees, other first responders,

Casual reference to "programs" elsewhere does not provide us "data". Nor do advocacies for alleged "community members" wanting various things is not quantified. Nor results. WHERE IS THE DATA?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen. You will be able to write your feedback on the sticky note, click save and place it on the screen.

We've spent a lot on police and we still have rising crime! Time for a new approach! We need to address the root causes of crime.

Emphasize more how police attention to category 3 and 4 crimes will be enhanced

I have done a lot of podcast listening and reading on RPS and really support the NICJR report!

Is there a recommendation for how the city should organize the implementation of the RPS process? There is a lot to do! Does there need to be a new Department of RPS?

How should the city track the progress of the pilot? What metrics should be used? This seems important to be able to show reduced calls, increased CBO budgets, etc. so we can track successes and lack of successes.

Who will train the CERN staff?

I'm concerned about a lack of city focus on carrying this forward. Seems to me that it should be housed in the city, outside of the PD, with an RPS commission.

How is the savings going to be reinvested? Transparency with how the 6 million mentioned will be spent is important.

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Concerns about a decrease in the number of police responding to calls for service.

Thanks for the presentation. I had no idea about this process until now.

Questions about how the CERN pilot is being funded.

How will the CERN pilot be evaluated?

Concerns about non-criminal calls that lead to violent crimes.

Are police involved in the RPSTF process? What are their thoughts on this?

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Loved the question on How do we get ACTION from the City Council?

Will be effective IF implemented

Some aspects of these recommendations should be put under oversight of Police Accountability Board

Need a "czar" in city government whose job it is to KEEP THIS REIMAGINING EFFORT MOVING FORWARD!

Invest serious funding in implementation!

Will be of no use if NOT implemented.

Great report, NIJCR!

How do we respond to South Berkeley concerns about gunfire?

Are there any pilot Phase 1 categories that BPD is on board with? If so, these seem like the ones most likely to move ahead quickly, assuming folks offer the RFP.

What other ways can we ensure that South Berkeley's concerns about gunfire will be more effectively addressed under a re-imagined framework? For example, funds for cameras.

effective traffic (safety) enforcement for several years. If CERN officers could respond to reported incidents AND follow-up that would likely result in many more reports (of dangerous drivers for example). As it stands now few are reported because nobody

Where to find clearer understanding of what police money is being used for other things, e.g. how much does parking enforcement cost - what kind of savings could there be.

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

I like the CERN rubric, but I think questions remain about how where the lines will be drawn and how exactly the decisions will be made on where calls for service should be assigned.

Strengthen focus on F&I and PAB

Concurrent processes like Fair and Impartial TF/SCU. How to ensure programs are actually implemented?

More community outreach

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

How do we go against a system that is inherently racist?

I worry that the police dept will not be willing to make change.

The City is in the process of hiring a new Police Chief - what sort of background would be needed to implement the new program. Has there been discussion with the police union

The police is not cooperating with the Police Advisory Board. why will they cooperate with you?

When are we going to hear from the most impacted people in Berkeley during this process? Meaning the most marginalized and oppressed groups.

What has been the outreach to POC?

Have the city council members been involved with contacting their constituents for these meetings

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen, fourth icon down. You will be able to write your feedback on the sticky note, click save and place it on the screen.

Partnering seems to be missing in the process. The process seems adversarial and not a partnership with the police.

In 11.23 draft, fn. 7, p. 27, Appendix I "Community members have expressed concerns about MCT's ability to properly assist with calls for service." - seems overly judgmental and under-evidenced

in support of Charles and Cheryl on PD with mental health crisis successes with PD standing nearby

Concern regarding a whole new way of training and providing EMS services. What impact will this have on the emergency communications center?

Having the last resort language in Policy 300 may be problematic. Look at what BPD actually has in their policy.

CIT is left out of the report

Seems like it has become a competition vs lay people take over MH CFS were people are in crisis

Having MH professionals respond to some calls for service seems somewhat appropriate

Community that seems to be resistant to the whole process fears that they will have less protection for public safety

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen, fourth icon down. You will be able to write your feedback on the sticky note, click save and place it on the screen.

How does the list of BPD "problems" in the Draft Report compare to other cities our size?

What is the BPD response to this report?

Does your process recognize that many crimes committed in Berkeley are by professional criminals who live in other cities?

My biggest question is no mention that Berkeley has a unified 911 Call Center. How do you propose dealing with that?

What is the expected effect on the crime rate in Berkeley?

As for a stronger restraint on use of force it was the BPD and council members that resisted a stronger policy so how do you advise changing that

The problem identified by the the policing equity report was disparate treatment by race. I didn't hear anything on racism

Does State Law allow civilians to do traffic stops?

Did your work cover the instance of the resident who called in a "trespasser" and was killed by the trespasser before the BPD arrived

Deschutes county stabilization center
<https://www.deschutes.org>

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Good presentation. Would like to hear more about implementation obstacles re City Council etc.

police. This seems to be a longtime NICJR mission (which is OK), but it seems stuck in 2020's summer of rage. With violent crime spiking, most cities are trying to expand their police forces, with better training and

Using pilot project to learn -- but also to KEEP MOVING FORWARD -- makes a lot of sense.

Totally support using our public safety dollars more effectively to address root causes

To me, it's about efficient use of dollars, not hostility toward police

In many cases, the anticipated CERN people will be in potentially dangerous and escalatory situations. We need to protect THESE people as well as offenders. They will need police backup to stay safe.

Why do we have CERN and SCU when it could be all put under SCU?

Can our city reverse some effects of cash bail reform so offenders can be kept off the streets, rather than coming back and re-offending?

Agree with the intermediate objectives: End pretextual stops; make unarmed people the lead responders to low-hazard calls.

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Violent crime is in fact a problem in Berkeley (as in many cities). The number of shootings so far this year is appalling.

How can we pursue the reforms that are needed given the backlash stirred up by the supposed "crime tsunami"?

I appreciate the thoroughness of the report highlighting the most pressing issues within BPD and the fact that investment in violence prevention is critical.

Derek Chauvin did not work for the BPD. We need to focus on our local situation and not transfer our outrage about things happening in other places to our law enforcement folks.

public safety, we need to also realize that many of the people arrested for crimes, including violent crimes in Berkeley, live in other surrounding communities and we cannot provide services for them.

I recommend that the city looks within organizations that are connected and have relationships with community members to be most effective.

should be given to the BPD's feedback on types of calls that need police response. I'm sure officers would be glad to have other calls covered by appropriately trained responders, but many of the calls may need a police response at the outset regardless

other surrounding communities and we cannot provide services for them. Again, we need to focus on our actual local situation and what we can do to improve public safety

hope its recommendations can be implemented. I'm concerned that the UBI proposal, which is race-based rather than solely based on income, is a political liability. For example, a demagogue could readily use the racial

Our BPD should be supported for the challenging and mostly excellent work they do. We need to fully staff the police department to have the necessary resources to keep our city safe.

I think it would be valuable to specify the difference between CERN and the Specialized Care Unit because it seems like the default with CERN is to still have police on the scene

Traffic enforcement is a huge gap in current public safety. Too many dangerous drivers are endangering the public with no consequences. We need a much larger staff to handle traffic enforcement all over the city.

I would like to see the data that shows a problem with pretextual stops as an issue in Berkeley. Abandoning traffic enforcement leads to more problems and less safety.

Glossary of Terms

ACPD:	Alameda County Probation Department
ACPI:	American Crime Prevention Institute
ACR:	Alternative Crisis Response
ACS:	Albuquerque Community Safety Department
ANOVA:	Analysis of Variance
ASUC:	Associated Students of the University of California
APD:	Albuquerque Police Department
APD:	Austin Police Department
BACS	Bay Area Community Services
BAPA:	Bay Area Progressive Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT:	Berkeley Department of Transportation
B-HEARD:	Behavioral Health Emergency Assistance Response Division
BI:	Business Intelligence
BIPOC:	Black, Indigenous People of Color
BOSS:	Building Opportunities for Self Sufficiency
BPC:	Business and Professions Code
BPD:	Berkeley Police Department
BPSA:	Black Public Safety Alliance
BRG:	Bright Research Group
BWC:	Body Worn Camera
BYA:	Berkeley Youth Alternatives
CAD:	Computer Aided Dispatch
CAHOOTS:	Crisis Assistance Helping Out on The Streets
CATT:	Community Assessment and Transportation Team
CBO:	Community Based Organization

CBTSim:	Counter Bias Training Simulation
CCD:	Crisis Call Diversion
CDC:	Center for Disease Control
CE:	Community Engagement
CEO:	Center for Employment Opportunity
CEO:	Chief Executive Office
CES:	Coordinated Entry System
CERN:	Community Emergency Response Network
CFS:	Calls for Service
CHP:	California Highway Patrol
CJC:	Community Justice Center
CPD:	Chicago Police Department
CPTCE:	Crime Prevention Through Community Engagement
CRU:	Crisis Response Unit
CSO:	Community Service Officer
CSP:	Community Safe Partnership
CWC:	Creative Wellness Center
DBA:	Downtown Berkeley Association
DJJ:	Department of Juvenile Justice
DMH:	Department of Mental Health
DPD:	Denver Police Department
DPN:	Delinquency Prevention Network
EIS:	Early Intervention Systems
EMCOT:	Expanded Mobile Crisis Outreach Team
EMS:	Emergency Medical Services
EMT:	Emergency Medical Technician
EPIC:	Ethical Policing Is Courageous
ESOP:	Ethical Society Of Police
EU:	European Union
EWIS:	Early Warning Intervention System

FAIR Girls:	Free Aware Inspired Restored
FBI:	Federal Bureau of Investigation
FOP:	Fraternal Order of Police
FTE:	Full Time Employee
FTO:	Field Training Officer
FY:	Fiscal Year
GF:	General Fund
GVRs:	Gun Violence Reduction Strategy
HACLA:	Housing Authority of the City of Los Angeles
HALO:	Highly Accountable Learning Organization
HPD:	Houston Police Department
HRC:	Housing Resource Center
HVIP:	Hospital Violence Intervention Program
IHOT:	In-Home Outreach Team
IPV:	Intimate Partner Violence
JJCPA:	Juvenile Justice Crime Prevention Act
LAPD:	Los Angeles Police Department
LEAP:	Leadership, Education, and Athletics in Partnership
LGBTQ:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning
LGBTQIA+:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual
MACRO:	Mobile Assistance Community Responders of Oakland
MAP:	Mayor's Action Plan for Neighborhood Safety
MCT:	Mobile Crisis Team
MHD:	Mental Health Division
MISD:	Misdemeanor

MISSEY:	Motivating, Inspiring, Supporting & Serving exually Exploited Youth
NBF:	New Bridge Foundation
NC:	Non-Criminal
NCA:	Neighborhood Change Agent
NEED:	Needle Exchange Emergency Distribution
NEP:	Needle Exchange Program
NIBRS:	National Incident Based Reporting System
NV FEL:	Non-Violent Felony
NYC:	New York City
NYCHA:	New York City Housing Authority
NYPD:	New York Police Department
ONS:	Office of Neighborhood Safety
OPD:	Oakland Police Department
OPD:	Olympia Police Department
OPS:	Police Operations
PD:	Police Department
PERF:	Police Executive Research Forum
POC:	People of Color
Project ABLE:	Active Bystandership for Law Enforcement
PTSD:	Post Traumatic Stress Disorder
QAT:	Quality Assurance Training
QTBIPOC:	Queer, Trans, Black and Indigenous People of Color
RAMS:	Richmond Area Multi-Services
RIPA:	Racial Identity and Profiling Advisory
RPD:	Richmond Police Department
RPSTF:	Reimagining Public Safety Task Force
SARA model:	Scanning, Analysis, Response, Assessment

SCRT:	Street Crisis Response Team
SCU:	Specialized Care Unit
SEEDS:	Services that Encourage Effective Dialogue and Solutions
SIF:	Safe Injection Facilities
SNAP:	Supplemental Nutrition Assistance Program
SPARQ:	Social Psychological Answers to Real World questions
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Income
SSP:	Syringe Services Programs
STAR:	Support Team Assisted Response
STAIR:	Stability, Navigation and Respite
SV:	Sexual Violence
SV FEL:	Serious Violent Felony
TAY:	Transition Age Youth
TF:	Task Force
TVIT:	Trafficking Victim Identification Tool
UCLA:	University of California, Los Angeles
UCPD:	University of California Police Department
UCR:	Uniform Crime Report
VOIP:	Voice Over Internet Protocol
WSCJTC:	Washington State Criminal Justice Training Commission
YOBG:	YOUTH ORIGINATING BUREAU GROUP
YSA:	Youth Spirit Artworks



Office of the City Manager

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

There are no identifiable environmental effects or opportunities associated with the subject of this report.

POSSIBLE FUTURE ACTION

The City of Berkeley, in partnership with the SCU Steering Committee, will move into the implementation phase of the Specialized Care Unit.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

Implementing the SCU will require significant funding. In addition to funding the operations, it will require staff time across several City departments, which may have varying financial impacts depending on the staff member's department. Additionally, the City anticipates releasing a Request for Proposals to recruit a community-based organization to serve as lead agency for the Specialized Care Unit and hiring a consultant in healthcare finance to develop a fiscal strategy for sustainability. These contracts will be funded through previously allocated American Rescue Plan Act funding. Identifying sustainable long-term funding for the SCU is an important next step, as described above.

CONTACT PERSON

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Attachments:

- 1: [City of Berkeley Crisis Models Report \(Research Development Associates\)](#)
- 2: [City of Berkeley Mental Health Crisis Response Services and Stakeholder Perspectives Report \(Research Development Associates\)](#)
- 3: [City of Berkeley Specialized Care Unit Crisis Response Recommendations \(Research Development Associates\)](#)
- 4: National Institute for Criminal Justice Reform Final Report and Implementation Plan



City of Berkeley

Crisis Response Models Report



City of Berkeley

Specialized Care Unit Model Recommendations

Crisis Response Models Report

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This report was developed by Resource Development Associates under contract with the City of Berkeley Health, Housing & Community Services Department.

Resource Development Associates, September 2021





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Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. This report provides a synthesized summary of RDA's findings, including common themes that emerged from across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned. Please see the table below for a list of the programs that RDA reviewed. For the first nine programs listed (in bold and italics), RDA conducted phone interviews with representatives to obtain a further understanding of their program models; these programs are cited more often in this report because RDA had more details about them. For the remaining programs listed, RDA reviewed information that was available online. For a tabular summary of the key components of each crisis response program that RDA reviewed, please see Appendix C at the end of this report.

Additionally, SAMHSA's summary of its National Guidelines for Behavioral Health Crisis Care (released in 2020) is included in Appendix A of this report.

<u>Program Name</u>	<u>Location</u>
<i>B-HEARD (the Behavioral Health Emergency Assistance Response Division)</i>	<i>New York, NY</i>
<i>Crisis Assistance Helping Out On The Streets (CAHOOTS)</i>	<i>Eugene, OR</i>
<i>Crisis Response Pilot</i>	<i>Chicago, IL</i>
<i>Expanded Mobile Crisis Outreach Team (EMCOT)</i>	<i>Austin, TX</i>
<i>Mental Health First / Anti-Police Terror Project</i>	<i>Sacramento and Oakland, CA</i>
<i>Portland Street Response</i>	<i>Portland, OR</i>

<u>Program Name</u>	<u>Location</u>
<i>REACH 24/7 Crisis Diversion</i>	<i>Edmonton, Alberta, Canada</i>
<i>Support Team Assisted Response (STAR)</i>	<i>Denver, CO</i>
<i>Street Crisis Response Team (SCRT)</i>	<i>San Francisco, CA</i>
Albuquerque Community Safety Department	Albuquerque, NM
Boston Police Department's Co-Responder Program	Boston, MA
Community Assessment & Transport Team (CATT)	Alameda County, CA
Community Paramedicine	California (statewide)
Crisis Call Diversion Program (CCD)	Houston, TX
Crisis Now	National model (via SAMHSA)
Crisis Response Unit	Olympia, WA
Cuyahoga County Mobile Crisis Team	Cuyahoga County, Ohio
Department of Community Response	Sacramento, CA
Department of Community Solutions and Public Safety	Ithaca, NY
Downtown Emergency Service Center (DESC) Mobile Crisis Team	King County, WA
Georgia Crisis & Access Line (GCAL)	Georgia (statewide)
Los Angeles County Department of Mental Health – ACCESS Center	Los Angeles County, CA
Los Angeles County Department of Mental Health – Co-Response Program	Los Angeles County, CA
Los Angeles County Department of Mental Health – Psychiatric Mobile Response Teams (PMRT)	Los Angeles County, CA
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, CA
Mental Health Acute Assessment Team (MHAAT)	Sydney, Australia
Mental Health Mobile Crisis Team (MHMCT)	Nova Scotia, Canada
Mobile Crisis Assistance Team (MCAT)	Indianapolis, IN
Mobile Crisis Rapid Response Team (MCRRT)	Hamilton, Ontario, Canada
Mobile Emergency Response Team for Youth (MERTY)	Santa Cruz, CA
Mobile Evaluation Team (MET)	East Oakland, CA
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team	Stockholm, Sweden

<u>Program Name</u>	<u>Location</u>
Police and Clinician Emergency Response (PACER)	Australia (several locations)
Seattle Crisis Response Team	Seattle, WA
Street Triage	England (several locations)
Therapeutic Transportation Pilot Program/Alternative Crisis Response	Los Angeles City and County, CA
Toronto Crisis Response	Toronto, Ontario, Canada

Crisis Response Models: An Overview

Of the crisis response program models reviewed, almost all specify that they respond to mental health and behavioral health concerns in their communities. Some models additionally specify that they respond to non-emergency calls, crises or disturbances related to substance use, homelessness, physical assault and sexual assault, family crises, and/or youth-specific concerns, as well as conduct welfare checks.

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state.¹ Of those Alameda County individuals placed on a 5150 psychiatric hold that were transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medically necessary criteria to be placed in inpatient acute psychiatric services. This demonstrates an overuse of emergency psychiatric services in Alameda County, which creates challenges in local communities such as having lengthy wait times for ambulance services when these ambulances are tied up transporting and waiting to discharge individuals on 5150 holds at psychiatric emergency service units.

Mental health crises are varied - they affect individuals across their lifespans, manifest in a variety of behaviors, and exist on a spectrum of

¹ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) – October 25, 2018. (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. <http://www.mhsoac.ca.gov/document/inn-plan-alameda-county-community-assessment-and-transport-team-catt-october-25-2018> & https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

severity and risk. A crisis response system ultimately seeks to provide care to individuals in the midst of a mental health crisis, keeping the individual and their surrounding community safe and healthy, and preventing the escalation of the crisis or exacerbating strains to mental and emotional well-being. As such, there are many considerations for the design of a mental health crisis response system that addresses the current shortcoming or flaws in existing models around the country and internationally.

Traditionally, the U.S. crisis response system has been under the purview of local police departments, typically with the support of local fire departments and emergency medical services (EMS), and activated by the local 911 emergency phone line. Over time, communities have responded to the need for a response system that better meets the mental health needs of community members by activating medical or therapeutic personnel in crisis response instead of traditional first responders (i.e., police, fire, EMS).

Term	Definition
Traditional Crisis Response Model	For the purposes of this report, we assume a traditional crisis response model includes having all crises routed through a 911 center that then dispatches the local law enforcement agency (as well as fire department and/or EMS, if necessary) to respond to the crisis.
Co-Responder Model	Co-responder models vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.
911 Diversion Programs	Programs with processes whereby police, fire, and EMS dispatchers divert eligible non-emergency, mental health-related calls to behavioral health specialists, who then manage crisis by telephone and offer referrals to needed services.
Alternate Model	Emerging and innovative behavioral health crisis response models that minimize law enforcement involvement and emphasize community-based provider teams and solutions for responding to individuals experiencing behavioral health crises.

Like a physical health crisis that requires treatment from medical professionals, a mental health crisis requires responses from mental health professionals. Tragically, police are 16 times more likely to kill someone

with a mental health illness compared to others without a mental illness.² A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.³ As a result, communities have begun to consider the urgent need for crisis response models that include mental health professionals rather than police.

In the current national discussion about appropriate crisis response strategies for individuals experiencing mental health crises, the prominent concerns voiced have typically focused on the safety of crisis responders and community members, the funding of such programs, and balancing a sense of urgency to implement new models quickly with the need for intentional planning and preparation. In order to understand the current models that exist, RDA reviewed nearly 40 national and international crisis response programs and specifically interviewed staff from 9 programs about their:

- Program planning efforts, including community engagement strategies, coordinating across city agencies and partner organizations, and program planning, implementation, and evaluation activities;
- Models' key elements, including dispatch, staffing, transport capabilities, follow-up care, and more;
- Program financing;
- Other considerations that were factored into their program planning; and
- Key lessons learned or advice for the City of Berkeley's implementation of its SCU.

Components of Crisis Response Models

While each crisis response program was designed to meet the needs of its local community, there are several overarching components that were common across the programs that RDA explored. The majority of crisis response programs use their community's existing 911 infrastructure for dispatch. Most programs respond to mental health and behavioral health calls where they engage in de-escalation, assessment, referral, and

² Szabo, L. (2015, December 10). People with mental illness 16 times more likely to be killed by police. *USA Today*.

<https://www.usatoday.com/story/news/2015/12/10/people-mental-illness-16-times-more-likely-killed-police/77059710/>

³ DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths Due to Use of Lethal Force by Law Enforcement. *American Journal of Preventive Medicine*, 51 (5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

transport. Nearly all programs recognize the need to operate 24/7. Staffing structure varies by the needs of the community, but many response team units are staffed by teams of two to three individuals and can include a combination of mental health professionals, physical health professionals, and peers with lived experience. Many teams arrive in plainclothes or T-shirts with logos in a vehicle equipped with medical and engagement items. Teams typically receive skills-based training in de-escalation, crisis intervention, situational awareness, and communication. Crisis teams will either transport clients themselves or call a third party to transport, depending on the legal requirements and staffing structure of the crisis response team. Programs varied in their inclusion and provision of follow-up care.

Underneath the high-level similarities of the crisis response models that RDA researched are the tailored nuances that each program adapted to its local needs, capacities, and priorities. Below are additional details, considerations, and examples from existing models to further inform the City of Berkeley's development and implementation of its SCU.

Accessing the Call Center

Of the reviewed crisis response programs, the majority use the existing local 911 infrastructure, including its call receiving and dispatch technology and staff. There are several advantages to this approach. The general public is typically familiar with the number and process for calling 911, which can reduce the barrier for accessing services. Also, because 911 call centers already have a triage protocol for behavioral health calls, there can be a more seamless transfer of these types of calls to the local crisis response program. Additionally, some calls might not be reported as a mental health emergency but can be identified as such by trained 911 dispatch staff.

Generally, the administration of 911 varies across the nation. In some locales, 911 is operated by the police department, while in other locales it is administered centrally across all emergency services. Some programs have mental health staff situated in the 911 call center to: a) directly answer calls; b) support calls answered by 911 staff; and/or c) provide services over the phone as a part of the 911 call center's response. In Chicago, in addition to diverting more calls to the crisis response program, the staff of Chicago's Crisis Response Pilot anticipates that having mental health clinicians embedded in their call center to do triage and telemedicine will help them lay the foundation for a smooth transition to 988.

988 is the three-digit phone call for the National Suicide Prevention Lifeline. By July 16, 2022, phone service providers across the country will direct all calls to 988 to the National Suicide Prevention Lifeline, so that Americans in crisis can connect with suicide prevention and mental health crisis

counselors.⁴ In California, AB 988 was passed in the State Assembly on June 2, 2021 (and is currently waiting on passage by the State Senate) – AB 988 seeks to allocate \$50 million for the implementation of 988 centers that have trained counselors receiving calls, as well as a number of other system-level changes.⁵ In RDA's research of crisis response models, some programs are actively planning for the upcoming 988 implementation when exploring the functionalities of their local 911 infrastructure and responsibilities; other programs were not differentiating 988 from 911 in the communities. For the purposes of this report, moving forward, we will not differentiate 911 from 988, and will refer to all emergency calls for service as going to 911.

Other programs use an alternative phone number in addition to or instead of 911. These numbers can be an existing non-emergency number (like 211) or a new phone number that goes directly to the crisis response program. Oftentimes a program will utilize an alternative phone number when they believe that people, particularly those disproportionately impacted by police violence, do not feel safe calling 911 because they fear a law enforcement response. Portland's Street Response team & Denver's STAR team use both a non-emergency number and 911, routed to the same call center. This supports community members that are hesitant to use 911 while also ensuring that calls that do come through 911 are still routed to Portland's Street Response team. Overall, designing a system in Portland with both options was intended to increase community members' access to mental health crisis services. Given that Portland's program began on February 16, 2021, not enough time has elapsed for findings to be generated regarding the success of this model. But a current challenge that Portland shared with RDA is that some calls to their non-emergency number have wait times upwards of an hour because their call center needs to prioritize 911 calls.

In other program models, an alternate phone number may have been used in the community for years and, therefore, is a well-known resource. For example, in Canada's REACH Edmonton program, the 211 line is well-used for non-emergency situations, so it is used as the main connection point for its crisis diversion team.

Triage & Dispatch

Once a call is received, dispatch or call center staff will assess whether services could be delivered over the phone or whether the call requires an in-person response, and whether the response should be led by the crisis response team or another entity. Several programs utilize existing

⁴ Federal Communications Commission. (2021). *Suicide Prevention Hotline*. <https://www.fcc.gov/suicide-prevention-hotline> & <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

⁵ Open States. (n.d.). *California Assembly Bill 988*. Retrieved September 2, 2021, from <https://openstates.org/ca/bills/20212022/AB988/>

well-used triage tools and/or made modifications to those triage tools based on a renewed emphasis of having non-police responses for mental health crises. Please see Appendix B for sample outlines of types of scenarios for crisis response teams that were shared with RDA. A dispatch's assessment of mental health related calls is dependent on the services provided by the local mental health crisis response team, an assessment of the situation and the caller's needs, who the caller has identified as the preferred response team, and any other safety concerns.

Some programs prioritize staff assignment based on call volume and need, such as programs that have chosen to pilot non-police crisis response teams in specific geographic locations within their jurisdiction. In these programs, the call center must, therefore, determine the location of the requested response when dispatching a crisis response team. For example, Chicago's Crisis Response Pilot has four teams that are assigned to different areas of the city based on their local ties and expertise of community needs; each team, therefore, only responds to calls that come from their assigned area. When programs are able to scale their services and hire more staff, many pilot programs plan to expand their geographical footprints.

Many crisis response teams are dispatched via radio or a computer-aided dispatch (CAD) system, and some have the ability to listen in on police radio and activate their own response if not dispatched. Of the nine programs that RDA interviewed, the Eugene CAHOOTS program allows its team to be self-dispatched, the Denver STAR program allows its team to directly see what calls are in the queue so they can be more proactive in taking and responding to calls, and the San Francisco SCRT program allows its team to respond to incidences that they witness while being out in the streets. Regarding the ability to self-dispatch, San Francisco's SCRT program is currently figuring out the regulatory requirements that might prohibit self-dispatching paramedics because they must be dispatched through a dispatch center.

Having multiple opportunities to engage the crisis response team is important to ensure community members have the most robust access to the service. For example, in Denver, their police, fire, and EMS can call their Support Team Assisted Response (STAR) team directly. Across all incidents that the Denver STAR team responded to in the first six months of its pilot implementation, it was activated by 911 dispatch in 42% of incidents, by police/fire/EMS in 35% of incidents, and self-activated in 23% of incidents.⁶ These data from the Denver STAR team demonstrate how, especially in the early stages of a new program's implementation, new processes and relationships are continually being developed, learned, refined, and implemented. For this reason, it is beneficial to have safeguards in place in triage and dispatch processes so that the crisis

⁶ Denver STAR Program. (2021, January 8). *STAR Program Evaluation*. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

response team can be flexible in responding to the various ways in which crisis response calls originate.

Assessing for Safety

The presence of weapons or violence are the most common reasons why a crisis response team would not be sent into the field. Some of the reviewed programs only respond to calls in public settings and do not go to private residences as an effort to protect crisis team staff, though this was the case in a few of the 40 reviewed programs. Calls that are deemed unsafe or not appropriate for a crisis response team will often be responded to by police, co-responder teams, police officers trained in Critical Intervention Team (CIT) techniques, or other units within the police department. Many alternative models have demonstrated that the need for a police response is rare for calls that are routed to non-law enforcement involved crisis response teams. For instance, in 2019, Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) team only requested police backup 150 times out of 24,000 calls, or in fewer than one percent of all calls received by the crisis team;⁷ this demonstrates that effective triage assessments and protocols do work in crisis response models.

Several of the programs interviewed by RDA mentioned that they are currently evaluating options for their non-police crisis response teams to respond to situations that may involve weapons or violence. These are situations that would otherwise be scenarios that default to a police response. These programs are aware of the risks of police responses to potentially escalate situations that could otherwise be deescalated with non-police involved responses and are trying to find ways to reduce those types of risks.

The types of harm and concerns for safety that should be assessed are not only for crisis response team staff, but also for the individual(s) in crisis and surrounding bystanders or community members. SAMHSA's best practices on behavioral health crisis response underscores that effective crisis care is rooted in ensuring safety for all staff and consumers, including timely crisis intervention, risk management, and overall minimizing need for physical intervention and re-traumatization of the person in crisis.⁸ When call center staff deem a call safe and appropriate for the crisis response team, they will assign the call to the crisis response team. There may be multiple calls and situations happening concurrently, in which case the call center staff

⁷ White Bird Clinic. (n.d.). *What is CAHOOTS?*. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Crisis Services – Meeting Needs, Saving Lives*.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PE_P20-08-01-001%20PDF.pdf (page 32)

prioritize the calls based on pre-established criteria, such as acuity and risk of harm.

Crisis Response Teams Increase Community Safety

New York City's Behavioral Health Emergency Assistance Response Division (B-HEARD) program is being piloted in a region that receives the city's highest number of mental health emergency calls.⁹ In the first month of implementation, the program demonstrated:

- Increased rates of people accepting care from the B-HEARD team compared to traditional 911 response teams.
- The proportion of people transported by the crisis response team to the hospital for more care was far smaller than the proportion transported with their traditional 911 response.
- An anticipated increase of 911 operators routing mental health emergency calls to the B-HEARD team.

"A smarter approach to public health and public safety. A smarter use of resources. And the evidence — from Denver to New York — shows that responding with care works."

- U.S. Representative Jamaal Bowman, D-NY

Hours of Operation

Because a mental health crisis can happen at any time, many programs have adopted a 24-hour model that supports the community seven days a week; of the 40 programs that RDA reviewed, 12 have adopted a 24/7 model. Some programs that are in their early phases of implementation have launched with initially limited hours but have plans to expand to 24/7 coverage once they are able to hire more staff for crisis response teams. If a program uses 911 as a point of access for the crisis response team, then there may be a community perception or expectation that the crisis response team also operates 24/7 the same way that 911 operates 24/7.

Other programs with more restricted resources often have limited hours; some offer services during business hours (9am to 5pm, Monday through Friday) while others offer services after-hours. Using historical data to prioritize coverage during times with highest call volumes can help a program adapt to local needs. For example, Mental Health First Oakland currently responds to calls Friday through Sunday from 7pm to 7am

⁹ Shivaram, D. (2021, July 23). Mental Health Response Teams Yield Better Outcomes Than Police In NYC, Data Shows. *National Public Radio (NPR)*. <https://www.npr.org/2021/07/23/1019704823/police-mental-health-crisis-calls-new-york-city#:~:text=Hourly%20News-,New%20York%20City%20Mental%20Health%20Response%20%20Teams%20Show%20Better%20Results,were%20admitted%20to%20the%20hospital.>

because they have found that those times are when mental health services are unavailable but need is high.

Types of Calls

Some crisis response programs only respond to specific call types, such as calls pertaining to mental health, behavioral health, domestic violence, substance use, or homelessness. A fraction of programs only respond to acute mental health situations, such as suicidal behavior, or conversely only non-acute mental health calls, such as welfare checks. And, some crisis response programs respond to any non-emergency, non-violent calls, which may or may not include mental health calls. Every program is unique in the calls that they are currently responding to as well as how agencies coordinate for different types of calls. Additionally, given that many programs are actively learning and adapting their models, what and how they respond to calls is evolving.

The most common types of calls that programs are responding to are calls regarding trespassing, welfare checks, suicidal ideation, mental health distress, and social disorder. Several programs mentioned that their main call type - trespassing - is to move an unwanted person, usually someone that is unsheltered and sitting outside the caller's home or business. While programs provide this service, many advocate for increased public education around interacting with unhoused residents and neighbors without the need to call for a third-party response.

The programs in New York City, Chicago, and Portland shared with RDA that they are keeping their scopes of services small for their current pilot implementations. At a later time, they will learn from the types of calls receive and determinations made in order to determine how they will expand their program to respond to more situations (e.g., including serving more types of crises, more types of spaces like private residences, etc.).

In order to demonstrate the variety of incidents that different programs respond to, below are highlights regarding the types of calls that some of the programs that RDA interviewed respond to:

- New York City's B-HEARD program is currently responding to calls regarding suicidal ideation with no weapons, mental health crisis, and calls signaling a combination of physical health and mental health issues. For calls where weapons are involved or are related to a crime, NYPD is the initial responder. The B-HEARD program provides transport and linkage to shelters, where the shelters then provide follow-up services.
- Chicago's Crisis Response Pilot is determining how they will address "low-level crimes" and crimes related to homelessness, especially if the root cause of the crime is an unmet behavioral health and/or housing need. The program does not have an official protocol or decision tree yet for determining which calls it will respond to. But,

its emphasis is on responding to mental health crisis and mental health needs.

- The Portland Street Response program is currently only responding to calls regarding crises that are happening outdoors or public settings (e.g., storefronts), not in private residences. The majority of their calls are related to substance use issues, co-occurring mental health and substance use issues, and welfare checks. The program cannot respond to suicide calls because of a Department of Justice (DOJ) contract that the City of Portland has that would require the Portland Street Response Program to appear before a judge and renegotiate that contract that the city currently has; this process would take at least two years to happen.
- Denver's STAR program currently responds primarily to calls where individuals have schizophrenia, bipolar disorder, major depression, and/or express suicidal thoughts but have no immediate plans to act upon them. The STAR program also conducts many Welfare checks. The program is currently primarily dealing with issues related to homelessness because its pilot rolled out in Denver's downtown corridor where there is a high number of unsheltered individuals.

Services Provided Before, During, and After a Crisis

The reviewed programs offer a variety of services before, during, and after a mental health crisis. Regarding services provided before crises occur, some programs view their role as supporting individuals prior to crisis, including proactive outreach and building relationships in the community with individuals. Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) that do direct outreach to communities; street ambassadors work to explain the team's services and ultimately increase trust. Portland's Street Response team also works with nursing students who provide outreach and medical services to nearby encampments. Mental Health First has a strong cohort of repeat callers who request accompaniment through issues they are facing that the team will go into the field to provide – these services can help them avoid escalating into a crisis. Denver's STAR program initiates outreach with local homeless populations to ensure they have medicines and supplies. These proactive efforts are examples of crisis response teams supporting potential individuals before they are in crisis, and thus also promoting their overall health and well-being.

During a crisis response, most programs offer various crisis stabilization services, including de-escalation, welfare checks, conflict resolution and mediation, counseling, short-term case management, safety planning, assessment, transport (to hospitals, sobering sites, solution centers, etc.), and 5150 evaluations. To engage the individual in crisis, staff will provide supplies to help meet basic needs with items such as snacks, water, and clothing. If there is a medical professional on the team, they can provide

medical services including medical assessments, first aid, wound care, substance use treatment (i.e., medicated-assisted treatment), medication assistance and administration, and medical clearance for transport to a crisis stabilization unit (CSU).

After a crisis, the teams may provide linkage to follow-up care. Some crisis response teams do short-term case management themselves, but most refer (and sometimes transport) individuals to other providers for long-term care. Referrals can be a commonly provided service of a crisis response program. For example, 41% of Denver STAR's services are for information and referrals.¹⁰ Many programs have relationships with local community-based organizations for providing referrals and linkages, while some programs have a specific protocol for referring individuals to a peer navigation program or centralized care coordination services.

¹⁰ Alvarez, Alayna. (2021, July 21). Denver's pilot from police is gaining popularity nationwide. Axios. <https://www.yahoo.com/now/denver-pivot-police-gaining-popularity-122044701.html>

Term	Definition
Transport	Placing an individual in a vehicle and driving them to or from a designated mental health service or any other place.
5150	5150 is the number of the section of the Welfare and Institutions Code which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.
Peer Worker	A mental health peer worker utilizes learning from their own recovery experiences to support other people to navigate their recovery journeys.
Medication-Assisted Treatment (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.
Narcan	Narcan (Naloxone) is a nasal spray used for the treatment of known or suspected opioid overdose emergencies.
Crisis Stabilization Unit	A mental health voluntary facility that provides a short-term stay for individuals needing additional stabilization services following a behavioral health crisis.
Sobering Center	A facility that provides a safe, supportive environment for publicly intoxicated individuals to become sober.

Staffing Crisis Teams

Most teams include a combination of a medical professional (e.g., an EMT or nurse), a mental health clinician (e.g., a psychologist or social worker), and a peer. Having a variety of staff on a team allows the program to respond to a diverse array of calls, meet most needs that a client might have, and gives the client the ability to engage with whomever they feel most comfortable.

The reviewed programs staffed their crisis teams with a variety of medical professionals. There was consensus among interviewed programs that crisis response team EMTs, paramedics, nurse practitioners, or psychiatric nurse practitioner clinicians should have at least three to five years of experience in similar settings, as well as having comprehensive de-escalation and trauma-informed care training and skills. Austin's Extended Mobile Crisis Outreach Team (EMCOT) program cited that a paramedic's ability to address a client's more acute physical health and substance use

needs is a beneficial diversion away from an EMS or police response.¹¹ However, in many cities, the skills and expertise of paramedics are not heavily utilized, as many mental and behavioral health calls do not require a high level of medical care. However, a medical professional can be an important addition to the team, especially for services like providing first aid, wound care, the administration of single-dose medication, medication-assisted treatment (MAT) for substance use issues, and 5150 transports. Considerations for which medical professionals should be staffed on a crisis team depends on the types of services the model intends to provide, the historical data on the types of calls or service needs, the local rules for which services can be provided by specific professions, and the overall program budget.

All programs had a mental health provider on their crisis response teams. There is variability in the level of formal education, training, and licensure of the type of mental health provider in each program. Some programs have licensed, masters-level therapists and clinicians (e.g., ASW, LCSW), while other programs utilize unlicensed mental health providers. Considering if a program wants or needs to be able to bill Medicaid or other insurance payors, the ability to place a 5150 hold, as well as the direct costs of providers with differing levels of education and training are examples of considerations and decision points that programs have when determining what type of professional they want to provide mental health services.

Across the programs reviewed and interviewed by RDA, there is variability in the current presence of peer support specialists on teams. By definition, peer workers are “those who have been successful in the recovery process who help others experiencing similar situations.”¹² Studies demonstrate that by helping others engage with the recovery process through understanding, respect and mutual empowerment, peers increase the likelihood of a successful recovery. While they do not replace the role of therapists and clinicians, evidence from the literature and testimonials given to RDA leave no doubt about their value added on a crisis response team. Peer support specialists are able to connect with clients in crisis in ways that are potentially very different from how mental health clinicians and medical providers are trained to provide their specific types of services.

Although 21 of the 40 reviewed programs were classified as alternative models for mental health crisis response, it is important to note that co-responder programs, which were 11 of the 40 reviewed programs, include a police officer on the response team. A co-responder program will often

¹¹ *Expanded Mobile Crisis Outreach Team*. (n.d.). Integral Care Crisis Services. Retrieved August 29, 2021, from

<https://www.austintexas.gov/edims/document.cfm?id=302634>

¹² *Who Are Peer Workers?*. (2020, April 16). Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

be used for higher acuity calls that involve the risk of violence by the person in crisis or the risk that the person in crisis has a weapon. As co-responders, police may arrive on site before the rest of the crisis team does. Other models treat the police officer as a back-up personnel, allowing the crisis team to evaluate the level of risk or danger of the situation and then, if de-escalation tactics are unsuccessful, call the police for support.

Team structures vary depending on funding, local salary structures for different types of providers, program design, and program administration. For example, 24-hour programs require more teams and staffing while programs with limited hours will likely have fewer shift rotations and therefore fewer teams. San Francisco's Street Crisis Response Team has six teams with three members per team; shifts are 12 hours long with two teams assigned to each shift. Overlap between the shifts has improved coordination between the teams. Programs with unionized staff (e.g., EMTs, paramedics) require regimented 8-, 10-, or 12-hour shifts, which also influences a team's capacity and scheduling.

Training

Training requirements vary based on the staffing structure and services provided by a crisis response program as well as the specific needs of the local community. Across the board, programs train their staff in crisis intervention topics such as de-escalation, mental health intervention, substance use management, and situational awareness. Many teams are trained together as a cohort to build relationships and trust between staff. Most teams are trained for around 40 hours in the classroom and then supervised in the field. In co-responder teams, police officers often receive 40 hours of Crisis Intervention Team (CIT) Training.

Specialized staff also receive specific training relevant to their role. Dispatch staff typically receive separate training focused on risk assessment and triage. In programs with clinicians embedded within the call center, the clinicians often provide training to other dispatch staff on mental health topics. Interviewed programs also recommended the crisis response team's dispatch team learn to assess call risk level by building an intake/eligibility tool, as well as through risk assessment and motivational interviewing. For both Denver's STAR and Portland's Street Response programs, dispatch staff were trained by and then shadowed Eugene's CAHOOTS dispatch team, leveraging the decades of experience of CAHOOTS' established alternative crisis response model.

Specific de-escalation and crisis intervention training in which programs participate include key strategies to mitigate risk in the field, learning effective radio communication, and motivational interviewing skills. Some interviewed programs shared that substance use training should be attended by all crisis response staff, not just clinicians; for example, Narcan administration, tourniquet application, and harm reduction training are critical training skills for all team members when supporting a client during a substance use emergency.

Training on implicit bias was also regarded as essential among interviewed programs. Many interviewed programs agreed that receiving training in team-building and communication strategies, trauma-informed care, cultural competency, and racial equity advances the intention and principles of their alternate response program.

Equipment: Uniforms, Vehicles, and Supplies

Most teams arrive either in plain clothes or a T-shirt with a logo. Interviewed programs attested that casual clothing helps crisis response teams appear approachable and creates a sense of comfort for the person in crisis. In contrast, programs worried that formalizing their uniforms could trigger negative past experiences that community members have had with institutions (e.g., police, psychiatric hospitals, prisons) and, therefore, escalate someone in crisis. However, EMTs or police in a co-responder team do wear their usual uniform so that they are easily identifiable as first responders.

The types of vehicles and equipment needed for each model vary based on the scope of services provided, types of calls to which the team responds, and the team's staffing structure. The majority of programs have a van or fleet of vans with the program logo on it and are stocked with necessary supplies. Some programs use their vehicles for on-site service delivery, while others use them only for transporting a client to an alternate location. Programs situated within fire departments often have EMTs or paramedics on-staff, so those teams ride in ambulances or vans with transport capabilities. Co-responder programs often use police vehicles, either marked or unmarked.

There are several considerations for how the design of the vehicle increases accessibility and safety for clients, as well as supports the security of providers. Vans should be accessible to wheelchairs so that crisis response teams can provide services within the interior of the van (to ensure client privacy) and in the event of a needed transport. Also, vans equipped with lights allow them to park on sidewalks and increase traffic safety. Several interviewed programs mentioned using Eugene's CAHOOTS program's van specifications. One component of this design is a plexiglass barrier between the van's front and back seats, which protects both the driver and anyone riding in the back in the case of an accident; additionally, the barrier keeps clients in the back of the vehicle and protects the driver from any disruption that could decrease safety during the transport. However, some cities are moving away from including the plexiglass barrier between the front and back seats in their vans due to the stigma and lack of trust it communicates to the client.

Many vehicles and teams are equipped with various technologies, including radios with connection to dispatch, cell phones, and data-enabled tablets for mobile data entry. Denver's STAR program has access to the local 911 dispatch queue to understand what calls are being

assessed and which could potentially use the program's response. The STAR program teams also have direct access to an electronic health record (EHR) system where they can look-up an individual's health history or communicate directly with a client's psychiatrist or case manager and thus provide tailored, high quality of care in real-time.

If crisis response teams provide medical services, they often carry items such as personal protective equipment, wound care supplies, a stethoscope, blood pressure armband, oxygen, and intravenous bags. Teams also often carry engagement items to initiate client interactions and meet basic needs, such as food, water, clothing, socks, cigarettes, "mercy beers," tampons, condoms, and hygiene packs. When it is able to go into the field again, the Mental Health First model intends to use an RV instead of a van, so they can invite clients into the RV for more privacy and then supply them with a variety of supplies for their basic needs (e.g., clothing).

Overall, when deciding the types of uniforms, vehicles, and equipment to obtain, programs considered what would be recognizable, establish expertise, support the service delivery, build trust with those whom they serve, and not trigger or further harm individuals in crisis.

Transport

The ways that programs transport clients to a subsequent location varies in many ways, including when the transport is allowed, who is doing the transport, where clients are transported, and who is affected by the transport decision.

While some programs have the capability to transport clients themselves, others call a third party to do the transport. This depends on whether staff are licensed to do involuntary transports, whether the vehicle is able to transport clients, and whether it is deemed safe to provide transport at that time. Oftentimes, programs will only conduct voluntary transports, and they may pre-establish specific locations or allow the client's location of choice. If clients do not want to be transported to another location, some programs will end the interaction. Because Denver's STAR team does not use an ambulance, they can refuse someone's requested transport to a hospital if a lower level of care is appropriate, such as a sobering center. Some programs conduct involuntary holds, either done by program staff or by calling for police backup. Waiting for police can undermine the level of care provided, a delay which poses a threat to the client's safety and well-being. Portland's Street Response program experiences delays of up to an hour when requesting police for involuntary holds; for this reason, the team hopes to have the ability to do 5150 transports themselves, and in a trauma-informed way that gives individuals a sense of control over the situation. Whether a crisis response team can transport clients, initiate involuntary holds, and/or call police for back-up in these situations are all considerations which implicate the continued involvement of law enforcement in crisis response.

In the transport process, clients may be transported to short- or long-term service providers as well as the client's location of choice. Some short-term programs include a crisis stabilization facility, detox center, sobering center, homeless shelter, primary care provider, psychiatric facilities, diversion and connection center, hospital, and urgent care. Long-term programs include residential rehabilitation and direct admission to inpatient units of psychiatric emergency departments. Building relationships at these destinations and with providers is key to successful warm handoffs and ensuring clients in crisis receive the appropriate care. For example, challenges can arise when bringing someone to an emergency room if the hospital is not fully aware of what the crisis response program is, which makes it more difficult to advocate for the client to receive services.

There are many things to consider about client and provider safety when transporting a client. Some programs do not give rides home and only transport the person to a public place. Others have restrictions on when they will transport a client to a private residence. For example, Denver's STAR team will not take a person home if they are intoxicated and if someone else is in the home because they do not want to put the other person in potential harm. Instead, when responding to an intoxicated individual, the STAR team transports them to a sobering center, detox facility, or similar location of choice. In Portland, first responders and crisis response providers use a risk assessment tool that helps them determine if ambulance transport needs to be arranged. Portland's risk assessment tool asks providers to determine if the individual has received sedation medication in the last six hours, had a Code Gray in the last 6 hours, had a history of violence and/or aggression, had a history of AWOL, or are showing resistance to hospitalization; if the answer is yes to any of these five questions, then they will arrange for ambulance transport for the individual in crisis.

Follow-up Care & Service Linkage

Follow-up care and linkage to services are handled in a variety of ways. Some programs include referrals to internal, non-crisis response program staff as a service provided directly by the crisis response team. When community health workers and peer support specialists are staffed on crisis response teams, they often lead the referral and navigation support role. After responding to a crisis, Portland's Street Response team (an LCSW and paramedic) call a community health worker if the client wants linkages or additional follow-up supports. While referrals and linkages are important to client outcomes and prevention, this kind of follow-up care can be challenging for many programs to do because it can be difficult to find individuals in the community, particularly if they are not stably housed or do not have a working phone. Portland's Street Response team often goes to encampments to provide follow-up care, which is a program element that is also effective as proactive outreach into local communities.

Other programs refer individuals to other external teams or organizations not affiliated with the crisis response team whose primary role is to provide follow-up care to individuals who served by the crisis response team. Olympia's Crisis Response Unit specifically identifies repeat clients for a referral to a peer navigation program for linkage to care. Additionally, many programs have relationships with community-based organizations and refer clients there for follow-up services. Newer programs that have yet to fully launch stated this was a focus of their program design, as well. For example, San Francisco's Street Crisis Response Team partners with a centralized Office of Care Coordination within the San Francisco Department of Public Health that provides clients with linkages to other services; the Street Crisis Response Team essentially embeds this handoff in their own processes.

And, there are some programs that do not include follow-up care within the scope of their services. For example, Eugene's CAHOOTS program has a narrower focus on crisis stabilization and short-term care; they do not provide referrals or linkage to longer-term services for their clients.

Program Administration

Across the crisis response models that RDA researched and interviewed, there was variability in how they are each administered. As each program is constructed around their local agency structures, resources, needs, and challenges, how their programs are administered are also just as adaptive.

Administrative Structure

The administrative structure and placement of crisis response programs varies significantly. Some programs are administered and delivered by the city/county government, some programs are run in collaboration between a city/county government and community-based organizations (CBO), while others are entirely operated by CBOs.

The administration and structure of a crisis response program may be affected by the geographic and/or population size of the local region and what stage of implementation the program is in. For instance, consistent and guaranteed funding helps sustain programs for the long-term, so developing a program within the local municipal structure may be an advantage over contracting the crisis response program to a CBO. Some programs found that staff retention was higher for government positions, due to their generally higher wages and increased benefits compared to what CBOs generally offer. Additionally, the use of the existing 911 and dispatch infrastructure may be streamlined for crisis response programs administered by city/county governments because they can be situated within existing emergency response agencies and use existing interagency data sharing and communication processes

more easily. Finally, programs that are situated within a local health system -- such as Departments of Public Health, Behavioral Health, or public hospitals -- may have existing protocols and processes with which to collaborate with CBOs for referral assistance, case management, resourcing, and follow-up service provision.

On the other hand, programs that are primarily administered and staffed through CBOs reported a sense of flexibility and spontaneity in their program design, expansion, and evolution, especially for early-stage pilots that intend to change and grow over time. These programs shared that they experienced reduced bureaucratic barriers that were conducive to community engagement and program redesign. Additionally, most programs that included peer support specialists in their crisis response program had these roles sourced by CBOs -- these peer support specialists were either fully integrated into crisis response teams or were referred to by crisis response teams to provide linkage and follow-up services.

Though there is variety in what entity administers crisis response programs, who sources or contracts the crisis responders, and where funds are generated, all programs require cross-system coordination for designing the program and implementing the dispatch, training, funding, and program evaluation/monitoring activities.

Staffing and sourcing a crisis response program entirely by volunteers can also be helpful in reducing barriers for potential providers to enter this professional field, elevating lived experience of staff, addressing community distrust of the police-involved response system, and building a mental health workforce. However, currently, all-volunteer models face challenges in having consistent and full staffing coverage, which limits a program's overall service provision and hours of operation.

Financing

Aside from the health benefits of increasing mental health and medical resources in crisis responses, there are financial benefits, too. For example, in Eugene, the CAHOOTS program's annual budget is \$2.1 million. In contrast, the City of Eugene estimates it would cost the Eugene Police Department \$8.5 million to serve the volume and type of calls that are directed to CAHOOTS.¹³

Several cities are funding crisis response systems through the city's general fund, which offers a potentially sustainable funding source for the long-term because it demonstrates that city officials are committed to investing in these services with public funds. To generate these funds, Denver added a sales and use tax in 2019 (one-quarter of a percent) to cover mental health services, a portion of which funds the STAR program.

¹³ White Bird Clinic. (n.d.). *What is CAHOOTS?*. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

Some cities have funded crisis response programs by reallocating other city funds. Chicago's Police Department currently pays the salary of the CIT-officer in Chicago's crisis response pilot program. Chicago's crisis response pilot also receives additional funding from Chicago's Department of Public Health. Austin's EMCOT program is funded by \$11 million reallocated from the Police Department. And Eugene's CAHOOTS program is fully funded through a contract by the Eugene Police Department.

Federal or state dollars have also been used for some crisis response programs. Alameda County's Community Assessment and Transport Team (CATT) is funding by California's Mental Health Services Act (MHSA) Innovation funds. Chicago's current crisis response pilot uses Centers for Disease Control and Prevention (CDC) funding. New York City and Los Angeles both plan to bill Medicaid as a funding source for their emerging crisis response programs. The national Crisis Now program bills per service and per diem for mobile crisis and crisis stabilization services, which is reimbursed by Medicaid.

Some programs are able to leverage private funds to support their services. In addition to the allocation of city funds, Chicago receives funding from foundations and corporations to fund its crisis response program. The Mental Health First program is entirely supported by donations, grants, and volunteer time.

These financing mechanisms provide varying levels of sustainability and predictability, which may affect the longevity of a program and, therefore, its overall impacts. Ensuring that programs can be continuously funded ensures resources go into direct service provision and program administration, rather than on development, fundraising, or grant management. Staff recruitment and retention is also more successful when there is long-term reliability of positions.

Program Evaluation

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact. Standardizing data collection practices (i.e., data collection tools, measures, values for measures, aligned electronic sources for data entry, etc.) across participating teams and agencies within and across cities/locales, especially for regional plans, supports effective program evaluation and reporting. Addressing this consideration is best done early in program planning because it affects the protocols developed for triage and dispatch, the equipment that crisis response teams use to record service delivery notes or accessing clients' EHR records, the way referrals and hand-offs are conducted, whether or how Medicaid billing/financing will be leveraged, and more. Several cities noted that they incorporated data sharing and access into MOUs that outlined the scope of work. The providers in most programs have access to an electronic health record (EHR) system that they are able to enter

their contact notes into – having access to a centralized data collection portal like this can greatly aid a program's evaluation efforts.

Pilot Program Evaluation Highlight: Denver's Support Team Assisted Response (STAR) Program

Denver planned to evaluate the STAR program after an initial six-month pilot phase. For the evaluation, data was collected from both the 911 CAD database and the Mental Health Center of Denver. Data was kept in separate systems to protect health-related information from the law enforcement database. The program evaluation provided data on incident locations, response time, response dispatch source (i.e., 911, police unit, or STAR-initiated), social demographics of consumers served, services provided, location of client transport/drop-off, and more. The use of two data systems also allowed the program to evaluate what the STAR team identified as the primary issue of concern compared to clinical diagnoses from the health data.¹⁴

As a result of analyzing these data, Denver identified its program successes and impacts and is committed to expanding the funding and scope of the program. This expansion includes purchasing more vans, staffing more teams, expanding the hours of operation, expanding the service area across the City, hiring a supervisor, and investing in program leadership. Additional plans for future evaluation include building a better understanding of populations served and more rigorous data capture, a longitudinal study to understand consumer long-term outcomes, and a cost-benefit analysis to understand the economic impacts of the program.

Once data is collected, a process for analyzing, visualizing, and reviewing data supports the overall effectiveness of program monitoring, thus contributing to changes to a pilot and the overall outcomes achieved by the program. Some programs have developed internal data dashboards to compile and organize their data in real-time, thus allowing them to review their program data on a weekly basis. And, some programs are also planning for an external evaluation to assist them in developing a broader understanding of their program's impacts for their clients and in the larger community.

¹⁴ Denver STAR Program. (2021, January 8). *STAR Program Evaluation*. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

Examples of Metrics that Cities Collect, Review, and Publish Data On

- *Call volume*
- *Time of calls received*
- *Service areas*
- *Response times*
- *Speed of deployment*
- *Determinations and dispositions of dispatch (including specific coding for violence/weapons/emergency)*
- *Which teams are deployed across all emergency response*
- *Actual level of service needed compared to the initial determination at the point of dispatch*
- *Number of involuntary holds that are placed*
- *Number of transports that are conducted*
- *Type of referrals made*
- *Priority needs of clients served (housing, mental health)*
- *Frequency of police involvement*

Making data about crisis response programs publicly available is also important for community transparency and public research. For example, New York City is planning to publish B-HEARD program data on a monthly basis. And, Portland has a public data dashboard for its crisis response program that is updated at least once per week.¹⁵ Such data transparency allows local constituents and stakeholders to check on the progress of their local crisis response program and whether it is making a difference. Such transparency can also contribute to public research and dissemination efforts about emerging alternate crisis response models.

Coordinating the Crisis Response System

Given the complexity of a crisis response system -- from its administrative structure and financing, the technical integration of dispatch with responders, the coordination of referrals and linkages, to client case management -- coordination is an essential, ongoing element of any program. This coordination requires investing in staff time and skills to participate in coordination efforts, focusing on de-siloing all components of crisis response, and effective leadership and vision. Coordination affects financing decisions and contributes directly to client outcomes; therefore, coordination implicates every aspect of program planning, implementation, and evaluation. Overall, program administration benefits

¹⁵ *Portland Street Response Data Dashboard*. (n.d.). City of Portland, Oregon. Retrieved August 29, 2021, from <https://www.portland.gov/streetresponse/data-dashboard>

from having coordination done at a high level, ensuring there is a person(s) responsible for holding the program at a birds-eye view.

Coordinating services between the crisis response team and community partners includes ensuring there are open communication channels between various entities at a structural level down to a client case management level. At a structural level, it requires investing in staff time, technology, and protocol development, not just at the initial program launch but on an ongoing basis. Based on the program evaluation and data collection design, system-level coordination can support ongoing data review and inform future decisions made about a program.

For example, the managers of San Francisco's Street Crisis Response Team participate in interagency meetings to ensure strategic coordination of service delivery across San Francisco's Department of Public Health, Fire Department, and Office of Care Coordination. Additionally, when Austin's EMCOT program's call center staff integrated the call center technology and co-located their crisis response services within the city's 911 dispatch, the crisis response program had reduced dropped calls, increased communication around safety and risk assessment during triage, more effective handoffs to mental health clinicians for telehealth, and increased deployment of the crisis response team by dispatch.

System-level coordination also has important downstream effects, such as ensuring that first responders (i.e., police, fire, EMS) can call the crisis response team to respond to a situation if they are dispatched first. At a client level, system coordination can support case management, referrals and linkages, and improved client outcomes. For example, Canada's REACH Edmonton program provides governance support and coordination to a network of CBO providers, including facilitating a bimonthly meeting for frontline workers to discuss shared clients. The program shared that for its most complex cases, this coordination significantly increased positive client outcomes. The program also found that they were able to better leverage the expertise of peer support specialists by having a specified coordinator leading these meetings and ensuring their voice and participation was valued. Service providers within this network all utilize the same EHR for documenting and sharing client notes, though the program has encountered challenges in data sharing. Overall, the REACH Edmonton program shared that system-level coordination must be tightly managed but that most program staff and frontline workers do not have the capacity to do so, so having a centralized governance and coordinating body is essential.

Program Planning Process

Planning the large and small details of a crisis response program is an essential part of a successful launch. Although each city will have a different planning process and timeline based on the local community's needs and administrative designs, some common themes emerged across the crisis response models that RDA reviewed.

Planning across city departments typically includes active involvement from emergency medical services, fire, and police as well as leaders from local public health and mental/behavioral health agencies and CBOs. Many cities stated that having emergency responders involved in the collaborative brainstorming and discussions from the earliest planning stages was essential in garnering buy-in from other city or county departments, including identifying the best resource(s) when responding to mental health needs and crises. Planning also requires engaging other entities; for instance, Portland has to negotiate with the local police union for all services provided by Portland's Street Response program. Some cities shared that they are aware of beliefs of local police departments and unions about potentially losing funding for police services when new crisis response services are added to the local infrastructure. But, cities found that when they focused the conversation about shared objectives between the crisis response program and the police, police began to see the program as a resource to them as mental health professionals could often better handle mental health crises because of their training and backgrounds. This alignment on shared goals and values underpins the reason that the Eugene Police Department funds the city's non-police crisis response program, CAHOOTS. Developing a collective and shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force, is essential in promoting any crisis response program.

Program planning allows cities to identify elements to include in the pilot that will be investigated throughout the pilot stages. For instance, the planning process may include heat mapping the highest call-volume areas of the city or discussing preliminary milestones to support scaling or expansion of a pilot program. As an example, New York City's B-HEARD model is currently focused on deploying the B-HEARD team using the existing 911 determination process for identifying mental health emergencies; but, in the future, the program will also assess how those determinations are made to improve the determination and dispatch processes. Their sequencing of planning priorities allowed the program to be launched on a shorter timeline while preparing for an iterative evaluation and design process.

In the future, many learnings can be extrapolated from the ways that crisis response programs are being implemented across the United States and internationally. At this point in time, given that many implementations began within the past two years and are still actively evolving and changing, it is premature to pinpoint common themes in how similar and different jurisdictions and communities (e.g., population size, population density, geography, etc.) are unfolding their emerging crisis response programs.

Planning Timeline

While some cities operated co-responder models for years before moving to a non-police model, other cities are launching non-police models for the first time. Some cities engaged in extensive community engagement

processes while others launched programs quickly and plan to collect feedback for future iterations of their program.

For instance, Denver had a co-responder model from 2016-2020 and launched the STAR program in 2020 for an initial six-month pilot. The program was launched very quickly in 2020, and then it held community forums to hear from community members for input on the expansion. In Chicago, planning began in the summer of 2019 and the mental health advisory commission developed recommendations in October 2019, then planning and funding continued throughout the summer of 2020, with the program launched in the summer of 2021 (two years after initial program planning began).

New York City's B-HEARD program was originally announced in November 2020 with an initial launch target of February 2021, though the launch was delayed until June 2021 (eight months later). San Francisco's Street Crisis Response Team began planning in July 2020 and launched with one team in November 2020 (five months later); the program added a second team and additional hours in January 2021, added four more teams in March 2021, and integrated the local Office of Coordinated Care team for follow-up and linkages in April 2021 (all over a span of four months); the City of San Francisco wanted to move quickly due to its budgeting timeline so it did not conduct much initial community engagement, but rather expected the program design to be an iterative process with future opportunities for community input and evaluation. Additionally, for many pilot crisis response programs, when they are able to scale their services and hire more staff, then they plan to expand their geographical footprints.

Community Engagement

Community engagement is an invaluable element of program design and evaluation that leverages the expertise of the local community members directly impacted by these services. Community engagement activities are conducted to include the perspectives of potential service recipients, existing consumers of the behavioral health and crisis systems, existing coalitions, and/or local community-based service providers in the development and implementation of crisis response programs.

Cities may face barriers in hearing from community members that are the most structurally marginalized, so engaging existing coalitions and networks can support more equitable and targeted outreach. For instance, in Chicago, Sacramento, and Oakland, program planners worked with credible messengers that were connected to networks that the cities were not connected to, such as a teen health council, street outreach teams, homeless advocacy organizations, and disability rights collectives. There was a focus especially on working with mutual aid collectives and other underground groups that do not receive city funding, including voices that may otherwise be neglected in government spaces. This level of outreach and intentionality is essential because, historically, government institutions and other structures have prevented

the full and meaningful engagement of people of color, working class and cash-poor people, immigrants and undocumented people, people with disabilities, people who are cognitively diverse, LGBTQ+ people, and other structurally marginalized people. Engaging community members that are most directly impacted by crisis response programs, such as unsheltered people, will lead to feedback that is informed by direct lived experiences with the prior and existing programs in a given community. Additionally, prioritizing the engagement, participation, and recommendations of community members that are most harmed by existing institutions - such as the disproportionate rates of police violence against people of color¹⁶ - will ensure that systems of inequity are not reproduced by a crisis response program. Instead, intentional community engagement can support the program to address existing structural inequities.

Community engagement can inform program planning, program implementation, and program evaluation in unique ways. When planning for a crisis response program, community engagement can be used to survey existing needs, collect input on priorities, and engage hard-to-reach consumers. To hear directly from community members, Chicago interviewed 100 people across the city to ask about their service needs and how to implement a co-responder or alternative crisis response model. Denver targeted specific community stakeholder groups when collecting feedback for its program design, including perspectives from residents with lived experience, community activists for reimagining policing, a Latinx clinic, and a needle exchange program.

When implementing a crisis response program, engaging the community can identify opportunities for program improvement in real-time and promote community education about the program's services and partners. To collect feedback on key components of its model, Portland worked with a local university to send a questionnaire to service recipients. Denver prioritized community education by working with Business Improvement Districts (BIDs) to educate them on appropriate and inappropriate times to call 911 and how to more effectively and compassionately engage with unsheltered neighbors. Denver also worked to build trust with local CBOs to increase their engagement of the STAR crisis response team. Such community engagement can improve program implementation by increasing community awareness of the program, clarifying existing barriers for community members, and modifying service provision processes and priorities on an ongoing basis.

¹⁶ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, 116(34), 16793-16798.

<https://www.pnas.org/content/116/34/16793>

Lessons Learned

As cities have begun planning, launching, and iterating on a variety of crisis response program models, they shared key lessons learned and recommendations for new cities considering implementing non-police crisis response programs.

Community members are essential sources of knowledge:

Co-creating a crisis response model with community members that have directly experienced the crisis system will make the program more accessible and utilized.

Community engagement requires time:

Build the engagement and planning time into the overall program development approach and timeline.

Use a pilot approach: Test, modify, and expand specific aspects of each crisis response model based on program successes, challenges, and consumer feedback.

Build trust across the network:

Cities must build trust across city agencies and local CBOs to successfully launch and implement a crisis response program.

The 911 dispatch system is complex: Successful implementation of a crisis response program requires sufficient planning, time/resources investment, and buy-in for revising 911 call determination and dispatch processes.

Look to the future: While alternative models are currently focused on crisis response, future models could also support a population's holistic health outcomes and redefine what "safety" means in a community.

Community members are essential sources of knowledge.

Program representatives that spoke with RDA emphasized the many considerations that programs must make to ensure a program is utilized and accessible to community members. The interviewed programs emphasized the importance of co-creating programs with community members because community members have experienced the existing crisis response options, know where the gaps exist, and may have already implemented or witnessed community-based short-term solutions that should directly inform program design. Cities explained that creating a program or model that does not appeal to the consumer, especially in terms of the involvement and presence of law enforcement, will decrease

the reach and impact of the program. Community members must trust the program if they are going to call and engage in services. For example, because they understood that a significant barrier was that the general public was not confident that they could call 911 to engage a non-police response to a mental health or related crisis, the San Francisco's Street Crisis Response Teams have done significant outreach at community events and presentations at CBOs to build relationships and trust.

Community engagement requires time.

Learning from the community requires time, so plans for community engagement should be part of any new program's overall timeline and approach. For example, after their initial implementation began, Denver's STAR teams learned that there is a need to expand their program with multilingual teams, which they have since been effective in making progress towards achieving this. It has been a part of the STAR program's process to prioritize program needs as they arise while planning for expansion.

Use a pilot approach.

Cities also recommended using a pilot approach so that the model can evolve and expand over time. For example, Chicago piloted two crisis response teams with a CIT-officer and piloted two teams without a CIT-officer to determine the role and efficacy of the CIT-officer in a crisis response. New York City designed their pilot to focus on one zone (a geographic subsection of a borough) before broadening the pilot to more of the city. A pilot approach allows a city to learn from implementation successes and challenges, hear from service recipients, and generate buy-in from potentially hesitant stakeholders.

Build trust across the network.

Cities elevated that building trust across city departments and with CBOs was an essential component of their processes. Cities recognize the different cultures and priorities across city departments and agencies as well as CBOs and volunteers. Within a local government, framing this work as a health response helps to align all partners on their shared values. Moreover, emphasizing to the local police departments that taking a responsibility off their plate is a benefit to them, which may help them to see the crisis response teams as assets and resources to them. Additionally, while bringing onboard internal (i.e., city departments and agencies) stakeholders to the table, it is important to ensure that they each have the appropriate degree of weight in decision making for the program. For example, New York City emphasized that law enforcement should not have an imbalance in controlling the conversation or

decisions. Programs also shared examples of opportunities to build trust across staff members: San Francisco's Street Crisis Response Team used all-team debriefs to strengthen communication and establish processes; and Canada's REACH Edmonton used data on their program and outcomes to promote accountability between providers. Ultimately, building and sustaining trust across a network of crisis response teams, first responders, and law enforcement agencies is a type of role that the central coordinating governance structure of a crisis response system should aim to lead and support.

The 911 dispatch system is complex.

The 911 dispatch component of a crisis response model is complex and requires effective collaboration for successful implementation. New York City felt that the dispatch and deployment components of its B-HEARD program took the most time to design well (e.g., diagramming calls, finding existing data), even though the 911 data infrastructure already existed. Similarly, Los Angeles' Department of Mental Health found the call diversion process and decision-making to be the most challenging aspect to align across departments. By being aware of this hurdle from the beginning, a new program can allocate sufficient time and resources as well as identify strategic personnel to support the development of this important component of any crisis response program.

Look to the future.

Finally, cities offered that they are only in their first steps of a longer process of designing alternative models of care in their communities. Planning for a program's next steps can make the initial pilots even more successful and support the transition to future iterations. For instance, Portland's Street Response program is primarily focused on low-acuity crises, though there is a need for a non-police response that can respond to higher acuity calls, including incidences with weapons, in order to achieve Portland's aim of reducing police violence. Mental Health First emphasized that an armed officer does not necessarily provide security and safety to bystanders, providers, or consumers, and so alternative crisis response models are countering a larger system of socialization around notions of safety and the role of 911 in a community. Additionally, these models are operating within larger mental health response systems that must work together to ensure fewer community members are going into crisis in the first place. Programs should always be considering how alternative models of care can support individuals from entering into crises, too. Denver's STAR program shared that they have numerous opportunities for prevention efforts, such as proactive response after encampment sweeps, checking in with consumers in high visibility areas even if there is not a call there, and proactively connecting people to services. By keeping an open mind for what a more holistic crisis response system could look like in their future, cities can plan for their present day,

early-stage pilot programs to be a part of their evolving and innovative models of care.

Appendices

Appendix A. SAMHSA's National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit Executive Summary¹⁷

The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Implementing care that aligns with national guidelines; *and*
- ✓ Evaluating alignment of systems to national guidelines.

Given the ever-expanding inclusion of the term “crisis” by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime**. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are overburdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the “crisis system” has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and

¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary*. <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care> & <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and even suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this Best Practice Toolkit. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.

Core Services and Best Practices

The following represent the *National Guidelines for Crisis Care* essential elements within a **no- wrong-door** integrated crisis system:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time;
2. **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

In addition to the essential structural or programmatic elements of a crisis system, the following list of essential qualities must be “baked into” comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. “Suicide safer” care;
3. Safety and security for staff and those in crisis; *and*

4. Law enforcement and emergency medical services collaboration.

Regional Crisis Call Hub Services – *Someone To Talk To*

Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational standards regarding suicide risk assessment and engagement and offer quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

Minimum Expectations to Operate a Regional Crisis Call Service

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region;
and
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

To align with National Suicide Prevention Lifeline (NSPL) operational standards, centers must:

1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;

2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;
3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual’s consent to initiate medically necessary rescue services;
4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;
5. Practice active engagement with persons calling on behalf of someone else (“third-party callers”) towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; *and*
7. Maintain caller ID or other method of identifying the caller’s location that is readily accessible to staff.

True regional crisis call center hub services that offer air traffic control-type functioning are essential to the success of a crisis system. Cracks within a system of care widen when individuals experience interminable delays in access to services which are often based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response; namely mobile crisis teams and crisis stabilization facilities.

Mobile Crisis Team Services – Someone To Respond

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. EMS services should be aware and partner as warranted.

Minimum Expectations to Operate a Mobile Crisis Team Services

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrants transition to other locations.

Best Practices to Operate Mobile Crisis Team Services

To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

Crisis Receiving and Stabilization Services – A Place to Go

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed by facility license) and clinical conditions (such as serious emotional disturbance, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. It is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in

- order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
 - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - b. Nurses
 - c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
 - d. Peers with lived experience similar to the experience of the population served.
 6. Offer walk-in and first responder drop-off options;
 7. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no rejection policy for first responders;
 8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*
 9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Best Practices to Operate Crisis Receiving and Stabilization Services

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

The Role of the Psychiatrist/Psychiatric Nurse Practitioner

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.

Essential Principles for Modern Crisis Care Systems

Best practice crisis care incorporates a set of core principles that must be systematically “baked in” to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,

2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide/Suicide Safer Care,*
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day.

Implementation Guidance

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options clearly and offer materials regarding the process in writing in the individual's preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*
6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*

2. *Develop support and supervision that aligns with the needs of your program's team members.*
3. *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; *and*
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Implementation Guidance

1. *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2. *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide*

Prevention (2012), specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas “fishbowl” observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing “no force first” prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for

home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Implementation Guidance

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Implementation Guidance

1. *Have local crisis providers actively participate in Crisis Intervention Team training or related mental health crisis management training sessions.*

2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Funding Crisis Care

The full *Crisis Services Best Practice Toolkit* document contains specific strategies on how a community can fund each of the core crisis system elements in single and multiple-payer environments. Additionally, recommendations on service coding already being reimbursed by Medicaid in multiple states are made available; including the use of HCPCS code H2011 *Crisis Intervention Service per 15 Minutes* for mobile crisis services and S9484 *Crisis Intervention Mental Health Services per Hour* or S9485 *Crisis Intervention Mental Health Services per Diem* for crisis receiving and stabilization facility services.

Training and Supervision

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery

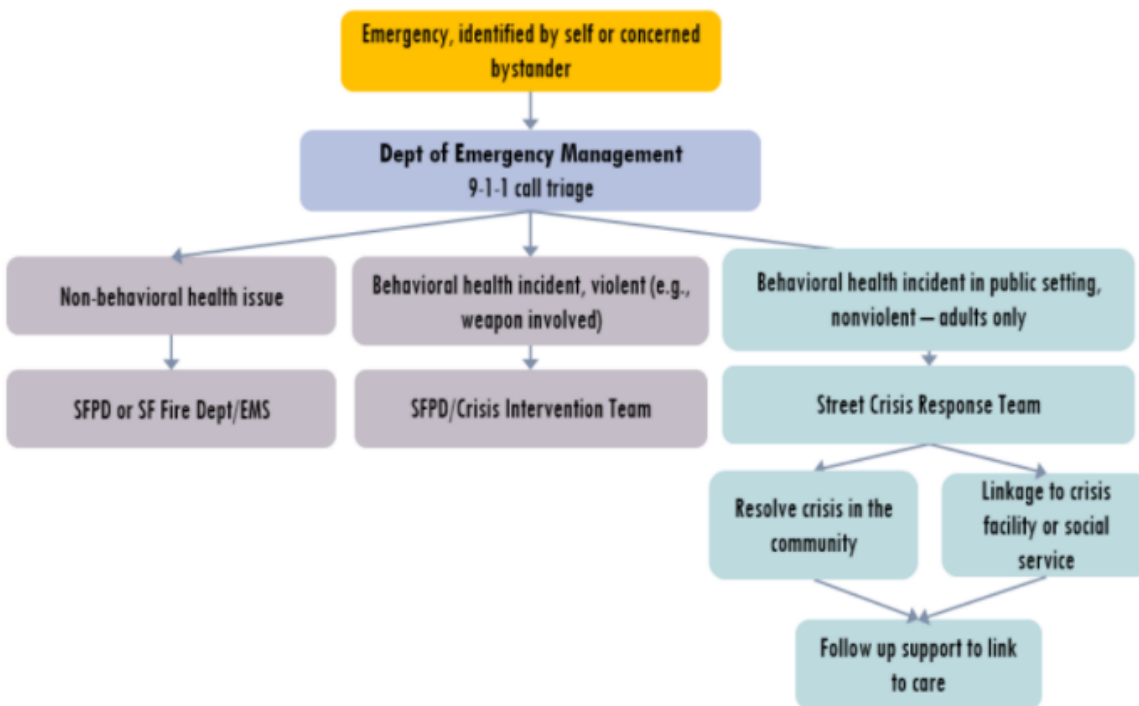
team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Conclusion

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

Appendix B. Sample Outlines of Types of Scenarios for Crisis Response Teams

Appendix B-1. County and City of San Francisco’s Crisis Response



Appendix B-2. County of Los Angeles' Behavioral Health Crisis Triage

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE			
PEER INVOLVEMENT IN TRAINING	HIGHER RISK	4	<p>IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME</p> <p>ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION</p> <p>-----</p> <p>PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK] [FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]</p>
	MODERATE RISK		<p>CALLER NEEDS HELP IN PERSON</p> <p>PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED]</p> <p>-----</p> <p>FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)</p>
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	IMMEDIATE REMOTE	2	<p>CALLER NEEDS HELP VIA CALL / TEXT / CHAT</p> <p>IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED]</p> <p>-----</p> <p>NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE</p>
	NO CRISIS / RESOLVED		<p>CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK</p> <p>SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE <u>MAY</u> TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT <u>MAY</u> RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER</p> <p>-----</p> <p>MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE</p>

M

MEDICAL AID • EMS / FIRE DEPT

ANYONE NEED MEDICAL ATTENTION? INJURY?
 ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN

CALLS AND RESPONSE CAN BE FLUID AND OVERLAP

Appendix C. Crisis Response Programs Researched by RDA – Summary of Key Components

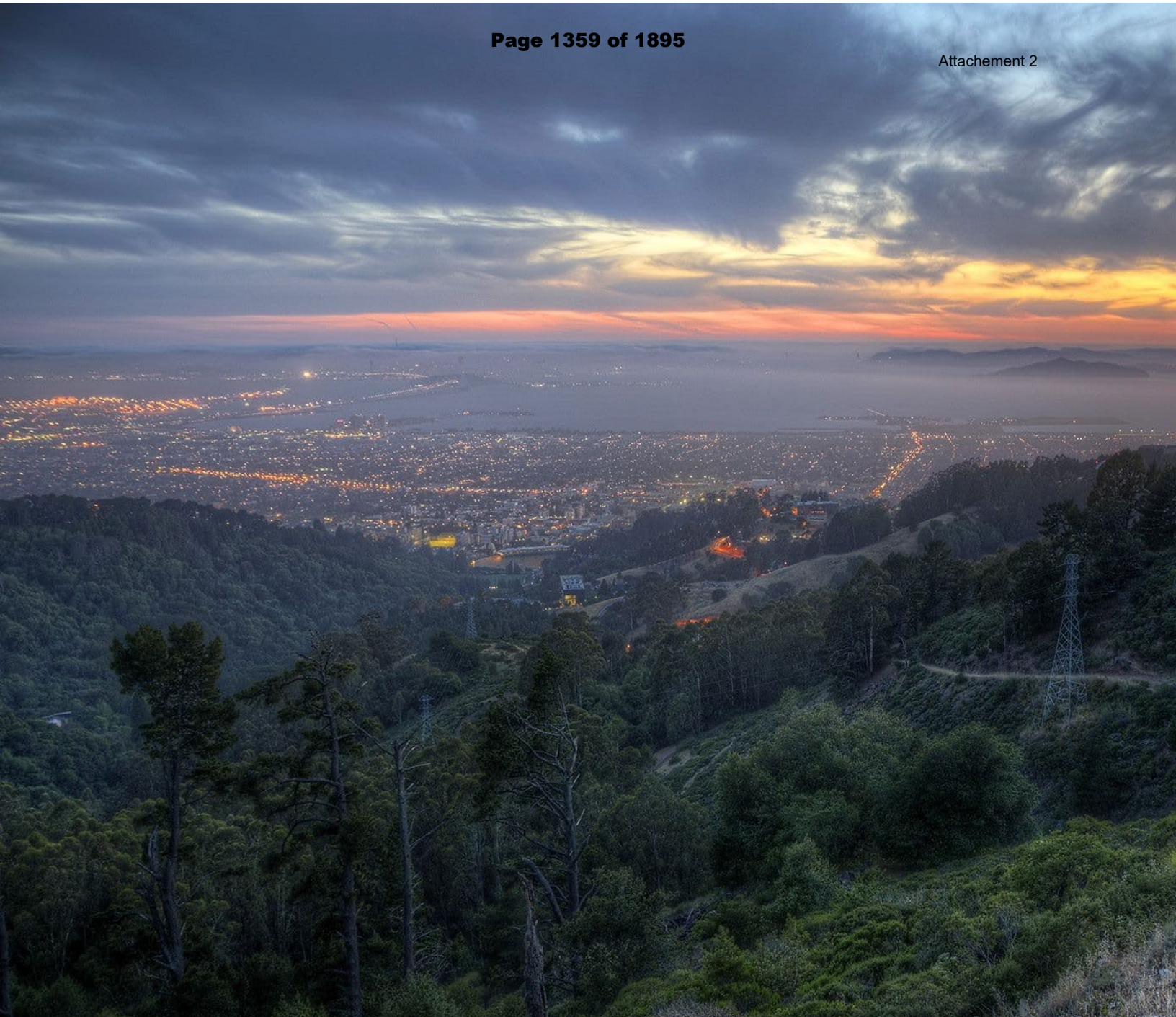
<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Albuquerque Community Safety Department – <i>Albuquerque, NM</i>	911	Mental health, inebriation, homelessness, addiction	TBD	Clinicians or peers	TBD	TBD
B-HEARD (the Behavioral Health Emergency Assistance Response Division) – <i>New York, NY</i>	911 dispatch	Mental health	Daily 16 hours per day	2 EMTs or paramedics + social worker	Non-transport vehicles	Connect with services if transported; heat team does follow-up (clinician and peer for follow-up connection to services)
Boston Police Department’s Co-Responder Program – <i>Boston, MA</i>	911 dispatch	Mental health crisis	Unknown	Co-responder (police + clinician)	Police car	Unknown
Crisis Assistance Helping Out On The Streets (CAHOOTS) – <i>Eugene, OR</i>	911 calls dispatched on radio	Non-emergency calls	24/7	Unlicensed crisis worker and EMT or paramedic	3 vans with logo	Not currently part of services
Crisis Assessment & Transport Team (CATT) – <i>Alameda County, CA</i>	911 dispatch	Mental health	Daily 7am-12am	Licensed clinician + EMT, co-responding with police	Unmarked vehicles, barrier, custom locks and windows, locked storage cabinets	Unknown
Community Paramedicine – <i>California (statewide)</i>	911 dispatch	Non-emergency health and mental health calls	Unknown	Paramedics	Unknown	Unknown
Crisis Call Diversion Program (CCD) – <i>Houston, TX</i>	911 dispatch	Non-emergency mental and behavioral health calls	Daily, morning and evening shifts	Mental health professional tele-counselors at 911 call center	N/A	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Crisis Now – National model (via SAMHSA)	Regional crisis call hub	Mental health	24/7	Licensed clinician + behavioral health specialist	Unmarked van	Program staff follows up to ensure connection to a resource
Crisis Response Pilot – Chicago, IL	911 dispatch	Mental health	M-F 9:30-5:30	Paramedic, crisis counselor, CIT officer, peer recovery coach	2 vans	Unknown
Crisis Response Unit – Olympia, WA	911 or alternate number	Mental health, homelessness	Daily 7am-9pm	Nurse + behavioral health specialist	Van owned by the City	Repeat clients get referred to peer navigation program (Familiar Faces)
Cuyahoga County Mobile Crisis Team – Cuyahoga County, Ohio	National Suicide Prevention Hotline	Mental health	24/7	Licensed clinicians	Unknown	Unknown
Department of Community Response – Sacramento, CA	911 or alternate number	Mental health, homelessness, youth and family crisis, substance use	24/7	Social workers	6 vans	CBO partner will provide connection to longer term care and follow up services
Department of Community Solutions and Public Safety – Ithaca, NY	TBD	Non-violent calls	TBD	Unarmed first responders	TBD	TBD
Downtown Emergency Service Center (DESC) Mobile Crisis Team – King County, WA	911 dispatch	Mental health, substance use	24/7	Mental health professional	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Expanded Mobile Crisis Outreach Team (EMCOT) – Austin, TX	911 or alternate number	Mental health	24/7	Field staff: two person teams of clinicians Call center staff: mental health professionals	Unmarked vehicles	Post-crisis services available for up to 3 months after initial contact
Georgia Crisis & Access Line (GCAL) – Georgia (statewide)	Alternate number, app	Non-emergency mental health, substance use	24/7	Mental health professionals	Unknown	Unknown
Los Angeles County Department of Mental Health - ACCESS Center – Los Angeles County, CA	Alternate number	Mental health	24/7	Unknown	Unknown	Unknown
Los Angeles County Department of Mental Health - Co-Response Program – Los Angeles County, CA	911 dispatch	Emergency mental health	Unknown	Co-responder (police + clinician)	Police car	Unknown
Los Angeles County Department of Mental Health - Psychiatric Mobile Response Team (PMRT) – Los Angeles County, CA	Alternate number	Mental health crises	Unknown	Psychiatric mobile response team	Unknown	Unknown
Mobile Assistance Community Responders of Oakland (MACRO) – Oakland, CA	911 dispatch	Non-emergency calls	24/7	Unlicensed community member + EMT	Vehicle with radios, mobile data terminal, cell phones	Community Resource Specialist to connect to resources
Mental Health Acute Assessment Team (MHAAT) – Sydney, Australia	Ambulance Control Center	Acute mental health crises	Unknown	Paramedic + mental health nurse	Ambulance	Contacted within 3 days, follow up with referral facility
Mental Health First / Anti-Police Terror Project – Sacramento and Oakland, CA	Alternate number, social media	Mental health, domestic violence, substance use	Fri-Sun 7pm-7am	Peer first responders	Use personal vehicles and meet at the scene; have an RV with supplies	Have relationship with CBOs, staff work to get folks into longer term services
Mental Health Mobile Crisis Team (MHMCT) – Nova Scotia, Canada	911 dispatch	Mental health	24/7	Co-responder (police + clinician) and telephone clinician support	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Mobile Crisis Assistance Team (MCAT) – Indianapolis, IN	911 dispatch	Mental health, substance use	M-F, not after hours or overnight	Co-responder (police + clinician + paramedics)	Unknown	Conduct follow up visits to encourage connection to care
Mobile Crisis Rapid Response Team (MCRRT) – Hamilton, Ontario, Canada	911 dispatch	Mental health	Unknown	Co-responder (CIT-trained police + clinician)	Police car	Unknown
Mobile Emergency Response Team for Youth (MERTY) – Santa Cruz, CA	Alternate number	Mental health calls for youth	M-F 8am-5pm	Clinician + family specialist	Van with wheelchair lift, comfortable chairs, TV, snacks	Continue to provide services until patient connected with long-term services
Mobile Evaluation Team (MET) – East Oakland, CA	911 or alternate number	Mental health	Mon-Thurs 8am-3:30pm	Co-responder (1-2 mental health clinicians + police officer)	Unmarked police car	Unknown
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team – Stockholm, Sweden	Alarm center	Acute risk of suicidal behavior	Daily 2pm-2am	2 psychiatric nurses and ambulance driver	Ambulance	Unknown
Police and Clinician Emergency Response (PACER) – Australia (several locations)	Dispatched by police	Mental health	Varies	Co-responder (police + clinician)	Unknown	Unknown
Portland Street Response – Portland, OR	911 or alternate number	Low-acuity mental health, substance use, welfare checks	M-F 10am-6pm	EMT and LCSW dispatched to scene; 2 CHWs called in for follow-up	Van with logo	CHWs connect to services; partnerships with CBOs for outreach in encampments
REACH 24/7 Crisis Diversion – Edmonton, Alberta, Canada	Alternate number (211)	Non-violent, non-emergency calls	24/7	2 crisis diversion workers	Have van to transport	Connector role for connection to long-term services

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Seattle Crisis Response Team – Seattle, WA	911 dispatch	Mental health, assault/threat/harassment, suspicious circumstance, disturbance	Unknown	Co-responder (CIT + clinician)	Unknown	Clinicians can follow up with clients
Supported Team Assisted Response (STAR) – Denver, CO	911 dispatch	Mental health, homelessness, substance use	M-F 10am-6pm	Mental health clinician (SW) + paramedic	Civilian van with amber lights, bucket seats on each side with standard front seat	Can hand off to case managers
Street Crisis Response Team (SCRT) – San Francisco, CA	911 calls dispatched on radio	Non-emergency mental health	Daily, 12 hours a day	Social worker/psychologist + paramedic + peer	Van with lights and sirens, currently using old fire department vehicles	Office of Care Coordination provides linkages to other services
Street Triage – England (several locations)	Emergency dispatch	Mental health	Varies	Mental health nurse	Unknown	Unknown
Therapeutic Transportation Pilot Program/Alternative Crisis Response – Los Angeles City and County, CA	911 dispatch	Mental health crisis	24/7	Mental health experts co-respond or take the lead on MH calls	Plan to have van for transports	Level 1 calls will be referred to non-crisis follow up services, folks can step down from crisis receiving to residential program
Toronto Crisis Response – Toronto, Ontario, Canada	TBD	Non-violent, non-emergency calls	TBD	Mental health professionals	TBD	TBD



City of Berkeley

Mental Health Crisis Response Services and Stakeholder Perspectives Report



City of Berkeley

Specialized Care Unit Model Recommendations

City of Berkeley Mental Health Crisis Response and Stakeholder Perspectives Report

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Resource Development Associates, October 2021





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Executive Summary

The City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study to inform the development of Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement. RDA's feasibility study includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesis of crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities of the various agencies involved and basic quantitative data about the volume of mental health crisis calls received; and 2) sharing key themes from RDA's qualitative data collection efforts across the Berkeley community.

Presently, callers experiencing a mental health crisis typically call 911, Mobile Crisis Team (MCT) phone line, or the Alameda County Crisis Support Services phone line. Depending on the assessment of the call, phone or in-person services are deployed. All these points of access could result in a police response.

In Berkeley, while there are a variety of programs and service provided by Berkeley Mental Health, Berkeley Police, Berkeley Fire, and an array of community-based organizations, there is an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city. Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to include the full spectrum of a mental health crisis, including prevention, diversion, intervention, and follow-up. Through this lens, stakeholders identified strengths and challenges of the existing crisis response system, described personal experiences, and shared ideas for a reimagined mental health crisis response system.



Key Themes from Stakeholder Feedback

Perceptions of the urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response options

Participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. Such perspectives illuminate the perceived gaps in the current system that could be filled by a future SCU. These perspectives are summarized as guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad-reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

To inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesized summary of its review of the components of nearly 40 crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

With the guidance and support of an SCU Steering Committee (led by the Director of City of Berkeley's Health, Housing and Community Services Department), RDA conducted a large volume of community and agency outreach and qualitative data collection activities between June-July 2021. The goal of this immense undertaking was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desires for a different crisis response system that would better serve its populations and needs. The City of Berkeley will be implementing an SCU that consists of a team of providers – that does not include law enforcement representation – who will respond to mental health crisis situations in Berkeley. Given that this is happening, RDA's data collection focused on obtaining perspectives that could inform the development of Berkeley's SCU; in contrast, RDA's data collection was not targeted at understanding the validity or utility of having a SCU in Berkeley.

RDA's outreach and data collection efforts yielded a large volume of information. In order to ensure this report is accessible to a wide audience - in both the length and breadth of findings - RDA's analysis of all the information it collected was led by a clear goal of identifying common themes across its many data sources. Additionally, RDA sought to distill all findings into manageable pieces that could be succinctly written about in this report.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities

of the various agencies involved and basic quantitative data about the volume of services provided; and 2) sharing the common themes from RDA's qualitative data collection efforts across the Berkeley community. It is important to note upfront that given the limited quantitative data available about Berkeley's historical mental health crisis response calls – as documented and described in much depth by the Berkeley City Auditor's study (released in April 2021) entitled "Data Analysis of City of Berkeley's Police Response"¹ – this report is focused on qualitative data. That data allows for a better understanding of what this set of stakeholders feels about the current crisis system and their hopes for an improved system. After sharing information about Berkeley's current mental health crisis response services, this report shares information from RDA's qualitative data collection activities with local agencies, CBOs, stakeholders, and utilizers of crisis response services.

Communitywide Data Collection

In order to fully understand the current state of the mental health crisis system in the City of Berkeley, RDA engaged a variety of stakeholders in gathering both quantitative and qualitative data. As this is a community-driven process, much of the data collection was through engaging members of the Berkeley community. These methods will be described below.

Note: Please refer to the following section, [What is the current mental health crisis call volume in Berkeley?](#) for a description of the project's quantitative methods.

Community Engagement Planning Process

To bring resident and other stakeholder voices into community planning efforts, RDA worked closely with the SCU Steering Committee² to develop a comprehensive, inclusive, and accessible outreach and engagement plan. The goal of this plan was not to reach a group that was "representative" of all Berkeley residents, but rather to hear from those that receive crisis response services, those that call or initiate crisis

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

² Berkeley Specialized Care Unit Steering Committee members: Colin Arnold, Paul Kealoha Blake, Jeff Buell, Caroline de Bie, Margaret Fine, Maria Moore, Andrea Pritchett, David Sprague, David McPartland, Marc Staton, Lisa Warhuus, and Jamie Works-Wright.

response, and those whose voices are commonly omitted from city planning efforts. The plan focused on those who are most marginalized by the current system and are most at risk of harm. These groups include, but are not limited to the following:

- Individuals who are frequently targeted by policing, including:
 - Black and African Americans
 - Native Americans
 - Pacific Islander Americans
 - Latinx Americans
 - Asian Americans
 - SWANA (Southwest Asia and North Africa)
- People who have experienced a mental health crisis
- People experiencing or at risk of homelessness
- People who use substances
- Gay, Lesbian, Bisexual, Queer, Transgender and Non-Binary people
- Seniors and older adults
- Transition age youth (TAY)
- People with disabilities
- Survivors of domestic violence and/or intimate partner violence
- People returning to the community from prison or jail
- Veterans
- Immigrants and undocumented residents

RDA and the steering committee also reached out to a wide range of advocates, service providers, and CBOs. In addition to wanting to understand the current state of crisis services from a provider perspective, one of the objectives for reaching out to these advocacy and community organizations was to leverage their community and client connections to reach the target populations.

Once the target groups were identified, RDA and the SCU Steering Committee developed a specific outreach plan and interview guides for each group. The outreach strategy was designed to maximize accessibility by providing multiple opportunities for engagement. Interview guides³ were customized to each group but followed the same set of four core questions:

1. People's experiences with, and perceptions of, the current mental health and substance use related crisis response options;
2. Challenges and strengths of current mental health and substance use related crisis response options;
3. Ideas for an alternative approach to mental health and substance use related crises; and
4. Needs identified by the community for a safe, effective mental health and substance use related crisis response.

³ For an example interview guide, see [Appendix A](#).

This set of four questions was also used to create a survey distributed to providers unable to attend focus groups, their clients, other service utilizers, and the broader Berkeley community.

It is important to note that mental health crisis affects everyone. RDA purposefully focused engagement efforts on groups that are most often marginalized and at risk of harm from the current crisis system, but in so doing, was an approach that may not have brought in all voices impacted by mental health crisis. The key themes brought out by stakeholders, therefore, may not be fully representative of the broader Berkeley community. Instead, the key themes reflect the perspective of those most impacted by the current system.

Data Sources

All outreach activities occurred between June and July 2021. RDA engaged the community in a variety of in-person and virtual mediums including interviews, focus groups, shadowing, and surveys. In total, RDA conducted 18 focus groups, 51 individual interviews, 1 full day of shadowing dispatch at BPD, and administered 1 online survey.

The CBOs and community members that were targeted for outreach skewed towards either agencies serving unhoused populations in Berkeley or individuals who were unhoused. This was an intentional strategy to reach a population that is generally underrepresented in community-wide data collection efforts. But, as mentioned above, mental health crises can affect anyone, not just those who are unhoused.

Below is a list of groups that were engaged in interviews or focus groups as part of this process.

Type of Group	Organizations/Departments (# individuals)
City of Berkeley & Alameda County	<ol style="list-style-type: none"> 1. Berkeley Fire Department 2. Berkeley Fire Department – Mobile Integrated Paramedic (MIP) 3. Berkeley Mental Health 4. Berkeley Mental Health - Mobile Crisis Team 5. Berkeley Mental Health – Crisis, Assessment, and Triage (CAT) 6. Berkeley Mental Health - Homeless Full Service Partnership 7. Berkeley Mental Health – Transitional Outreach Team (TOT) 8. Berkeley Police Department - Key Informants 9. Berkeley Police Department – Dispatch 10. Berkeley Police Department - Community Services Bureau 11. Berkeley Police Department - Public Safety Officers 12. City of Berkeley - Aging Services 13. Alameda County Behavioral Health Care Services 14. Alameda County Crisis Support Services

Type of Group	Organizations/Departments (# individuals)
Community-Based Organizations	<ol style="list-style-type: none"> 1. Alameda County Network of Mental Health Clients 2. Alameda County Psychological Association 3. Anti Police-Terror Project 4. BACS - Amber House 5. Berkeley Free Clinic 6. Dorothy Day House 7. Harm Reduction Therapy Center 8. LifeLong Medical Care - Ashby Health Center, Behavioral Health 9. LifeLong Medical Care - Street Medicine 10. Needle Exchange Emergency Distribution (NEED) 11. Pacific Center 12. UC Berkeley School of Social Welfare 13. Women's Daytime Drop-In Center
Service Utilizers	<ol style="list-style-type: none"> 1. People's Park 2. Seabreeze encampment 3. Planting Justice

Demographics of Participants of RDA's Data Collection Efforts

RDA was able to reach a large demographic of providers, service utilizers, and community members across these engagement efforts. These data collection efforts were not focused on providers of mental health care, substance use disorder care, or insurance companies like Kaiser Permanente or the Alameda Alliance. This was a purposeful decision to gain the insight of those who are outside of the current system of care. Demographic information was not gathered for City of Berkeley or Alameda County staff.

Overall, RDA received information from more people in the 30-44 range than any other age range. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts. There were far more cisgender participants than transgender participants overall, though a higher proportion of service utilizer respondents were transgender compared to survey respondents and provider respondents. RDA collected feedback from more than double the number of female-identifying participants than male identifying participants. Overall, there were very few genderqueer or nonbinary participants. The most common zip codes of participants were 94710, 94702, 94703, and 94704. For more a more detailed description of participant demographics, see [Appendix B](#).

Impacts of COVID-19 Pandemic on Data Collection

The COVID-19 pandemic made it challenging for this project to engage with participants for data collection. The rise of the Delta variant in August 2021 further complicated matters. Many non-medical social service providers in Berkeley had suspended or limited their in-person services with clients due to the pandemic, so RDA was unable to connect with clients in-person. Invitations were sent to case managers and group/individual counselors to forward to their clients in hopes of interviewing clients, but this did not prove to be effective. Aside from being unable to connect with participants in-person, many providers were overwhelmed with ongoing COVID-19 emergency response and unable to participate in focus groups or the survey. Eleven agencies were in conversation with RDA but were unable to attend any focus groups or submit a survey, and 34 agencies did not respond to attempts to connect. Despite these challenges, RDA found considerable themes and patterns in the data that was collected for this project and feel strongly that the data and perspectives presented here represent the scope of the issues pertinent to mental health crisis response in the City of Berkeley.

Overview of Berkeley Crisis Response

What is the current mental health crisis response system in Berkeley?

To understand where the gaps are in the mental health crisis response system in Berkeley, it is important to understand each component and the surrounding landscape of providers and services. The following section describes the process of a mental health call, key city and county entities involved in the crisis system, and other community-based organizations who provide crisis services. This information was gathered during key informant interviews with city and county staff, CBO provider focus groups, and consulting online materials.

Process of Response to a Mental Health Call⁴

When someone makes a call for a mental health crisis, they will typically call 911, the Mental Health Division's Mobile Crisis Team (MCT) phone line,

⁴ See [Appendix C](#) for a flowchart of this process.

or Crisis Support Services of Alameda County. The caller is often a family member, friend, or bystander.

If the call goes to 911, the staff member at Berkeley dispatch receives the call. They use the Emergency Medical Dispatch (EMD) protocols to assess whom to deploy to the scene: fire, police, or an ambulance. When assessing a call for the presence of mental health issues, they consider many factors including the possibility of violence against the caller or others, certainty or uncertainty of violence, whether the person is using substances and what type of substance, the coherence of the person's thoughts or behaviors, and background noises. Callers can specifically request MCT, in which case dispatchers may call MCT on the radio and request an MCT call-back for the caller.

If they determine that services can be delivered over the phone, they can transfer the call to Alameda County Crisis Support Services (CSS). If CSS cannot resolve the crisis, they will send the call back to dispatch for an in-person response. If an in-person response is required, they will transfer the call to the appropriate dispatcher staff. Calls with a potential for violence or criminal activity are transferred to police dispatch. Police can call the Berkeley Mobile Crisis Team (MCT) for backup if it is clear that there is a mental health component to the situation. Calls that involve mental health are sent to police dispatch. Police will then alert the MCT that they are needed on-scene. The police will arrive first to secure the scene, then mobile crisis will provide mental health crisis services while police are still on-scene. If the individual needs to be transported to a secondary location, the police will call for an ambulance. Calls that involve a medical or fire issue are transferred to fire dispatch. If fire staff need to place an involuntary hold on the person, they can call police to place the hold.

If the caller decides to call MCT directly, their call will be sent to a confidential voicemail. An MCT staff member will listen to the voicemail, call the person back, and provide services over the phone. If no further services are required, the call is resolved. If an in-person response is required, MCT will call police dispatch to have police secure the scene. After MCT calls dispatch, they will travel to the scene of the incident. Once the scene is secured, MCT provides services and may call an ambulance through dispatch if transport is needed.

If the caller decides to call CSS directly, staff will first attempt to resolve the crisis over the phone. If they are able to de-escalate the crisis over the phone, they will provide referral services to additional resources or, on rare occasions, contact Berkeley Mental Health for follow-up care. If they are unable to resolve the crisis, they will send the call to 911 dispatch.

After the incident, the Berkeley Transitional Outreach Team (TOT) will follow-up with the client to ensure that options for longer term care have been offered. TOT can provide referrals and linkage to long-term services, bridging the gap between a moment of crisis and ongoing mental health care.

City and County Teams that Respond During a Crisis

There are several teams within the City of Berkeley and Alameda County that provide services to someone experiencing a mental health crisis. These include programs within Berkeley Mental Health, Berkeley Police Department, Berkeley Fire Department, and Alameda County Behavioral Health Care Services. Although, as mentioned later in this report, the community does not see these services as sufficient or linked.

Berkeley Mental Health Crisis Programs:

The City of Berkeley is contracted by Alameda County to deliver mental health services to Berkeley residents. In general, Berkeley Mental Health programs are funded to serve individuals with severe mental health needs who have major impairments in their functioning and are covered by Medi-Cal. However, Crisis Services teams (not including Homeless FSP) can serve any Berkeley resident, regardless of diagnosis or insurance status. It should be noted that residents covered by private insurance are eligible for services through their insurer and are not eligible for most Berkeley Mental Health programs.

The *Crisis, Assessment, and Triage (CAT)* program is a key access point for a wide range of Berkeley residents to get connected to mental health services. They are a team of clinical staff—licensed clinicians, paraprofessionals, peers, and/or family members—that conduct mental health screenings and assessments, mental health planning/consultation, and linkages to county or community-based care. They are also the official entry point for Berkeley Mental Health’s Homeless Full Service Partnership (HFSP), Adult Full Service Partnership (AFSP), and Comprehensive Community Treatment (CCT) programs. As previously noted, these programs have strict eligibility requirements driven by their funding. Most callers are referred to non-city resources. They offer both remote as well as in-person, walk-in assessments, and linkages to appropriate care. If someone is in crisis, they can suggest or facilitate linkage to 911, MCT, Amber House, or other crisis resources. CAT can also provide limited outreach and transportation services to people experiencing homelessness or people with disabilities who also want to engage in mental health services.

The *Mobile Crisis Team (MCT)* is a team of licensed clinicians that provide crisis intervention services to people in crisis within the Berkeley city limits. These services include de-escalation and stabilization for individuals in crisis, consultation to hospital emergency personnel, consultation to police and fire departments, hostage negotiation, and disaster and trauma-related mental health services. When fully staffed, MCT can operate 7 days a week from 11:30am-10pm. Due to persistent staff shortages, MCT is currently unable to operate on Tuesdays or Saturdays. They primarily receive referrals from Berkeley Police Department, Berkeley Fire Department, hospital emergency rooms, and directly from residents. Most calls for MCT are received on the police radio directly from BPD for 5150 evaluations. Calls can also come directly through the MCT voicemail.

The *Transitional Outreach Team (TOT)* follows up with individuals after an interaction with MCT. The TOT team consists of one licensed clinician and

one unlicensed peer team member. The function of the TOT team is to offer linkages to appropriate resources and help navigating the system of care after someone has experienced a crisis. TOT assesses the individual's eligibility for services, including insurance status, before making referrals to care. During the pandemic, their services have been mostly limited to phone calls. Pre-pandemic, they regularly connected with service utilizers after they were discharged from the hospital. Most often, TOT connects people with homeless service provider agencies, the CAT team for connection to BMH programs, case management services at other clinics, or any other community provider that would meet the client's needs. Due to a recent division restructuring, TOT and CAT have been combined into one unit to allow more community members to access information and referrals provided by TOT.

The *Homeless Full Service Partnership (HFSP)* is Berkeley Mental Health's newest program. They are a team of two behavioral health clinicians, two social service specialists, one mental health nurse, one part-time psychiatrist (0.5 FTE), and one clinical supervisor. HFSP serves adults who are homeless or at risk of homelessness and have major functional impairments related to a mental health diagnosis. They provide a wide array of services based on the client's needs including support applying for benefits, connection to short-term and long-term housing, harm reduction for substance use, and support with physical health needs.

Berkeley Police Department: The Berkeley Police Department (BPD) is made up of patrol teams, Communications Center (i.e., dispatch) staff, other sworn officers, and non-sworn professional personnel. In total, the 2020 budget included 181 sworn officers and 104.2 professional staff.^[1] BPD patrol team duties include responding to emergency and non-emergency calls for service or criminal activity, enforcing the law, responding to community needs, and directing traffic. The role of BPD patrol teams in mental health crises is to assess the situation to determine if there is a threat of public safety, assess how volatile the situation is, and secure the scene. Oftentimes, police officers will then provide crisis intervention services themselves, either because MCT is unavailable or the officer believes they can adequately respond with their experience and skillset. Otherwise, they will bring in another service team, such as MCT or Fire/ambulance to provide additional mental health or medical services. Officers may on-view incidents, but primarily receive assignments from the Communications Center. Officers may also coordinate with the other City Departments on some cases. All officers also receive a minimum of eight hours of advanced officer training in de-escalation and crisis intervention per year; and many officers are trained in a full week CIT-training course. The Department continues to assign

^[1] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*.

[https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3 - General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf](https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf)

officers to this full week training as staffing allows and course space is available.

BPD's Communications Center is staffed by dispatchers who handle the following: community calls, records checks, fire dispatching, and police dispatching.^[2] Call takers receive non-emergency and 911 calls, assess the call (including using the emergency medical dispatch (EMD) protocol, enter data into the computer aided dispatch (CAD) system to be dispatched to either police or fire personnel where appropriate. Other calls may be directed to other City Departments or BPD work units. The dispatchers deploy the appropriate response to the scene and maintain radio contact until personnel arrive at the scene.

Other sworn officers in BPD include area coordinators, a bike unit, detectives and traffic enforcement unit, and other sworn non-patrol officers. Area coordinators are situated within the Community Services Bureau and work with patrol officers in their area and seek to address community needs. Officers on the bike unit are assigned to patrol specific areas, where they address public safety issues and other community safety concerns. Detectives follow up on criminal investigations, conduct search warrants and work with the District Attorney's Office on charging. The traffic enforcement unit responds to traffic related complaints, investigates serious injury and fatal collisions, and analyzes and provides state mandated reporting on collision data. Other sworn, non-patrol officers include special assignments in personnel and training, policy, and police technology.

The remaining staff are non-sworn, professional personnel including community service officers, crime scene technicians, and parking enforcement officers. Community service officers work in jail and as crime scene technicians who collect and document evidence from crime scenes. Parking enforcement officers enforce parking violations and support traffic safety related matters. Many of these functions are also supported by Police Aides and Reserve Police Officers.

Berkeley Fire Department: The Berkeley Fire Department (BFD) is comprised of 7 fire stations, 130 sworn fire suppression personnel and paramedic firefighters.⁵ BFD provides 24/7 response to emergencies including fires, medical emergencies, and disasters. The department operates 4 24/7 Advanced Life Support ambulances that are primarily responsible for all emergency medical transport within the City of Berkeley to local emergency departments.

^[2] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*.

[https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3 - General/Dispatch%20Workload Fiscal%20Year%202018.pdf](https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf)

⁵ City of Berkeley Fire Department. (n.d.). *History of the Berkeley Fire Department*. Retrieved October 5, 2021, from

https://www.cityofberkeley.info/Fire/Home/Department_History.aspx

BFD also participates in care coordination for high utilizers of services as part of the Community Accessing Resources Effectively (CARE) Team. This team is a multidisciplinary group of practitioners made up of both staff from community organizations as well as City of Berkeley staff. The group is facilitated by the EMS division of the department and aims to connect residents using high amounts of emergency services to more appropriate and/or long-term care options.

During the COVID-19 pandemic, BFD operated a Mobile Integrated Paramedic (MIP) unit for a six-week pilot. The MIP unit provided community paramedicine as a diversion from hospitals during the early days of the pandemic. This team did proactive street outreach in the community to help meet basic needs and provide referrals to community organizations, based primarily on 9-1-1 callers who ended up not seeking care at an Emergency Department.

For people experiencing a mental health crisis, the City of Berkeley contracts with Falck Ambulance, which is also the private provider for emergency medical transport for Alameda County. Falck provides treatment, stabilization, and transports to hospitals, including voluntary and involuntary psychiatric hospitalizations. BFD firefighters can call Falck directly when an individual needs to be transported for mental health issues, although most transport requests are through requests from Mobile Crisis. The current collaboration with Falck began July, 1 2019, and the contract is overseen by BFD.

Alameda County Behavioral Health Care Services Crisis Programs:

Alameda County Behavioral Health Care Services (AC BHCS) operates both crisis and long-term mental health service programs.⁶ Some key crisis programs include Crisis Support Services, Acute Crisis Care and Evaluation for Systemwide Services, Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team.

The Alameda County Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team do not serve the geographic area of the City of Berkeley; despite this, we include brief information about them below to describe the types of mobile crisis services available to the other cities in Alameda County.

Crisis Services Eligible to Berkeley Residents

Crisis Support Services (CSS) is a county contracted program that provides several services for individuals experiencing a mental health crisis, including a 24-hour crisis phone line, text messaging, therapy groups, therapy services for older adults, school-based counseling, grief therapy,

⁶ Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

and community education.⁷ CSS coordinates closely with mobile crisis teams in Oakland and Alameda County and often refer clients to mobile crisis. They are staffed by trained crisis counselors, both licensed and unlicensed. Most often calls to CSS are direct from someone experiencing a crisis. Berkeley dispatch can transfer calls to CSS for phone support if they deem an in-person response is not required. CSS fields over 40,000 calls annually and spends an average of 25-30 minutes per call.

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the main entry point for Alameda County residents to get connected to acute and longer-term mental health and substance use services.⁸ The phone line is staffed by licensed mental health clinicians and administrators who screen and assess the client's needs, provide information about available options, and refer to an appropriate service. Clinicians also screen clients to see if they meet medical necessity criteria for Specialty Mental Health Services (SMHS). Calls that come in after 5pm or on weekends are routed to CSS.

Crisis Services Not Eligible to Berkeley Residents

The Alameda County *Mobile Crisis Team* responds to mental health crisis calls either in-person or over the phone.⁹ They are staffed by two licensed clinicians. Calls can come directly to the mobile crisis team, or they can be dispatched by 911 or CSS. The Alameda County Mobile Crisis Team responds in a police co-responder model.

The *Mobile Evaluation Team (MET)* is a co-responder program; one Oakland police officer and one licensed clinician respond to calls in an unmarked police car. They respond to mental health calls that come through 911 dispatch.

The *Community Assessment and Transport Team (CATT)* provides community-based crisis intervention, medical clearance, and transport services. Administered through Bonita House, a licensed clinician and an EMT will be dispatched to a scene where the individual needs to be transported to a higher level of care. CATT currently utilizes a police co-responder model.

Other Service Providers in the Mental Health Crisis Response System: In addition to services provided by the City of Berkeley and Alameda County, there is an array of community-based services and other providers within the mental health crisis response system in Alameda

⁷ Crisis Support Services of Alameda County. (n.d.). *24-Hour Crisis Line*. Retrieved October 5, 2021, from Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

⁸ Alameda County Behavioral Health Care Services. (n.d.). *ACCESS program*. Retrieved October 5, 2021, from <http://www.acbhcs.org/providers/Access/access.htm>

⁹ In this report, the acronym “MCT” is only used in reference to the City of Berkeley’s Mobile Crisis Team, not Alameda County’s Mobile Crisis Team.

County. These generally fall into four categories: crisis response providers, crisis stabilization units, drop-in centers, and medical service providers.

The agencies listed below are not meant to be a comprehensive list, rather these were the organizations that were mentioned most frequently by focus group participants, interviewees, and survey respondents. There are many organizations and individuals who contribute to crisis prevention and stabilization by addressing other needs such as housing, substance use, ongoing mental health support, or domestic violence. Though not enumerated in this report, the ecosystem of services in Berkeley and surrounding areas help prevent community members from escalating into crisis.

Crisis Response Providers: Crisis response providers accompany individuals while they are experiencing a crisis, work with the client to de-escalate, and connect them to resources to meet their needs. It should be noted that ongoing mental health service providers, such as therapists or clinical case managers, de-escalate and divert mental health crises every day. In this report, we are focusing on providers who respond to acute crisis situations that are outside of long-term supports. The two key crisis response providers mentioned most often by the community are Mental Health First and UC Berkeley.

Mental Health First is a project of the Anti Police-Terror Project (AOTP). Based in Oakland, this volunteer-run crisis line provides crisis support, de-escalation, mediation, and connection to resources to anyone who calls. They are available on Friday and Saturday nights, 8pm to 8am, when other crisis services are unavailable. Community members can access services via phone, text, or social media. About half of callers are calling for themselves, while the other half are calls from friends or family members concerned about a loved one. Mental Health First can help people navigate the complicated mental health system and get them connected to services.

When a student is experiencing a mental health crisis on the UC Berkeley campus, *UC Police Department (UCPD)* are often the ones who arrive on scene. UCPD employs a mix of sworn and non-sworn personnel including 49 police officers, 10 dispatch and records staff, 31 security patrol officers, and 12 professional staff.¹⁰ UCPD police officers are currently the ones who respond during a mental health crisis. However, the University has publicly stated plans to phase out involvement of police during a crisis and shift to having its Tang Center counselors respond to mental health

¹⁰ Berkeley UCPD. (n.d.). *Department Demographics*. Retrieved October 5, 2021, from <https://ucpd.berkeley.edu/department-demographics>

calls.¹¹ They are currently in the process of planning and developing a new mental health response team.¹²

The *UC Berkeley Tang Center* offers health, mental health, and crisis services to all UC Berkeley students, regardless of insurance. Their staff, which include licensed psychologists, psychiatrists, and psychiatric nurses, respond to urgent mental health concerns.¹³ They also provide services after a sexual assault or incident of domestic violence and respond to campus crises (e.g., when a student passes away).¹⁴ As of the Fall 2021 semester, students can access these services by calling the Tang Center's urgent phone or after-hours support lines. But as previously mentioned, UC Berkeley is currently redesigning their crisis response model so students can more easily get connected with Tang Center staff during a crisis.

Crisis Stabilization Units and Psychiatric Facilities

Crisis Stabilization Units and psychiatric facilities provide a safe location for people to de-escalate from crisis, receive psychological support, and get connected with mental health services. There are no crisis stabilization units within the City of Berkeley, so Berkeley residents in crisis are often transported or referred to the facilities noted below.

John George Psychiatric Hospital (JGPH, or John George) is a locked facility where patients can receive short-term psychiatric care from doctors, psychiatrists, and counselors. Once a patient receives medical clearance (i.e., they do not have any acute medical needs), they can be transported to JGPH. John George is the main facility that individuals are transported to when they are under an involuntary hold. Many patients are referred and/or transported by emergency services and mobile crisis teams across the County.

Willow Rock Center operates both a 12-16 bed crisis stabilization unit as well as an inpatient unit for adolescents ages 12-17.¹⁵ A team of psychiatrists, nurses, group and individual therapists and counselors provides assessment, counseling, medication administration, group,

¹¹ Public Affairs. (2021, August 18). UC Berkeley to shift comes campus services away from UCPD. *Berkeley News*.
<https://news.berkeley.edu/2021/08/18/uc-berkeley-to-shift-some-campus-services-away-from-ucpd/>.

¹² Berkeley Business Process Management Office. (n.d.). *Mental Health Response*. Retrieved October 5, 2021, from
<https://bpm.berkeley.edu/projects/active-projects/reimagining-uc-berkeley-campus-and-community-safety-program/mental-health>

¹³ University Health Services. (n.d.). *Meet the CAPS Staff*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/mental-health/counseling-and-psychological-services-caps/about-caps/meet-caps-staff>

¹⁴ University Health Services. (n.d.). *Crisis Counseling for Urgent Concerns*. Retrieved October 5, 2021, from
<https://uhs.berkeley.edu/counseling/urgent>

¹⁵ Telecare. (n.d.). *Willow Rock Center*. Retrieved October 5, 2021, from
<https://www.telecarecorp.com/willow-rock-center>

family, individual therapy, and connections to resources. The locked, inpatient unit is the main transport facility for adolescents under an involuntary hold. Their patients are often referred from Kaiser Permanente, schools, and emergency services. They also accept walk-ins for voluntary services.

Cherry Hill Detoxification Services Program provides services for adults needing to detox from substances.¹⁶ Their sobering unit has 50 beds for patients to stay 23 hours or less. The detox unit has 32 beds for patients to stay 4-6 days. Trained staff screen patients, provide medical services and psychological support, and link patients to services to meet their needs before discharge. Both units often get referrals from emergency services but also can accept self-referrals.

Amber House, operated by Bay Area Community Services (BACS), is a 23-hour mental health crisis stabilization unit (CSU) that provides a quiet environment for clients to receive short-term psychological support and have their basic needs met. The team is a clinician, a nurse, a supervisor, and an on-call psychiatrist, who provide voluntary services for people experiencing an acute mental health crisis. Many of their clients are transported or referred by mobile crisis teams, Oakland's CATT program, and occasionally police. Before a client is discharged, a staff member will provide referrals for long-term mental health care and other resources to meet their needs. Amber House also operates a crisis residential treatment (CRT) program in the same facility (which is Alameda County's only combined CSU and CRT), providing clients the option for a longer stay.

Drop-In Centers

The City of Berkeley has three drop-in centers for residents: the Berkeley Drop-In Center, Berkeley Wellness Center, and the Women's Daytime Drop-In Center. While not all sites have specific services for individuals in crisis, they can be an entry point for mental health services.

The *Berkeley Drop-In Center* is a peer-run, walk-in community center that provides drop-in time, service advocacy, and housing advocacy.¹⁷ Clients can have their basic needs met, find a place to socialize, get connected to benefits, receive a referral for subsidized housing, and get linked to mental health services.

The *Berkeley Wellness Center*, operated by Bonita House, provides art classes, employment services, connection to benefits, primary care, counseling, case management, and evidence-based support groups for

¹⁶ Horizon Services. (n.d.). *Cherry Hill Detoxification Program Services*. Retrieved October 5, 2021, from <https://www.horizonservices.org/cherry-hill-detoxification>

¹⁷ City of Berkeley. (n.d.). *Berkeley Drop-In Center*. Retrieved October 5, 2021, from https://berkeleycity.networkofcare.org/mh/services/agency.aspx?pid=BerkeleyDropInCenter_670_2_0

adults with mental health and co-occurring disorders.¹⁸ The Berkeley Wellness Center serves as an entry point to recovery and supportive services for people with a broad range of mental health needs and co-occurring conditions.

The *Women's Daytime Drop-In Center (WDDC)* provides similar services for homeless women and their children.¹⁹ A small team of case managers, managers, and volunteers provide various services including case management, food, groceries, and hygiene kits. Clients can also receive referrals to additional services that are beyond the scope of WDDC.

Medical Service Providers

Because a mental health crisis and substance use crisis can co-occur, medical service providers play an important role in crisis stabilization and prevention. The two medical outreach teams mentioned by the community were Lifelong Street Medicine and Berkeley Free Clinic's Street Medicine team.

LifeLong Street Medicine is a program contracted by Alameda County Health Care for the Homeless Street Health.²⁰ Multidisciplinary teams provide street psychiatry and substance use recovery services for people experiencing homelessness in Berkeley. They can also provide connections to primary care, social services, housing, and other resources.

Berkeley Free Clinic's Street Medicine team is a volunteer-run collective where volunteers are trained as medics and provide services in the community.²¹ Their services include HIV and STI testing and treatment, first aid, vaccinations, hygiene kit distribution, and substance use supplies and training. The teams regularly do proactive outreach to connect to new clients.

What is the current mental health crisis call volume in Berkeley?

In addition to its deep community engagement process, RDA also reviewed quantitative data on the volume of calls related to mental health issues and who is making those calls. As noted previously, quantitative data from City of Berkeley agencies conducting crisis response (i.e., Mobile Crisis Team, Berkeley Police Department, and Berkeley Fire Department) currently have a variety of limitations. Because

¹⁸ Bonita House Inc. (n.d.). *Berkeley Wellness Center*. Retrieved October 5, 2021, from <https://bonitahouse.org/berkeley-creative-wellness-center-cwc/>

¹⁹ Women's Daytime Drop-In Center. (n.d.). *Women's Daytime Drop-In Center*. Retrieved October 5, 2021, from <https://www.womensdropin.org/>

²⁰ Alameda County Health Care for the Homeless. (n.d.). *Street Health*. Retrieved October 5, 2021, from <https://www.achch.org/street-health.html>

²¹ Berkeley Free Clinic. (n.d.). *Street Medicine Team*. Retrieved October 5, 2021, from <https://www.berkeleyfreeclinic.org/street-medicine-team>

of these limitations, RDA suspects that the available data is generally an underrepresentation of the true volume of mental health related calls in Berkeley. Given these limitations, RDA explored the available data for trends that can support the community in building its understanding of who is currently utilizing Berkeley's crisis services.

It is important to note that the City of Berkeley has contracted with the National Institute of Criminal Justice Reform (NICJR) to lead the City's current Reimagining Public Safety work. As a part of its current engagement, NICJR collaborated with Bright Research Group (BRG) on a large community engagement effort to better understand the local community's perspectives across a variety of issues pertaining to public safety in Berkeley. NICJR and BRG shared their findings on July 29, 2021 at Berkeley's Reimagining Public Safety Task Force (RPSTF) meeting; the slide deck presentation of key findings can be found online.²² The overarching findings from this presentation align with RDA's community-wide data collection efforts.

Key Mental Health Call Volume Trends

- MCT has responded to a declining number of 5150s since 2015, in part due to staff vacancies and the pandemic.
- The most frequent incident types of all 5150 calls to BPD were disturbance, welfare check, mentally ill, and suicide.
- Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.
- Falck has been contracted to conduct the large majority of 5150 transports in Berkeley, most often taking service utilizers to Alta Bates Medical Center and John George Psychiatric Emergency Services.
- BFD conducted fewer 5150 transports in Berkeley and only took service utilizers to Alta Bates, Oakland Children's Hospital, and Kaiser Hospital.
- The time required for a 5150 is, in part, determined by geography and the destination of transport.
- Calls for 5150s are most frequent from 10:00am to midnight and least frequent from 2:00am to 8:00am. There are no notable differences in the frequency of calls by day of the week.

For a deeper description of call volume and data, demographics of calls, and methods please see [Appendix D](#).

²² City of Berkeley's Reimagining Public Safety Task Force. (2021, July 29). *Berkeley Reimagining Public Safety – Community Engagement Report*. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf

Stakeholder Feedback

Mental health crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone that needs regular support to address their basic needs, or someone that is generally able to manage their needs but needs occasional support to prevent a future crisis. Many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuance and spectrum of mental health crises.

Many stakeholders shared that by broadening our concept or definition of a mental health crisis, we can better design the mental health crisis response system and related services. Stakeholders provided several examples of the nuance and spectrum of mental health crises:

- ❖ Some forms of crisis are readily visible (such as people presenting to hospitals or experiencing a crisis while in public) while others may be unseen (such as a homeless-but-sheltered individual recovering from intimate partner violence).
- ❖ Some forms of mental illness or neurodivergence are reported by a bystander as a crisis, but there is not an acute crisis situation and should not result in a forced transport just because of a bystander's concern.
- ❖ Some forms of crisis are a result of community members not knowing where to access services even if they are able to identify their needs.
- ❖ Some forms of emergency service utilization stem from an ongoing unmet need for basic goods and services, such as a high utilizer that regularly presents at the hospital emergency department because they need food.

Overall, there is wide consensus among interviewed stakeholders that the current mental health, substance use, and homelessness crisis systems in Berkeley are under-resourced and unable to meet both the volume of need and the various ways in which crisis presents.

Expectations for different types of crisis responders varied greatly by stakeholder. Stakeholders shared mixed experiences with BPD's ability to successfully de-escalate situations and respond empathetically to people in crisis, and often attributed the quality of interaction to the traits of an individual officer. Stakeholders often held low expectations for BPD to intervene non-violently and expressed positive perceptions when BPD "didn't do anything." On the other hand, stakeholders shared high expectations for other crisis service providers including MCT responders or county case managers. Negative feedback from stakeholders was often because providers were not meeting these high standards. As a result, understanding stakeholder praise and criticism of crisis responders – such as MCT, BPD, and other CBOs – requires understanding stakeholders' varied expectations.

In discussing their experiences as well as the strengths and challenges of existing crisis response system, interviewed participants and survey respondents also shared ideas for a reimagined mental health crisis response system. The following sections detail key themes that were elevated across stakeholder participants.

Illustrative quotes from survey respondents are included alongside key themes. Due to concerns with anonymity and limitations of data collection, quotes from interviews and focus groups were unable to be included.



Key Themes from Stakeholder Feedback

Perceptions of an urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response

Stakeholder perceptions of the urgent need for a non-police mental health crisis response in Berkeley.



"I think a carceral approach creates more trauma and fear. I have been traumatized by being in jail. I do not wish to be incarcerated when all I need is support."

- SCU Survey Respondent



*"My perception is that mental health issues, substance use, and homelessness are *rampant* in Berkeley - now more than ever - and police are simply not the right people to deal with these issues."*

- SCU Survey Respondent

Overall, there was a strong sense of urgency for a change in the response to mental health crises in Berkeley. Service providers indicated that they routinely use creative interventions and provide services for clients multiple times and consider calling the police a last resort. Service providers shared that if there were an SCU, they would prefer to use a non-police option for crisis response.

Service providers and crisis responders expressed a sense that the current system is "broken," that they see the same service utilizers on a frequent basis. Providers shared examples of clients unable to access existing services, not engaged in services they are enrolled in, or not willing to receive offered treatment for a variety of reasons. Stakeholders felt that most people need support accessing resources in addition to immediate crisis response or de-escalation. However, they believe the existing crisis response system often relies on police to respond to calls. This is not the specialty of the police, nor are they able to provide a full range of follow-up linkages and referrals to trauma-informed social services.

There is strong consensus across city staff, service providers, service utilizers, and survey respondents that police do not best serve the needs of those who are experiencing a mental health or substance use crisis.

Stakeholders emphasized that a mental health crisis should not be equated with violence, though there is often the misconception that any display of mental illness is violent or a threat to public safety.

Stakeholders shared that there are scenarios in which the presence of police can increase the danger for service utilizers or bystanders. In the context of intimate-partner and domestic violence, there is often a fear of retaliatory violence if the police are called in to respond to the abused partner seeking help. Stakeholders shared examples police presence and visible weapons escalating a mental health crisis, causing an increase in erratic or unpredictable client behavior. Particularly for service utilizers with traumatic histories from interactions with police officers, they felt the presence of police can escalate a crisis or emergency. Service providers shared stories of clients that have suffered through immense psycho-social harm and/or medical complications before reaching out to 911 due to their fear of the police.

Survey respondents and service providers shared the perception that sometimes police think a weapon is present on an individual when it is not, and felt that police use unnecessary violence and force, which overall decreases their sense of safety. **Stakeholders felt that this context results in an environment in which they do not call for emergency help because of**

a fear of police, leaving community needs for crisis support unmet. Service providers also elevated that there are ways to disarm someone without using force or weapons which would improve the safety for both service utilizers and providers alike.

For these reasons, Crisis Support Services of Alameda County (CSS) crisis line providers shared that they prepare callers for interactions with the police by telling them what to expect when the police arrive and providing options to keep themselves safe (e.g., stepping outside, double checking that there are no weapons or illicit substances on their person, and closing their front door). However, they did mention that service utilizers using substances or experiencing a break with reality may not be able to follow close directions and are at increased risk of police violence due to the heightened probability of misunderstanding or miscommunication.

Stakeholders shared a few strengths of police involvement in the existing crisis response system. They shared that police may provide a useful resource for people who need documentation of a crime for future legal reference. A police report with these details can later be used in a court setting or provided as proof to an insurer. Additionally, many service providers indicated police presence can protect the safety of crisis responders and bystanders when weapons are present. Some stakeholders elevated that the presence of police can be supportive when community members or service providers are attempting to de-escalate a crisis.

The overwhelming importance and immediacy of changing the mental health crisis response system was emphasized in stakeholders' references to the violence committed against a woman killed by BPD during a mental health crisis in 2013 and a man shot by BPD during a mental health crisis in 2021. Stakeholders shared that providing a non-police mental health crisis response option could increase the acceptability and accessibility of crisis response by addressing this fear, thereby promoting the safety and well-being of community members and service utilizers.

There were differing perspectives of whether police should have any involvement in crisis response. The expressed perspectives included: there should be no police involvement; police should be called as back-up only if SCU de-escalation efforts were unsuccessful; police should be called as back-up only if the presence of weapons was confirmed; or police should be involved through a co-responder model like MCT.

Stakeholders offered important considerations for police involvement. Some stakeholders suggested that police should be dressed in plain clothes to avoid their presence further escalating a community member in crisis. Other stakeholders shared that if police are involved in the SCU model of crisis response, then they should be in uniform; they elevated that community members should understand who they are speaking to, given that a police officer can arrest, detain, and/or incarcerate them. Additionally, because community members expressed that they have the right to identify a police officer's badge number and last name -- which is particularly important if a community member needs to report any



"I desperately needed help for a friend who was experiencing a mental health crisis. She was adamant that I not call police because she is scared of them and feared that they would be violent with her. There were no alternatives available in Berkeley. I have watched police respond to people in crisis many times. Some cops are aware that their presence can escalate people. Some of the cops are oblivious of how they impact a situation and make it worse."

- SCU Survey Respondent



misconduct -- police should be in uniform. Furthermore, stakeholders elevated their fear of being targeted by certain police officers as someone that experiences mental health emergencies and/or someone who uses drugs; for this reason, stakeholders shared that it is important for police to remain in uniform to mitigate the criminalization of mental health crises and drug use and for public awareness.

Stakeholders shared considerations for protecting and enhancing the safety and well-being of crisis responders, service utilizers, and community bystanders alike. The presence of weapons is a primary safety consideration for many stakeholders. Stakeholders reported concerns about determining and dispatching the appropriate intervention team in order to prevent injury or assault to crisis responders, especially when there are weapons present. Many stakeholders also emphasized that the safety of the person in crisis must be protected too.

Stakeholders provided many ideas for how a non-police crisis response system could best support Berkeley residents. Community members and providers suggested a crisis response team include mental health practitioners such as peer workers, therapists, direct patient care specialists, social workers, medical providers and/or psychiatrists. They also suggested several trainings that would support crisis responders to better meet the needs of people in crisis, such as trainings on trauma-informed care, de-escalation, and crisis neutralization. Finally, given the types of crises service providers and service utilizers most often experience, stakeholders elevated specific technical knowledge that crisis responders should be prepared to employ, including basic first aid, domestic-violence crisis response training, and specific knowledge on DSM-5 mental health diagnoses, and co-occurring drug-induced states.

"I have had police response in an emergency crisis. It only made the crisis more terrifying and traumatic."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"The police response here is among the most professional that I have seen in any jurisdiction in the nation - yet the bottom line is requiring police to respond to crisis situations in which they do not have the requisite training is a disservice to both the officers and those on the other side of the response."

"I don't feel unsafe in the community. My homeless neighbors are much more unsafe than I am because they are consistently interacting with people who hate them, with some bad cops including the campus cops."

"There is a huge crisis in our city of homelessness and mental health and the police only ever make things worse. Sweeps, seizures of possessions, harassment and intimidation of unhoused residents is all too common. The violent detention of mentally ill people seems to be a day to day reality. Heavy restraints and spit hoods being used in the place of de-escalation and care. The Berkeley police shot a man in crisis through the mouth this year and that is beyond unacceptable!!!"

"I need to know that if I, or someone I love, is experiencing a mental health crisis that there is a trained mental health professional that I can call who will come, without a gun, and that I will receive care, not a cop, and that I will not end up dead. Knowing I won't be shot dead by a cop for the "crime" of living with mental illness, for being poor, or for having a substance use disorder would help me to feel safe."

Stakeholder perceptions of varied availability, accessibility, and quality of crisis response services

Perceived Strengths

- MCT provides quality services
- Positive experiences with individual BPD officers
- BFD created a resource list to better provide referrals

Perceived Challenges

- Lack of 24/7 crisis services
- Requiring service utilizers to keep appointments
- Slow response times for MCT due to limited staffing
- Long waitlists for services
- Few options for de-escalation or non-emergency care
- Poorer quality of services provided to people of color and unsheltered people

Stakeholder Ideas

- Proactively communicate service availability & hours of operation
- Increase 24/7 service options
- Increase training on racial justice, cultural sensitivity, harm reduction, and de-escalation

Stakeholders identified a few strengths of the availability, accessibility, and quality of crisis services. Many reported that there is general knowledge of the existing crisis response options in Berkeley. Some providers reported positive experiences with police, and many reported positive experiences with MCT. Another strength shared by stakeholders is that BFD's ability to refer and link service utilizers to resources has increased since they created a list of CBOs and local programs.

A common challenge elevated by stakeholders is the lack of 24/7 response options. A mental health crisis can happen at any time, but many crisis programs operate during standard business hours. The limited hours of operation of MCT were elevated by stakeholders as a significant challenge that increased the risk of police interaction with service utilizers who call 911 when MCT is not staffed.

Stakeholders frequently mentioned limited MCT staffing as a major barrier to accessing quality crisis response services. For the last two years, two of four crisis staff positions have been vacant. Because MCT responds to calls in pairs, only one team is available to respond at a time. This can result in long wait times if the team is responding to another call. Additionally, if there is a high call volume, MCT will prioritize high acuity calls where someone is showing imminent signs of crisis or distress. The reduction in staffing also led to a reduction in hours. This has caused confusion among providers and service utilizers. Service providers elevated this as a source of uncertainty and distrust that can reduce the likelihood of someone accessing services in the future.



"Berkeley MCT is only open on weekdays during certain hours. I have never had an incident where I needed help with a client coincide with their open hours."

- SCU Survey Respondent



“Mobile Crisis folks are good. It's just that they always come with the cops, and sometimes they can't come for many hours because they're busy.”

- SCU Survey Respondent

Stakeholders believe these challenges and barriers to accessing services or ensuring the availability of services are ultimately challenges to the overall safety and well-being of potential service utilizers, community bystanders, and service providers.

A Berkeley City Auditor's report in 2019 elevated that the understaffing of the 911 Communications Center has led to staffing levels that cannot meet the call volume and increased call wait times.²³ Increased call wait times have negative implications for the safety and well-being of service utilizers and community members, as well as the service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels have caused BPD to rely on overtime spending to fund the Communications Center, which increases the cost of the entity.

There was consensus among participants that many facets of the crisis response system feel understaffed, which can lead to decreased service availability and slower responses. Under-resourcing can create

challenges to service availability across the providers and programs throughout Berkeley and Alameda County. Service utilizers and community members reported long waiting lists for permanent supportive housing units, a key stabilizing factor that could reduce the incidence of mental health crises overall. There was also a perception among stakeholders that service utilizers are faced with long waits to access healthcare, case managers, and temporary congregate shelters.

Some CBOs also identified a need for more multilingual services, especially Spanish-speaking providers. They also indicated that a fear of ICE or 911-corroboration with ICE is a barrier for undocumented community members to call 911, especially for undocumented residents that are unhoused. Service providers suggested that more culturally competent services would increase the likelihood of someone seeking services when they are experiencing a crisis.

Stakeholders believe that these challenges to availability and accessibility can reduce the quality of available services. When police must respond to a mental health crisis because it is outside MCT business hours, community members do not feel the response was adequate or of the highest quality. Crisis responders expressed that they frequently provide medical solutions when the service utilizers they encounter have mental health needs and are most affected by broader societal problems.

When MCT is not operating, CSS indicated that they do more de-escalation over the phone prior to calling for police support to prepare



“It's a revolving door (with Santa Rita, John George, etc.) where crises are sometimes averted, but almost no one is truly healed and set on a good path of recovery or even stability.”

- SCU Survey Respondent

²³ Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

the service utilizer and reduce their risk of harm; however, they shared that phone support may not always be sufficient for every mental health crisis.

Overall, there was consensus among stakeholders that there is a lack of successful linkages and connection to follow-up services beyond John George Psychiatric Hospital. Many participants felt that hospitalization may not be appropriate care for everyone experiencing a mental health crisis. Crisis responders and providers reported service utilizers requesting to not be sent to John George, but that as service providers they do not feel they have other options. For service utilizers, trauma histories can be re-triggered by congregate shelters, psychiatric care or hospitals, and police interactions. Stakeholders elevated a need for increased options for where people can be transported during a crisis.

Finally, there is a perception that the quality of the City's first responder crisis response services is inhibited by a lack of training that sufficiently addresses harm reduction, racial justice and cultural sensitivity training, and successful de-escalation. Service providers shared examples of clients' needs not being taken seriously, such as instances of individual EMTs not responding to unsheltered clients and/or clients of color. These examples demonstrate how stigma, dehumanization, and racism decrease quality of services.

Given the constraints of how the existing crisis system is funded and resourced currently, stakeholders elevated that any changes to program hours of operation, locations, staffing, phone numbers, and/or other logistical/programmatic decisions be shared regularly and distributed to the partnership network in order to improve availability, accessibility, and quality of service provision. They felt that the ideal alternative crisis response options would include 24/7 mental health crisis response and should address the desired competencies of harm reduction, racial justice and cultural sensitivity, and de-escalation to increase community safety and promote health and well-being.



"The resources we have are helpful, but we need more. We especially need affordable housing units. The mobile street medicine teams have been very helpful. Shelters are ok for some people, but often exclude people with disabilities who need assistance the most."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"They tend to exist in ways that are the most convenient for the service providers, not for the person in need. Mental Health Services don't really happen outside of their offices. How can disordered, homeless people be expected to make and keep appointments at some unfamiliar address? The drug epidemic is complicating things and I have seen no evidence that this city wants to commit to rehab on demand which is what we need. We need to be able to offer help when it is needed- not when it is convenient."

"I've been doing outreach work for more than a year in Berkeley now and access to mental health crisis support is almost nonexistent. It is highly needed as many individuals are experiencing some level of mental health issues."

"... My experience with the police response has been that the City of Berkeley crisis team has been understaffed or not working the day that I phoned, or my report of the need for crisis support was minimized, and it was explained that the person "wasn't breaking any law." Crisis doesn't often intersect with law breaking, nor does an individual always meet the criteria for a 5150. There are trained individuals who can help with this, and police often offer heavy handed threats of arrest, or physical violence, in attempt to stop a behavior."

Stakeholder perceptions of insufficient crisis services for substance use emergencies

Perceived Strengths

- EMTs respond well to substance overdoses
- EMTs are well-trusted by many unsheltered communities and encampments

Perceived Challenges

- Not enough SUD training for clinicians providing complex mental illness care
- High rates of transport to emergency facilities for substance use emergencies
- Infrequent referrals to substance use management services
- Too few resources to meet high volume of substance use emergencies and management needs

Stakeholder Ideas

- Incorporate harm reduction framework into all crisis response
- Distribute NARCAN
- Distribute harm reduction supplies (e.g., sharps disposal, clean needles, etc.)



“Decriminalization is key to “illegal” drug use and harm reduction methods of dealing with addiction and drug use save lives and alleviate the stigma.”

- SCU Survey Respondent

Stakeholders explained that mental health crises often include substance use emergencies, but they felt that variety and uniqueness of substance use emergencies is often overlooked and not adequately served in the existing crisis response. Stakeholders described many examples of physical and psychosocial health needs related to substance use that do not involve an overdose. Service providers shared that substance use emergencies and mental health crises are often co-occurring as substance use is common among people with histories of trauma and is used as a form of self-medicating.

Substances can alter someone's mental state and contribute to or exacerbate what is perceived as a mental illness. Stakeholders elevated that when a person is in distress, providers should assume that something is triggering that distress, be it an event or intoxication. **One of the most frequently and emphatically emphasized points by service providers was the need to address mental health and substance use in tandem.**



“The people with mental illness should get treatment. In crisis, they should be housed with treatment. Those with substance abuse should have treatment available. Being homeless probably makes people mentally ill. I think I would be mentally ill if homeless.”

- SCU Survey Respondent

In the event of a substance overdose, stakeholders felt that Berkeley EMTs are well-trained, follow protocols, and administer effective treatment for users that have overdosed. Stakeholders reported that EMTs are well-trusted by marginalized substance-using communities, including homeless encampments. Seabreeze encampment residents shared that they avoid calling 911 for any emergencies except to specifically request an EMT during an overdose.

Stakeholders described many challenges to how the system currently addresses substance use emergencies. They felt that the physical health and mental health needs of a service user experiencing a substance use emergency are treated as separate needs. Service providers explained that whichever presents as more immediately pressing often dictates the classification for the call; they felt that this results in inadequate service provision during a crisis.

Community-based providers elevated that when seeking care for clients with complex trauma or chronic mental illness, they are rarely put in contact with a provider that has SUD training. **Service providers expressed a need for an integrated approach to substance use emergencies, with providers working together to tend to both the psychological and physical health needs of their clients.**

Substance users reported frequent transport to hospitals and sobering centers when emergency providers respond to crises. Interviewed substance users shared that they were only informed of other substance use management options when other case managers shared those options (not emergency services personnel prior to transport).

Stakeholders suggested ways that the current crisis response system could better address the needs of substance use emergencies, including incorporating a Harm Reduction framework into first responder's approach to drug use, distributing Narcan, and distributing harm reduction supplies such as clean needles, pipes, and safe sharps disposal kits.



Additional Perspectives from the SCU Survey

“I am a Nurse Practitioner... Some camps in Berkeley have agreements internally not to call the police on each other. If someone does, there is retaliation, sometimes in the form of lighting the person's tent on fire. This means people do not call 9-11 when there is a mental health emergency. While I completely understand why the mobile crisis unit has police officers, it is not used as often as it could be because of that fact...Many unhoused folks we meet use meth in part to stay up all night so they will not get raped or robbed during the night. This is of course not the only reason folks use meth and other drugs--there are mental health issues, addiction, etc. But until people are housed, it is very, very hard for them to cut down or quit, because the risks can outweigh the benefits in their minds.”

“...Offering safe use and drug checking sites, so we can reduce harm that comes from unsafe drug use. Creating accessible, affordable, and temporary housing for each phase of a person's recovery from crisis. Ensuring people have access to food, safe shelters, and access needs are met.”

Stakeholder perceptions of a need for a variety of crisis transport options

Perceived Strengths

- Transport is provided to emergency sites during medical emergencies

Perceived Challenges

- High rates of involuntary transports (5150s) do not align with service needs
- Lack of options for transport to non-emergency sites
- Ambulances and emergency services can be cost-prohibitive for service utilizers

Stakeholder Ideas

- Provide voluntary transport to non-emergency sites
- Provide services and supplies during transport process



“With all the services available, as a firefighter, all we can really do is take someone to the ER, which is not definitive care for homelessness. Mobile support of homeless services would be a game changer, much the way mental health comes out into the field.”

- SCU Survey Respondent

Crises can vary in levels of acuity, and not everyone calling in to report a mental health emergency needs transport to a psychiatric facility, hospital emergency department, or inpatient setting. Both EMTs and police shared that they provide free transport to a medical facility, which is important in the event of medical health emergencies. However, Alameda County has the highest rates of 5150s per capita in California.²⁴ Service providers described full emergency departments and service utilizers not being admitted upon arrival. There are also financial implications for being transported in an ambulance, which providers suggested may deter service utilizers from requesting emergency services. **Stakeholders felt that there are few to no options for service utilizers to request transport to a different, non-medical facility or location.** Stakeholders did provide some examples of CBOs and non-emergency programs that provide transportation to their clients, though they shared that these services are not for the general public and barriers to transportation persist.

Given the need for addressing a variety of transport needs, stakeholders elevated the importance of an SCU team to have the ability to provide voluntary transport services to any secondary location, such as a sobering center or a public location. Service providers and community members suggested that the transport vehicle should have available supplies to provide care during a transport, such as one-off doses of psychiatric medicines, food, and water. There was a shared sense that providing

²⁴ California Department of Health Care Services. (2017, October). *California Involuntary Detentions Data Report; Fiscal Year (FY) 2015-2016*. [https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16 Involuntary Detentions Report.pdf](https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16%20Involuntary%20Detentions%20Report.pdf)

transport options that meet the mental health needs at varying levels of acuity has important implications for the safety and well-being of crisis responders and service utilizers.



Additional Perspectives from the SCU Survey

"...Another challenge is the lack of options for people in crisis either hospitalization or nothing which is very harmful. Another issue are people who feel terrible but are not exactly in crisis but because there are not enough mental health providers they are forgotten or left to their own devices."

"I need to know that if I call for help, a compassionate response will arrive and be able to take a person to a humane location, respite of some kind. Not forcing them into a hospital where they are stripped of agency, but giving them a place where they can stabilize without adding to their feeling of trauma and powerlessness."

Stakeholder perceptions of a lack of sites for non-emergency care

Perceived Strengths

- Drop-in centers, day centers, sobering sites, and respite centers provide essential non-emergency services

Perceived Challenges

- No drop-in site for mental health emergencies or crises in Berkeley
- Too few drop-in sites for non-emergencies to meet the volume of need
- Lack of support for people released from a psychiatric hold

Stakeholder Ideas

- Offering drop-in sites with counselors and Peer Specialists, a phone line, and no service/time limits
- Offering office hours and/or relationship-building opportunities between the SCU and service utilizers

Stakeholders shared examples of sites that can support non-emergency care and felt that they are effective for mitigating further crises. These examples include drop-in centers, day centers, sobering sites, and respite centers. Services providers believe that such spaces allow individuals to meet their basic needs – including access to restrooms, showers, clothing, food, and rest – as well as have a safe space for self-regulation and self-soothing. **Stakeholders, particularly service providers, feel that these types of resources are essential for harm reduction, crisis intervention, health promotion, and crisis prevention.** Stakeholders shared that these sites can be a safe and trusted source for someone to access so that a primary caregiver can have a break, such as a parent that provides an adult child behavioral health support and care. Participants mentioned other CBOs

that operate drop-in sites, such as the Women's Drop-In Center or Berkeley Drop-In Center, **but service providers indicated that there is still an unmet need for more sites that serve sub-acute needs.** Because there is not a drop-in center for emergencies, service utilizers and community service providers described relying on either 911 or the CSS 24/7 phone line. Similarly, stakeholders felt that the availability of non-emergency drop-in centers for individuals to have non-emergency, indoor downtime is too limited to meet the volume of need. CBO service providers as well as crisis responders described situations of individuals being released from psychiatric holds without adequate support upon their release. They felt that these individuals would greatly benefit from the availability of additional drop-in centers.

Service utilizers and community-based service providers emphasized that it would be useful for the SCU to have an office available for community members to develop relationships with the team, like Aging Services' Senior Centers. They suggested that a drop-in site could have a social worker or peer counselor to accept and direct phone calls, answer questions, and support those accessing the drop-in site.



Additional Perspectives from the SCU Survey

"...addressing the connection to community in the long term - spaces for people to gather publicly without needing to pay money, so we can get to know our neighbors."

"... We need wrap-around services, a halfway house or drop-in center for people being released from a psychiatric hold, to ease them back into their lives and connect them with ongoing services."

Stakeholder perceptions around supporting the full spectrum of mental health crisis needs

Perceived Strengths

- Relationship building is important in crisis response

Perceived Challenges

- Wages, retention, and union agreements may affect type of staff on crisis response team
- Crisis response lacking sufficient supplies and expertise for SUD treatment, de-escalation, and system navigation
- Crisis responders are not often representative of service utilizers

Stakeholder Ideas

- Incorporate clinicians, social workers, and peer counselors on crisis response team
- Increase compensation for Peer Specialists and non-clinical staff



“A response team targeted at de-escalation and risk reduction would be best; it would be best staffed by those who can actually connect people in need to resources rather turning a crisis into a criminal matter, such as police do.”

- SCU Survey Respondent

Stakeholders shared many strengths of crisis responders across a spectrum of non-clinical and clinical background and expertise, emphasizing the importance of empathy and building trusting relationships.

For instance, TOT staff received positive feedback across stakeholder groups for their follow-up work post-crisis, especially due to their diverse staff and rigorous training in preparation for field work. Service providers emphasized the importance of Peer Specialists to support service utilizers by reassuring them from their own background of lived experience, especially during transport or if the team applies physical restraints.

Crisis responders and service utilizers shared that the pre-existing relationships paramedics have with community members, particularly those that repeatedly need crisis response services, allows paramedics to deliver better care. Some CBOs have observed similar success when incorporating Nurse Practitioners on their street outreach teams. Overall, stakeholders believe that the ability for the same personnel to be providing crisis response services over an extended period can lead to positive outcomes of relationship building and knowing a client's background.

However, stakeholders raised some potential challenges that must be considered when deciding how to staff a crisis response team.

Crisis responders explained that paramedics often have a higher salary than other crisis responders and their skills can be under-utilized during a mental health crisis. They felt that this could make staffing a crisis response

program with paramedics less financially efficient. On the other hand, they shared that other crisis responders, such as peer specialists, can be underpaid for their level of contribution, which they suggested might make retention a challenge. One additional consideration shared by crisis responders is that staff can have different union agreements that restrict the number of hours that can be worked per shift, which would affect the program's overall staffing model and schedule.



"I think professionals who are trained to resolve these crises non-violently is key. For example, social workers."

- SCU Survey Respondent

Stakeholders felt that some of the services most important for mental health are not always standard practice among current crisis response teams.

The types of clinical services that stakeholders reported as most important for mental health crisis response include prescribing psychiatric medicines, administering single-dose psychiatric medicines, quick identification of a substance overdose and/or the need for Narcan intervention, as well as a nuanced understanding of drug-psychosomatic interactions. The types of non-clinical services that stakeholders reported as most important for mental health crisis response included de-escalation, resource linkages and handoffs, system navigation, providing perspective from providers with shared identities or experiences, building ongoing relationships with frequent utilizers, and overall building trust and rapport with the community.

Given the considerations around the types of needs that various specialties can address during crises, as well as the implications for financial feasibility, stakeholders elevated additional ideas for how to staff crisis response teams. Stakeholders expressed support for a crisis response team with a medical provider (e.g., advanced practice nurses, psychiatric mental health nurse practitioners, EMTs, or paramedics), social workers, and especially peer counselors. Stakeholders expressed that non-clinical staff are equally valuable to clinical staff in a crisis response team, a value which should be reflected in their salaries.



Additional Perspectives from the SCU Survey

"We need a crisis response team with trained social workers, case managers, and clinicians trained in de-escalation techniques. This team should be able to connect people in crisis with emergency shelter and other services."

"I do not believe that the police are trained to respond to the needs of an individual, homeless, or otherwise, experiencing a crisis. Mental health, substance use, and homelessness related crisis are best responded to by someone who has been trained to work with these issues, or a peer who, along with a trained professional, can provide support and most importantly, follow up."

Stakeholder perceptions of a need for post-crisis follow-up care.

Perceived Strengths

- Positive experiences with existing referral services (i.e., TOT and CAT)

Perceived Challenges

- Existing programs do not meet the volume of need
- Difficulty contacting service utilizers for follow-up care
- Lack of warm handoffs to follow-up providers
- Limited long-term service availability
- Strict missed appointment policies

Stakeholder Ideas

- SCU provides follow-up care
- SCU builds relationships to support before, during, and after a crisis
- Providers should be familiar with case history, triggers, etc.

For crisis services provided by the City of Berkeley, the Transitional Outreach Team (TOT) is the primary resource for post-crisis follow-up care. **Service utilizers and community-based service providers elevated many strengths about the TOT team**, including their ability to connect service utilizers to longer-term care options and social services when interested.

At the same time, stakeholders uplifted a need for additional follow-up care after a mental health emergency. TOT staff and Berkeley Mental Health leadership described many challenges TOT face in meeting the level of need across the crisis spectrum. The team is not adequately staffed to meet the current demand for their services. TOT is a team of only two staff with limited business hours for providing linkage to care. TOT staff also shared that the service provider that responds during a crisis (i.e., MCT) is not the same provider that makes follow-up connections (i.e., TOT), and that there are many potential providers to provide ongoing, long-term care (e.g., Berkeley Mental Health, Alameda County Behavioral Health, or private providers). They felt that this can create challenges for them to provide successful referrals and handoffs to post-crisis follow-up care, sharing background information on clients, and building trust and establishing rapport.

TOT staff also shared many challenges they face in reaching clients, particularly those leaving an inpatient or emergency facility, such as John George or Alta Bates Hospital. They explained that clients are sometimes discharged prior to their connection with TOT, often outside of TOT's hours of operation. They find it particularly difficult to connect with service utilizers that do not have a cell phone or a consistent residence, which they explain is common among high-utilizer community members, such as those with severe mental illness or those experiencing homelessness.



"I think police officers already deal with so much, there's often an acute need they're responding to when in fact these individuals need long-term care."

- SCU Survey Respondent



We need clean, safe shelters for people to spend the night if they're homeless and/or under threat. Kicking them out of shelters doesn't make the problem go away.

- SCU Survey Respondent

In general, many people that experience mental illness or mental health crises require or are recommended to long-term therapy or extended sessions. **However, it is the perception of stakeholders that services are primarily devoted to high-acuity and short-term and service utilizers are unable to access long-term therapy.** Stakeholders felt that the providers who do offer therapy or counseling are unable to meet the volume of weekly appointment needs of service utilizers due to budget and billing constraints. Therapy is not only a form of post-crisis care but also a pre-crisis prevention tool; service providers suggested brief intervention therapy in non-emergency settings (such as a service utilizer walking in during a crisis) to augment the existing crisis response system.

Outside of Berkeley Mental Health services, there are often strict policies around missing appointments, largely tied to insurance and billing requirements, that result in service disruption or termination for service utilizers. **Service providers and service utilizers feel that these strict missed appointment policies are inaccessible to many low-income service utilizers and often result in the discontinuation of services.** Stakeholders described some barriers that service utilizers may face in maintaining their appointments, including working more than one job (especially during standard business hours), having a reliable cell phone, having access to a calendar, and/or having a reliable mode of transportation.

The importance of follow-up care was elevated by all stakeholder groups as a priority for the SCU. Service providers argued that there may be benefits to having the same people providing care before, during, and after a mental health crisis, to build relationships, establish trust, and understand an individual service utilizer's care history, behaviors, triggers, and needs.



Additional Perspectives from the SCU Survey

"I would like for the police to be removed from crisis services and to have a rapid response available when I call...I would like for there to be more connection to services and follow up as part of the planning. There is often not a resource available for the person, and living on the streets is stressful, so repeated contact is essential. It can't be a one and done and often would mean an increase in FSP teams."

"Alternative trained individuals, such as social workers or mental health professionals as part of this time, increased community-based mental health care services, social and rehabilitative services that highlight social reintegration, such as Supported Housing, Supported Employment, and Supported Education."

Stakeholder perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceived Strengths

- Providers know the referral options available for their clients

Perceived Challenges

- Limited coordination and information sharing between providers of shared clients
- BPD engages with many high utilizers but is not connected to the network of providers
- Lack of trust and understanding across service providers

Stakeholder Ideas

- Engage providers in discussions on system improvement
- Increase collaboration between cities, counties, and providers
- Address systemic factors of crises
- Increased outreach and care coordination of referrals



“A 24-hour crisis line/team or at least a team more available than currently. Police and that team should attend the regular city coordination meetings with the current teams that are doing outreach.”

- SCU Survey Respondent

There was consensus among stakeholder groups that the existing mental health and crisis service network is complex, involves many providers, and can be a challenge for both clients and providers to navigate. Across these entities, establishing partnerships and referral pathways can be done informally (such as knowing which organization provides which types of services) or can be formalized (such as holding regular case management meetings for shared clients). Among community-based service providers, interviewees shared that they typically do know the scope of options available to their clients.

In general, stakeholders elevated a perceived lack of coordination between service entities in Berkeley. For example, a single client might receive emergency services from John George or Highland Hospital, but also have a primary care provider, have engaged frequently with the LifeLong Street Medicine Team, and have a case manager at the Women's Drop-In Center for wraparound services. Stakeholders shared that there is not active collaboration across all these entities or an established infrastructure to facilitate an understanding of all the touch points between providers and a service utilizer. **Ultimately, stakeholders feel that this obstructs the visibility of how a service utilizer moves through various points in the system.** Some providers explained that they may not share the full case history or behavior details of a client with other service providers initially because they fear the client will be rejected or denied service, particularly for violent behaviors. They feel that this prevents informed and well-placed referrals and service provision.

TOT staff shared that service coordination is lacking between hospitals and TOT for post-crisis follow-up care. To connect with an MCT service

utilizer at the hospital, TOT explained that they must rely on the discharging facility to contact them and coordinate the release of the shared client. TOT staff reported needing to spend time in hospitals to establish relationships with new case managers, front desk staff, nurses, and orderlies to facilitate this information sharing and warm handoff of clients; they described a lack of standardized protocol for such coordination.

BPD also reported feeling disconnected from the care continuum and lacking coordination with trusted CBOs and behavioral healthcare providers around shared clients. BPD routinely engages with frequent crisis service utilizers and sometimes carries supplies like food and clothing, though there is not an existing pathway for BPD to identify, contact, and coordinate with a case manager. **BPD elevated that these frequent utilizers would be better served by a case manager.**

Service providers also reported that BPD does not routinely bring service utilizers to their locations for support, and some questioned whether BPD know that their programs and services exist. Still, others felt that police presence at their sites is disruptive and may prevent potential service utilizers from coming if they witness police officers around the premises.

Stakeholders offered possibilities to enhance the referral pathways and partnerships across the crisis response network at both structural and provider levels. At a structural level, stakeholders suggested having a regular convening of local care providers to discuss opportunities to improve the mental health crisis system. Stakeholders also suggested having more inter-county and inter-city coordination on systemic issues related to housing and healthcare. Stakeholders suggested that the crisis response system should be expanded and augmented to include more non-mental health related service provision on the spot and not only connections or linkages to resources. Additionally, stakeholders expressed a desire for more outreach and partnerships with long-term care to enhance coordination and referrals across the service network.

At a provider level, stakeholders suggested having more coordination between providers and outreach teams. Service providers also expressed an interest in having regular meetings with the SCU to discuss shared clients, which could improve care coordination as well as client outcomes.



Additional Perspectives from the SCU Survey

"The challenge is, and has been, to have adequate staffing to provide services to those in crisis, with severe mental health diagnosis and/or dual diagnosis in the moment and following a crisis response. Successful efforts have been proven by street health teams to engage and provide treatment on the street, which often include de-escalation. The struggle lies on helping folks transition into care in the clinics, recovery programs, or a combination of both: with adequate staffing to provide long term services. So, challenges would fall under budget & funding to expand staffing and programming, including crisis residential, and Board and Care Homes...The City appears open and willing to try an approach that will better meet the needs of its citizens."

Stakeholder perceptions of needs to integrate data system and data sharing to improve services

Perceived Strengths

- Some medical clinics use the same EHR
- Some agencies use a shared Alameda County Community Health Record

Perceived Challenges

- Limited data integration across providers inhibits care coordination

Stakeholder Ideas

- Expand data integration across providers and provider access to case history
- Increase care coordination across providers
- Notify case managers after discharge from hospital



"I would also feel safe knowing that the City and County were working together to identify ways to increase funding for mental health services in conjunction with housing to meet the mental health/substance use recovery needs of the community."

- SCU Survey Respondent

Service providers feel that better system integration and data sharing across the service provider network can support providers in meeting the needs of service utilizers. Stakeholders feel that system integration and data sharing are strongly related to the successes and challenges of partnerships, referrals, and connectivity across the service network.

The numerous entities that span the mental health, substance use, and homelessness service network include CBOs and government agencies across the City of Berkeley, Alameda County, and other cities and counties. **Service utilizers also move across these regions, accessing services in multiple cities or counties. As a result, system integration could happen at many levels.**

Fortunately, subsets within the service network do have data integration and sharing capabilities. For instance, providers shared that all federally-qualified health centers (FQHCs) are on the same network as hospital Emergency Departments.

Some program directors also discussed a recent effort at the county level to integrate data into one Community Health Record for service utilizers.²⁵ This system integrates medical, mental health, housing, and social service data into one platform. There are currently over 30 organizations within

²⁵ Alameda County Care Connect. (n.d.). *Why AC Care Connect? Why Now?* Retrieved October 11, 2021, from <https://accareconnect.org/care-connect/#faq-item-5>

Alameda County who are using the community health record, with a goal of every agency being onboarded onto the system.²⁶

Until then, the current multitude of agency data systems are not yet fully integrated. Providers explain that they are unable to identify shared clients or high utilizers of multiple systems, track those service utilizers' touchpoints across the service network, or view patient history across those service touchpoints. Case managers share that they are not notified when a client is discharged from a medical facility or community provider of care. **Service providers feel that this lack of data integration affects collaboration, referrals, and, ultimately, client outcomes.** The limited visibility of a service utilizer's prior history was raised by service providers as a challenge to supporting safety when trauma histories, triggers, and recent mental health crises cannot be incorporated into care planning.

Additionally, except for diagnosis and treatment purposes, HIPAA privacy regulations require service utilizers to give consent and Release of Information (ROI) to providers for external case managers' names, information, and service documentation to be included in medical records. This limits the collaboration between case managers and other providers on a case-by-case basis.

Stakeholders elevated that it would be ideal to have all service providers, including an SCU, utilizing the same data platform. They also indicated that non-medical CBO providers and case managers should have contact with the client's health home (if established), especially for substance use management and medication management. Case managers could then be notified when a service utilizer is engaged or discharged from care. Service providers emphasized the importance of understanding someone's medical and social history to provide appropriate care and anticipate what could trigger or escalate them. Service providers also warned to not overburden the SCU with documentation requirements.



"...But we need more training in mental health, de-escalation and interagency training and coordination. We have a lot of great people working these issues, we just need a little more cross pollination of effort."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"...Secondly, we need significantly greater inter-municipal and inter-county collaboration in order to tackle structural problems that homeless and mentally ill clients face...Increasingly, our clients are more mobile, have longer commutes, and with gentrification and sprawl, landscapes of poverty and wealth are shifting. We need to be able to be responsive to clients across municipalities and communities, as people who seek services in Berkeley, particularly homeless and low-income clients, often no longer have the means themselves to be able to live in Berkeley."

²⁶ Rath, D. (2021, October 4). Alameda County's Social Health Information Exchange Expands. *Healthcare Innovation*.

<https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21240807/alameda-countys-social-health-information-exchange-expands>

Stakeholder perceptions of a need for increased community education and public awareness of crisis response options

Perceived Strengths

- 911 is well-known by the general public as a crisis response option

Perceived Challenges

- Lack of clarity that MCT responds with police, undermining trust
- Limited knowledge around services and availability
- Distrust of system can prevent people from calling 911
- Incidents of unnecessary use of 911

Stakeholder Ideas

- Launch a public awareness campaign for new SCU and clearly distinguish it from MCT
- Work with partners and service providers to advertise SCU
- Increase community education on use of 911 and techniques for conflict resolution

A common perspective among stakeholders is that the general public is unclear around when police will or will not be involved in a response.

Many service providers and service utilizers do not know the current options and availability of services in Berkeley to support during a mental health crisis. Overall, stakeholders share that there is a lack of understanding of what services are available and which entity provides those services. They feel that this undermines a sense of safety and contributes to distrust of the current mental health crisis response system.

One common challenge raised by many stakeholders has been the lack of understanding of MCT's co-responder model. Many providers shared that they have contacted the MCT line specifically to avoid calling 911 and were surprised when MCT was accompanied by police. Many providers, therefore, stopped calling MCT because of its collaboration with BPD. Similarly, service utilizers shared that there is a lack of trust that MCT can manage a crisis without police presence. Service utilizers are concerned that their safety is endangered in these instances and that they may experience retaliation or police surveillance after requesting service provision from MCT, especially when they request help during substance use emergencies.

Stakeholders spoke to the importance of promoting community education and public awareness to address these challenges. They feel that the success of an SCU would be contingent on community education and public awareness around whether there would be police involvement in an SCU response. Service providers shared that connecting with local CBOs, leveraging existing partnerships, and building trust will be essential for an SCU to have buy-in among service providers to call a new



"In the past, I have witnessed unsafe situations or people who look like they could use support, but I am too afraid to call the police in those situations, for fear that they could show up and harm or kill the person."

- SCU Survey Respondent



“More trained & well-compensated and insured crisis response staff, especially at night, around the full moon, or public events, & other times of increased disturbances, & more info put out there about what they do to help.”

- SCU Survey Respondent

service that they have not used before. **Service providers are interested in understanding more closely how services will be provided, the techniques that will be used for de-escalation and crisis intervention, and the SCU’s relationship with the police.**

Stakeholders also shared challenges around the general public’s use of 911 and ideas for how to increase responsible use of 911. Stakeholders shared many instances of inappropriate use of 911, such as during disputes among neighbors or because a housed person or business does not want an unhoused neighbor to be near them. For these reasons, stakeholders emphasized the importance of a community education campaign around appropriate uses of 911. Stakeholders suggested that such a campaign could include strategies and techniques for managing conflicts and disputes without calling for crisis responders as an additional form of promoting community safety through methods that do not require law enforcement.



Additional Perspectives from the SCU Survey

“Merchants in the shopping districts should not be able to call the cops like they’re calling customer service when a homeless person is not breaking any laws. It would be great if crisis services were more friendly and less coercive (cops), if the mental health delivery system was more robust, if crisis teams could respond in a timely way, if clinicians didn’t use police radios on mobile crisis calls, if actual risk assessments were done on calls where no one would ever need a cop (when the person is willingly ready to go to the hospital), if hospitals would actually keep and treat the most ill patients rather than turning them away after 24 hours in a waiting area, if there were more mental health respite beds run by people who aren’t ready to call the police if someone is agitated.”

Community Aspirations

Throughout stakeholder engagement, participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. These perspectives help illuminate the gaps in the current system that could be filled by a future Specialized Care Unit.

The following perspectives provide guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises



“Berkeley should decriminalize the use of all drugs, it needs to create housing for the chronically mentally disturbed, it needs to have very well-trained people responding to crises. Berkeley together with Alameda County, should be providing wraparound services for the mentally disturbed and substance abusers. It needs to stop criminalizing people who are homeless.

- SCU Survey Respondent

Stakeholders unanimously pointed to the context surrounding the conversation on mental health crises: there are intersecting, state-wide crises of homelessness due to the lack of affordable housing²⁷ and the opioid epidemic. When reflecting on alternative ideas and community needs, stakeholders expressed desires for addressing the root causes that manifest in the present-day rates of mental illness, homelessness, and substance misuse and abuse. **Stakeholders discussed possibilities for shifting funding away from the criminal system and policing to overall community infrastructure (such as jobs, housing, and education) and increasing preventative healthcare to address the root causes of mental health, homelessness, and substance use emergencies more adequately.**

Stakeholders also emphasized how stigma and criminalization of drug use and/or mental illness continue to exacerbate crises. Stigma and criminalization are barriers to accessing care and addressing these crises at both the individual and structural levels. At the individual-level, stakeholders identified that internalized stigma around mental illness, homelessness, or substance use, can prevent individuals from seeking care and that service providers can reinforce stigma through their actions and/or withhold care. They described instances of criminalization of mental illness, homelessness, and substance penalizing individuals who do seek care, preventing or terminating employment or housing, and consequently perpetuating a cycle of these experiences. At a structural level, stakeholders emphasized that stigma and criminalization shape the prioritization of funding and budget allocations away from quality healthcare, affordable housing, and evidence-based harm reduction approaches that promote community safety and health. **Stakeholders also identified that the gaps in the existing crisis response system are because the crisis response system was designed around the stigma and criminalization of these experiences rather than designed to provide care and promote well-being.**

²⁷ In 2019, Berkeley passed a resolution calling on the Governor to declare homelessness a state of emergency. https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-19_Item_10_Declaring_a_California_Homelessness.aspx



Additional Perspectives from the SCU Survey

“As with every other part of the United States, we too are dealing with a rather poorly run medical care delivery system. We are also dealing with the war on drugs which is a total failure and has criminalized for too many people for a drug related problem, which is a public health issue and should never have been a criminal justice issue.”

“Honestly we need more than just mental health crisis teams. We need a holistic approach. One that considers not just the crisis but also everything before. We need to address the underlying cause - child abuse, domestic violence, individualism and lack of community.”

“The system is overwhelmed. It has been extraordinarily difficult to link clients to shelter or mental health consistently in Berkeley. The problems that most clients suffering from mental illness in the region face are primarily systemic in nature, and there is an extreme lack of resources available in the way of permanent housing, shelter, or frontline community mental health services. Furthermore, for clients who are low-income, learning disabled or struggle with executive functioning, or homeless, engaging in the kind of time-intensive, linear, multi-step bureaucratic processes necessary to enter into the shelter and mental health systems is often all but impossible without intensive agency advocacy and persistency. Homeless clients in particular struggle with agency-based barriers to care, often move between counties and municipalities, lack targeted outreach, and experience outreach primarily as criminalization, a tragedy given that cost of living, region-wide housing shortages, and past failures of criminal justice policy are disproportionately responsible for endemic homelessness in the Bay Area.”

“Firstly, funding priorities need to shift. We need to address the root causes of mental illness, substance use, and homelessness - trauma, often created or exacerbated by decades of failed criminal justice policy and lack of investment in community infrastructure and social services, criminalization of drug users as opposed to investment in substance use counseling and harm reduction programs, and the legacy of a suburbanized and disjointed approach to regional housing policy and governance. We need to shift funding priorities in Berkeley and the region towards funding social services, especially mental health and substance use rehabilitation, education, parks and transit infrastructure, and encourage policies that protect renters and the working poor, especially families. We need to not only shift towards social workers and mental health responders as the primary agents in engagement with clients suffering from mental illness, and not only increase homeless outreach - we also need to acknowledge the history of homeless-led political engagement in Berkeley and the region, and employ a model that politically values the voices of homeless clients themselves...”

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholders emphasized that people of color, particularly Black or African American people, are most often harmed by police. They also named that in Berkeley, the structures that put people at risk of homelessness disproportionately affect Black residents, which results in Black Berkeley residents disproportionately experiencing homelessness.²⁸

Some service providers also shared incidences of racial bias and discrimination by BPD against their Black clients. For example, at a CBO provider of non-emergency services, case managers reported calling 911 because MCT was closed; the case managers reportedly gave specific instructions that a young White woman was threatening staff and refusing to leave the premises. Yet, upon arrival, BPD harassed and threatened to arrest a Black client.

Black service utilizers and service providers alike elevated their own experiences navigating systems with entrenched racism, including interactions with police and medical facilities. For example, one Black clinician shared the important and unique ways that Black personnel promote a sense of safety, security, and trust for Black service utilizers. The provider shared that the comfort and reassurance of a shared identity increases the opportunities to be more honest, especially during medical or mental health crises.

Stakeholders shared that reducing contact between police and Black residents, especially Black unsheltered residents, is important to public safety. Stakeholders also shared that Black residents and other community members of color should provide input and feedback as an SCU is designed and implemented in Berkeley.



Additional Perspectives from the SCU Survey

“less arrests and escalation by police, I worry because the homeless population is mostly African American.”

“...The proportion of folks who are Black among those homeless in Berkeley is much higher than the general population. We know that police interacting with POC is a dynamic that all too often leads to harm.”

²⁸ City of Berkeley. (2019). *City of Berkeley Homeless Count & Survey – Comprehensive Report*. Retrieved October 11, 2021, from https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDRReport_Berkeley_2019-Final.pdf

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Due to system distrust and the current climate around Berkeley's Reimagining Public Safety efforts, **stakeholders expressed a desire and need for ongoing community input and oversight of crisis response, especially by those most impacted by crisis services.**

Stakeholders suggested leveraging the Mental Health Commission, which they feel is currently underutilized. They also expressed the importance of ensuring that engagement and oversight opportunities are accessible for the most structurally marginalized residents and residents utilizing SCU and crisis response services.



Additional Perspectives from the SCU Survey

"Crisis response that reaches out to the community to ask what they want; particularly communities of color, and enlist this community in the creation of the programs..."

Thoughtful, constructive ways for integration and engagement of the challenged community with the community of Berkeley residents and workers."

Appendices

Appendix A. Sample Interview Guide

CBO Staff Focus Group Guide

Focus Group Details

Date	
Facilitator	
Community groups in attendance	

Overview

[Introduce facilitator and notetaker]

We are gathering information about mental health and substance use crisis response in the City of Berkeley, including by contacting (211, 911, BMH crisis triage line, etc.) and who responded (if at all): social workers, medics/EMT, fire and/or police in our city. We are interested in hearing specifically about your experiences, and/or your perceptions of, mental health and substance use crisis response in the City of Berkeley. We are gathering this information to inform the development of a Specialized Care Unit (SCU) for the City of Berkeley as a non-police crisis response to mental health and substance use calls.

At the end of the discussion, if you feel like you didn't get to share something, or you think of something else you want to share later, feel free to visit our website for additional ways to provide feedback. <https://sites.google.com/rdaconsulting.com/city-of-berkeley-scu/>

This focus group will last approximately 90 minutes. If possible, please leave your video on and keep yourself muted when you are not speaking. You may respond to our questions verbally or in the chat, whichever you prefer.

Our goal for today is to understand your experiences as providers and advocates and do not expect you to share private details of your clients' experiences. Your own responses will be kept confidential and will be de-identified in any report back to the City of Berkeley.

We understand that some experiences with the current crisis response may have been harmful to you and/or your clients; if you would like to take a break or leave the focus group, please do so at any time.

Does anyone have any questions before we begin?

Questions

Warm-up

To get us started, we would like to do some introductions.

1. Please introduce yourself to the group by sharing your name, group or organization you are representing, your role, how long you've been there, and a word or phrase that comes to mind when you think about "mental health and substance use crisis services".

Experience with and perceptions of mental health and substance use crisis response

Now I would like to ask you some questions about your experience with and perceptions of the mental health and substance use crisis response options in the City of Berkeley.

2. What do you know about the existing mental health and substance use crisis response options in the City of Berkeley?
 - a. What kinds of crises do these services respond to?
 - b. What is missing?
3. How do the services your organization or program provides intersect with mental health and substance use related crisis services?
4. Are individuals referred to your program after experiencing a mental health or substance use related crisis?
 - a. If so, what services do you typically provide
 - b. How are those clients connected to your program?
5. Where would your clients go/who would they call if they were experiencing a mental health or substance use related crisis?
 - a. If, as a provider, a client was experiencing a mental health or substance use related crisis is there a program that you would call for support?
 - i. If so, who would you call? How do you decide who to call?
 - ii. How effective has the response been?
 - iii. Please share an example of a situation where you needed to contact someone to support a mental health or substance use related crisis for a client.
 1. Do you feel that the service was helpful? If so, how?
 2. If not, what could have been done differently?
6. Do you feel comfortable/safe calling for support from the existing mental health or substance use related crisis service options? Why or why not?
 - a. Do you feel that the existing mental health or substance use related crisis response options are helpful to clients? Why or why not?
7. Are there times that you have chosen not to call for mental health or substance use related crisis response services? Why or why not?
 - a. What did you do instead?
 - b. What might have made you feel more comfortable calling for support when a client was experiencing a mental health or substance use related crisis?
8. What do you feel that your clients typically need when they are experiencing a mental health or substance use related crisis?
 - a. Where might you refer a client if your program or organization can't provide the help they need during a mental health or substance use related crisis?
9. Are there local organizations or groups that you collaborate with that are maybe not considered part of the "system"?
 - a. If so, who are they and what kinds of support do they provide?
 - i. Do you think they would want to talk with us? *[if yes, get contact info for follow up]*

Strengths and challenges of the current mental health or substance use related crisis response options

In this section we will be discussing what the system is doing well and what the system is not doing so well.

10. In your opinion, what are some of the strengths of the current mental health or substance use related crisis response options?
 - a. If your clients have experienced a mental health or substance use related crisis, were they able to get help? How so?

11. In your opinion, what are some of the weaknesses of the current mental health or substance use related crisis response options?
 - a. Why do you think things aren't working?
 - b. Do you think mental health or substance use related crisis response services are difficult for your clients to access? How so?
 - c. What are some of the gaps related to mental health or substance use related crisis response options?

12. Do you feel that some people are served better than others by the current crisis system?
 - a. If so, who is left out?
 - b. Are people treated differently based on their race, gender, culture, sexuality, or disability? If so, how?

Ideas for alternative model

In this section I'm now going to ask you for your ideas for an ideal response for someone experiencing a mental health or substance use related crisis.

13. What would an ideal mental health or substance use related crisis response look like for you and the people you serve?
 - a. What kind of response would best meet the needs of your clients?
 - b. What would make it more likely for you to reach out to a crisis team for support?
 - c. What would make it less likely for you to reach out?
 - d. Who should, and should not, be involved in a mental health or substance use related crisis response? (i.e., Police, EMT, clinicians, peers, social workers, others?)
 - e. What do you consider to be essential features of an effective mental health or substance use related crisis response that is responsive to, and respectful of, the clients you serve?

14. What do you feel needs to be included in a new mental health or substance use related crisis response for you to feel safe calling for or providing those services?

Wrap up

We are hoping to talk to people one on one who are less likely to attend a focus group, but who have lived experience and would like to provide feedback on the development of a Specialized Care Unit. We are asking you to think about the people your program serves and consider if there are individuals who might want to share their experience with us in an interview either in person or over the phone.

15. What do you think are the best ways to engage your clients in this process?
 - a. How can we make sure that everyone's voice is heard?
 - b. Who is the best person to interview them?

- c. Would they be comfortable talking with someone from RDA or is there another person who might be more suited to talk with them?
- d. [Note contact information for follow up if applicable]

16. Is there anything else that you didn't get to share today that is important for us to know?

Closing

Thank you for your participation. We genuinely appreciate the time you took to speak with us today. We will be conducting interviews with other organizations and community members over the next few months and compiling a report based on the feedback, which will be shared with you and the community. If you would like to share any additional information with the City of Berkeley, feel free to visit <https://sites.google.com/rda consulting.com/city-of-berkeley-scu/>.

Appendix B. Demographics of Community Engagement Participants

As a reference point, it is important to understand the demographics of the Berkeley population. Table 1 below shows the demographics of Berkeley's overall city population (in July 2019) and the Medi-Cal recipient population (FY 2019-2020). Medi-Cal population demographics are included because the majority of City of Berkeley ongoing funded mental health services are restricted to this population, due to funding requirements. Relative to Berkeley's overall population, Black or African American residents are overrepresented in the City's Medi-Cal population, while Whites and Asians are underrepresented.

Table 1. Berkeley Population and Medi-Cal Recipient Demographics (2019)

	City Population (July 2019) ²⁹	Medi-Cal Recipients (FY 2019-2020)
Population Size	121,363	18,548
Race Ethnicity (%)		
White	53.3%	26%
Black/African American	7.9%	22%
Hispanic/Latino	11.4%	12%
Asian/Pacific Islander	21.5%	10%
American Indian/Alaska Native	0.5%	0%
Other (including 2+ races)	7.5%	33%
Gender (%)		
Female	50.5%	51%
Male	49.5%	49%

In the charts shown below, "provider participants" are those who were interviewed by RDA as part of CBO interviews and focus groups. "Service utilizer participants" are clients of CBOs or encampment residents who were interviewed by RDA. And "survey participants" are individuals who responded to RDA's online survey; these respondents could be a mix of providers, service utilizers, and/or other Berkeley residents or stakeholders.

²⁹ United States Census Bureau. (2019). *QuickFacts – Berkeley city, California*. <https://www.census.gov/quickfacts/berkeleycitycalifornia>

Figure 1 below shows the age distribution of the individuals that participated in this process. Overall, RDA received information from more people in the 30-44 range (39%) than any other age range.

Figure 1. Participants by age (n = 122 individuals)

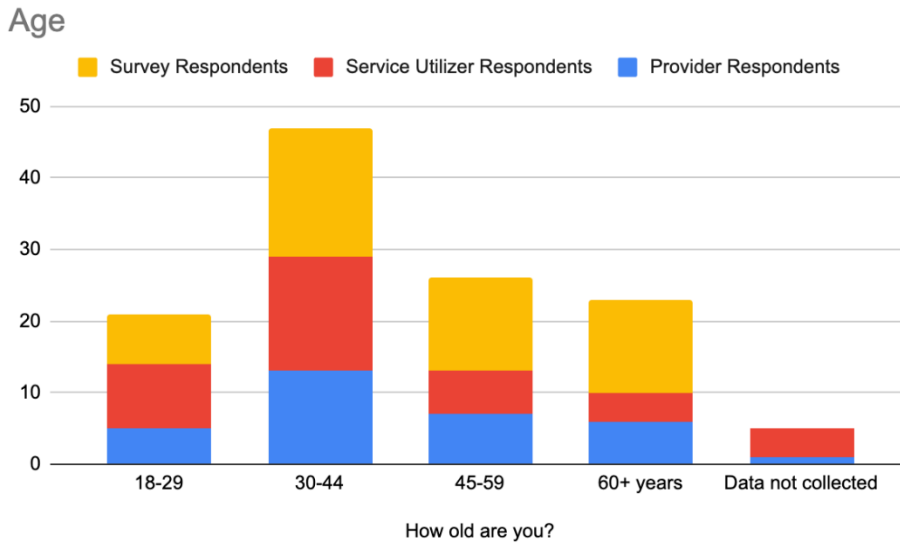


Figure 2 below shows the racial and ethnic distribution of participants in RDA's data collection.³⁰ Participants were asked to note all races/ethnicities that they identified with, so these are duplicated counts; for this reason, specific percentages should not be interpreted from this data. A large proportion of participants were white, especially among the survey respondents who participated. Most of the Black or African American participants contributed their perspectives via RDA's in-person focus groups or interviews. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts, (see Table 1).

³⁰ 13 participants selected more than one racial or ethnic identity, so these numbers are duplicated. For example, if a participant selected White and Black or African American, they are counted in both the White and African American categories.

Figure 2. Participants by race/ethnicity (n = 122 individuals)

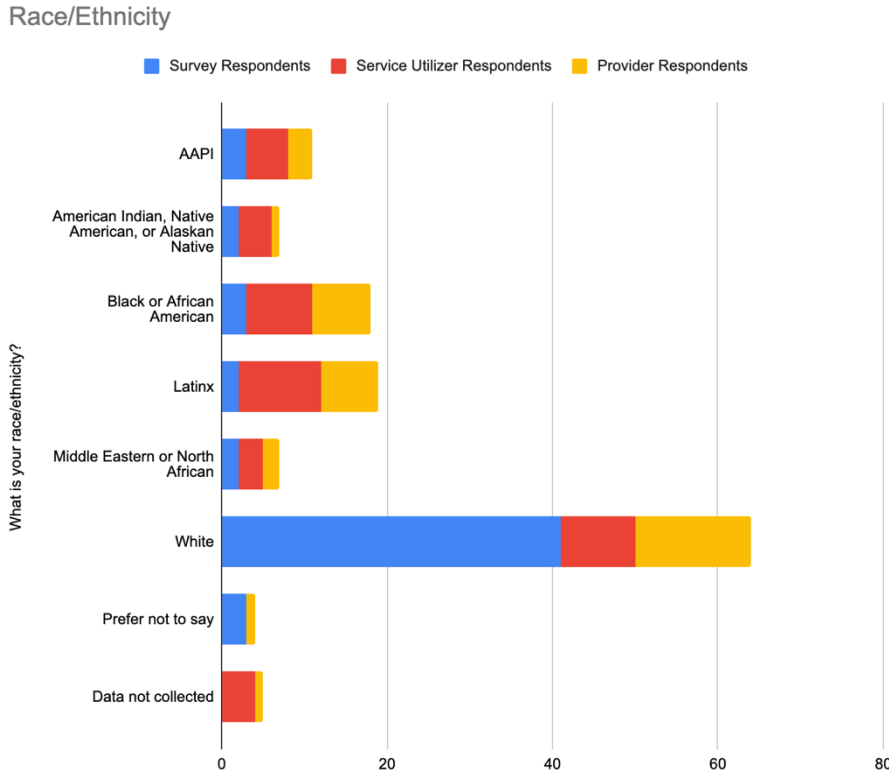


Figure 3 below shows the number of transgender and cisgender participants of RDA's data collection. Overall, there were far more cisgender participants than transgender participants. However, a higher proportion of service utilizer respondents (13%) were transgender, while less than 4% of survey respondents and 3% of provider respondents were transgender.

Figure 3. Participants by transgender/cisgender (n = 122 individuals)

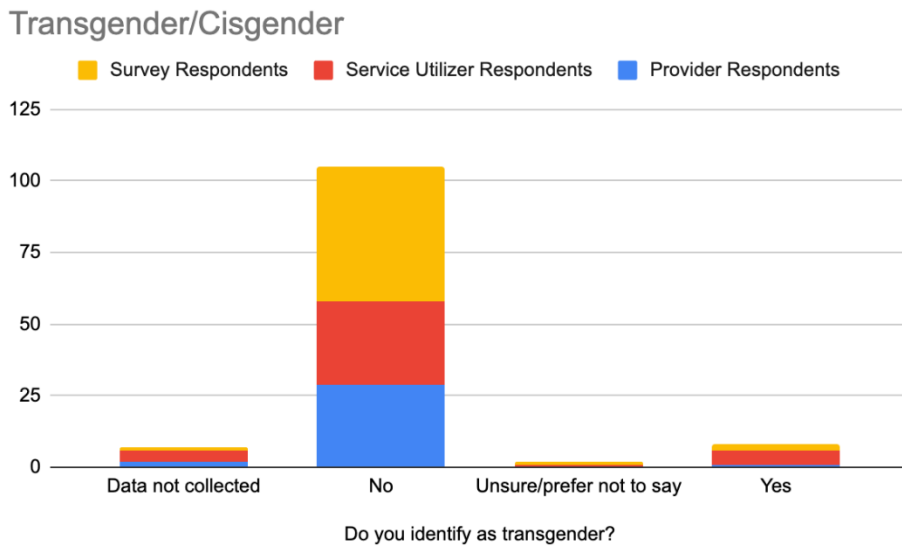


Figure 4 below shows the gender identity distribution of participants to RDA's data collection. RDA collected feedback from more than double the number of female-identifying participants (72) than male identifying participants (31). There was an even distribution among service utilizer respondents (41% female and 41% male) compared to survey respondents (67% female vs. 20% male) and provider respondents (69% female, 16% male). Overall, there were very few genderqueer or nonbinary participants (<1% and 6% respectively).

Figure 4. Participants by gender identity (n = 122 individuals)

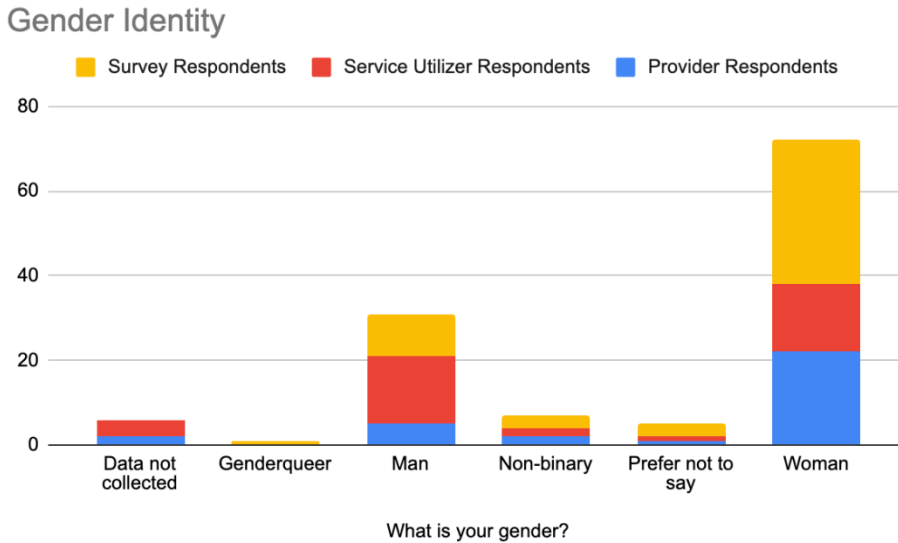


Figure 5 below shows the sexual orientation of participants of RDA's collection. Over one third (35%) of participants identified as heterosexual or straight, while over one fourth (28%) identified as LGBTQ+. The remaining participants did not share their sexual orientation or it was not asked of them. Over half of survey respondents (57%) identified as straight, while only 31% of provider respondents and 10% of service utilizer respondents identified as straight.

Figure 5. Participants by gender identity (n = 122 individuals)

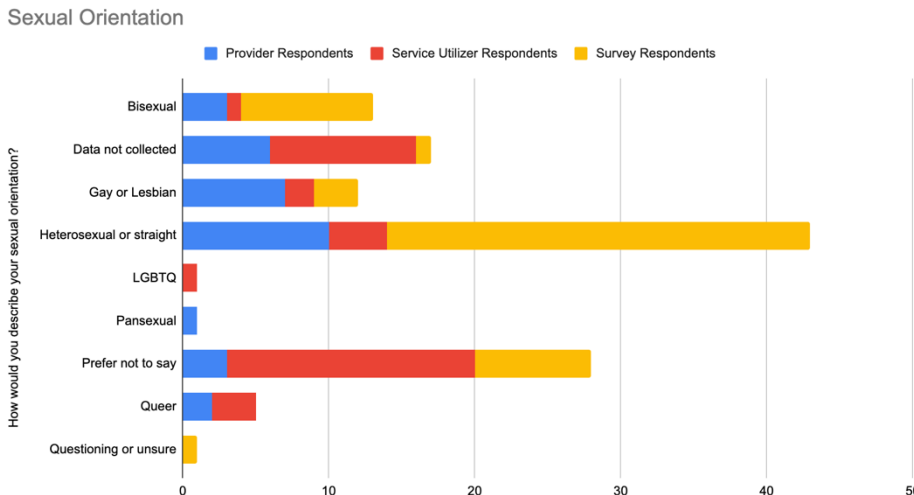
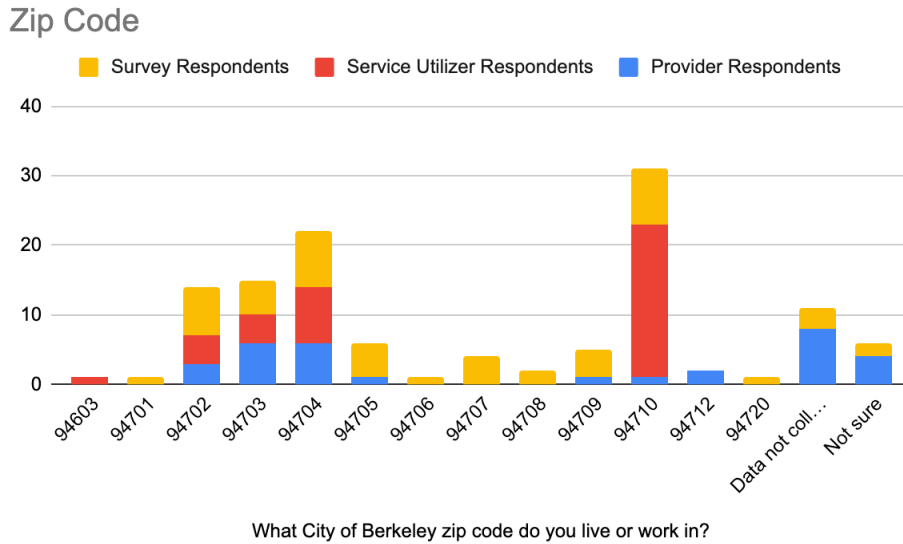
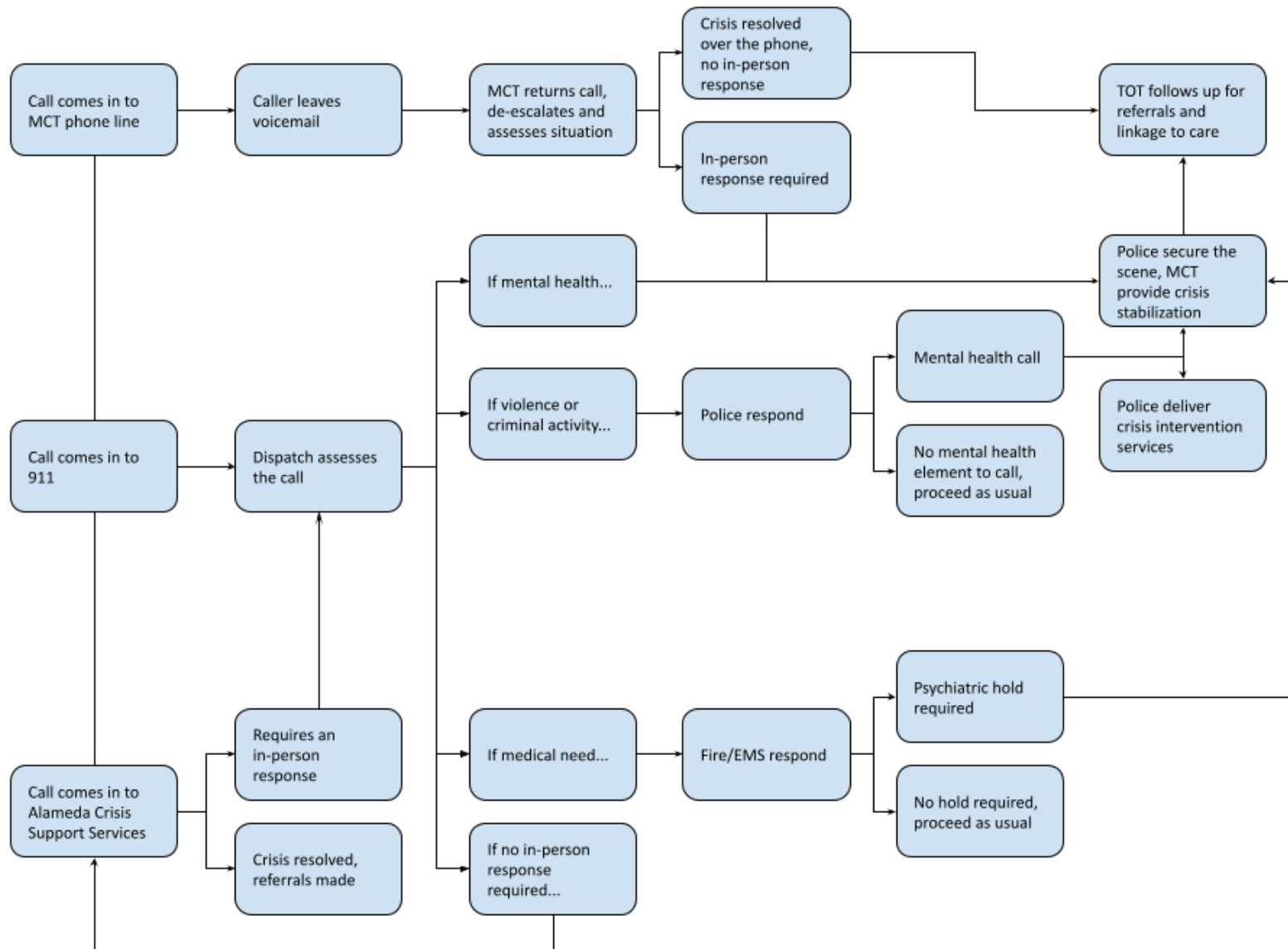


Figure 6 below shows the geographical distribution of participants of RDA's data collection. The most common zip code of participants was 94710 (25%), in large part due to the number of Seabreeze encampment residents that participated in this process. Closely following were the Berkeley ZIP codes of 94702, 94703, and 94704 with 11%, 12%, and 18% of participants, respectively.

Figure 6. Participants by ZIP code (n = 122 individuals)



Appendix C. Process of a Mental Health Call



Appendix D. Mental Health Call Responses – Call Volume and Demographics

Data Collection Methods and Challenges

Early on in this project, RDA submitted requests to Berkeley Mental Health's Mobile Crisis Team (MCT) and the Berkeley Fire Department (BFD) to receive data on responses to all mental health related calls. MCT shared basic service-level data of their responses for FYs 2015-2020. BFD shared data from BFD and Falck (the city's contracted ambulance services provider for mental health crises) that was limited to responses to 5150 calls in Berkeley between calendar years 2019-2021.

RDA did not submit a data request to the Berkeley Police Department (BPD) for two reasons. First, from another evaluation project that RDA currently has with the Berkeley Mental Health Division, RDA already had basic service-level data from BPD regarding their responses to calls originating for 5150s, for the period of CYs 2014-2020. Second, in April 2021, the Berkeley City Auditor released a comprehensive report on its extremely in-depth data analysis of BPD's responses. For the purposes of RDA's project regarding the Specialized Care Unit (SCU), there was no need to replicate any of the work and findings that came from the Berkeley City Auditor. Please see the Berkeley City Auditor's report for a detailed description of its methods, findings, data limitations, and data recommendations for BPD.³¹ The findings that are shared in this report from the Berkeley City Auditor's study are extrapolated directly from the data about BPD calls (from CYs 2015-2019) that was included in the Auditor's report.

In general, RDA's analysis of MCT, BFD, Falck, and BPD call data yielded high-level summary plots about subject/patient demographics and call volume. The general limitations of all available data prevented a more in-depth analysis of the data. More detailed tabular findings are not shared in this report for two reasons: 1) given that all of the quantitative data are under representations of the true volume of crisis responses and callers in Berkeley, only the trends about the volume of mental health related calls and caller demographics should be interpreted from this data, not the specific numbers; and 2) in order to protect the privacy of the few individuals who populated some of the specific categorizations of this data, RDA cannot disclose data which includes small sample sizes.

There were limitations to the quantitative datasets that RDA received. Of greatest impact is that the data entry practices across each agency were not consistent with each other, thus limiting which data could be pulled for analysis as well as which findings could be compared between agencies. For example, due to data limitations, RDA was unable to present a total call volume across agencies or the unmet need for mental health intervention during 5150 transport. Though estimates on call volume and unmet need are relevant to understanding crisis response options, inconsistent data collection and reporting across agencies would make this calculation inaccurate and misleading.

³¹ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*.

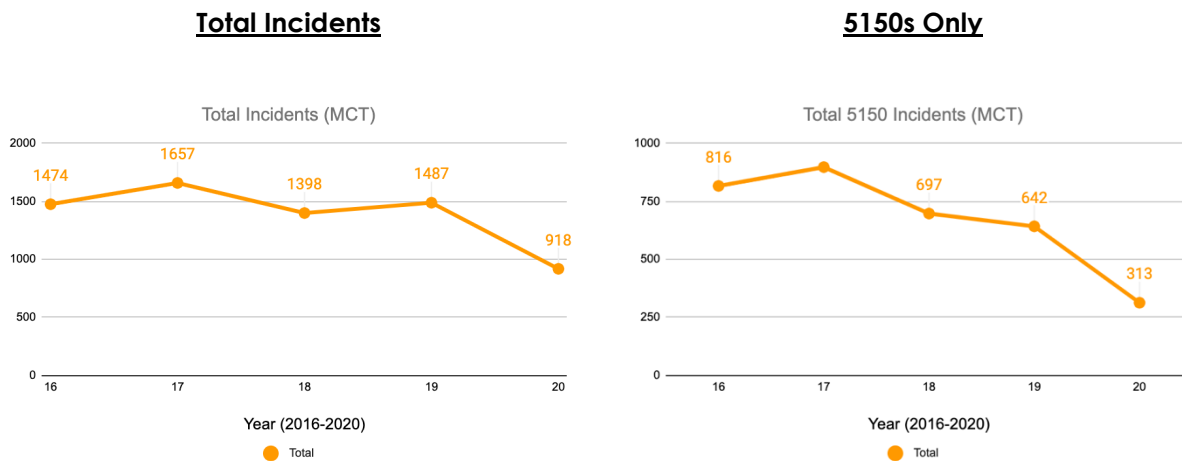
[https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3 -
General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf](https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf)

The data challenges that RDA encountered were very similar to those faced by the Berkeley City Auditor; please refer to the Berkeley City Auditor's report of its findings of Berkeley's Police Response for a thorough description of their data challenges.³²

Mental Health Call Volume

Mobile Crisis Team: From the call data that MCT shared with RDA, findings are limited to only showing the total volume of calls that MCT responded to during 2015-2020. Due to missing data and data elements across the various years, there were not any consistent elements for which findings could be determined over the full five-year period. Figure 7 below shows the volume of MCT's total incidents and which of those incidents resulted in a 5150 for each year between 2015-2020.

Figure 7. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Total



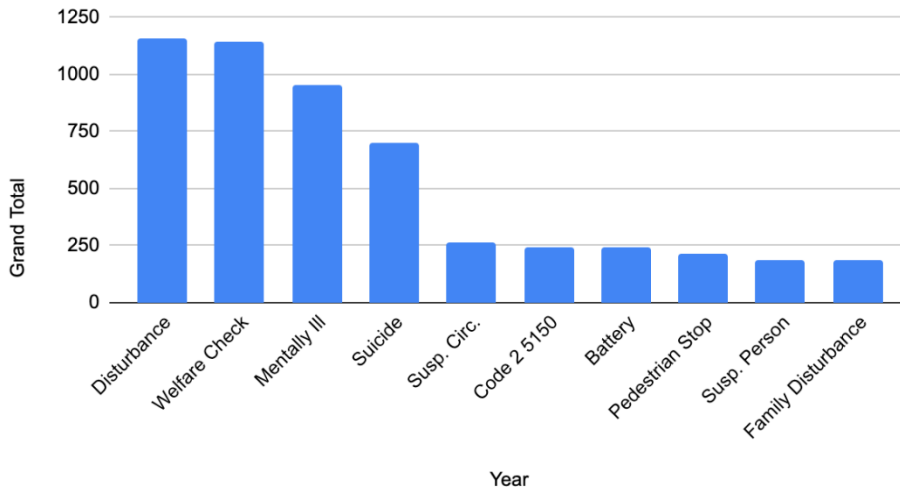
Since 2015, there has been a gradual decline in the number of total and 5150 incidents that MCT responded to in Berkeley due to staff vacancies as well as the COVID-19 pandemic.

Berkeley Police Department: For the period of 2014-2020, RDA received data from BPD that included all calls initially coded by BPD as needing a 5150 response. This was the only type of designation that could be queried in BPD's data for mental health related calls. From this dataset, RDA identified the variety of other types of incidents that were coded alongside "5150" for each call. Figure 8 below shows the top ten incident types for all the 5150 calls that BPD responded to in 2014-2020.

Figure 8. Top 10 Berkeley Police Department (BPD) 5150 Incident Call Types, 2014-2020

³² Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Top 10 BPD 5150 Incident Call Types (2014-2020)

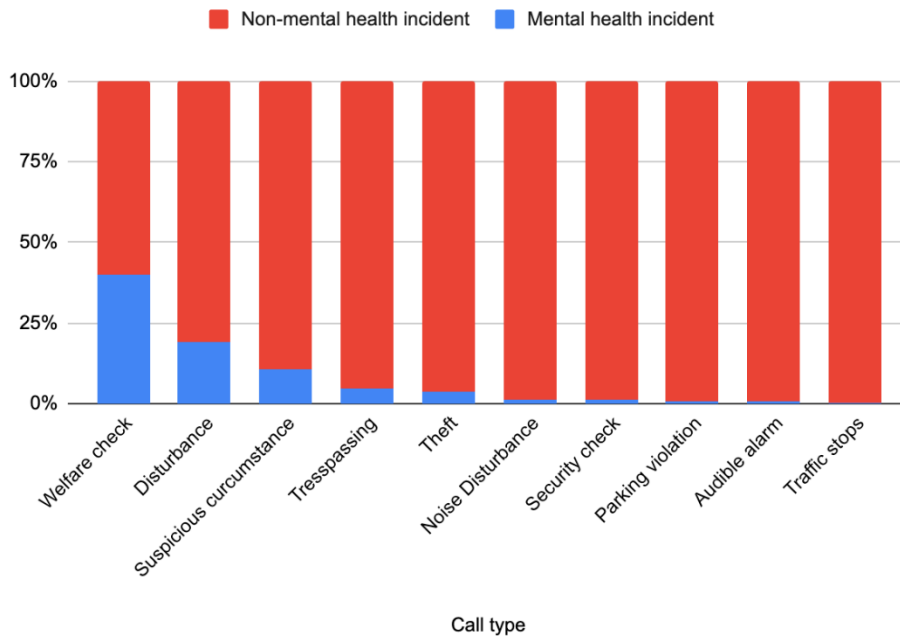


Disturbance, welfare check, mentally ill, and suicide were the most frequent incident types of all 5150 calls to BPD.

The Berkeley City Auditor conducted a qualitative analysis of its BPD call response data to explore the differences between calls that were or were not mental health related. Because BPD’s data does not have an explicit variable that denotes whether each call is mental health related or not, the Berkeley City Auditor did a keyword search for mental health related terms in the open narrative fields of BPD’s call entries. Figure 9 below shows the differences in mental health related and non-mental health related calls that BPD responded to between 2015-2019, stratified by call type.

Figure 9. Berkeley Police Department (BPD) Call Types, 2015-2019

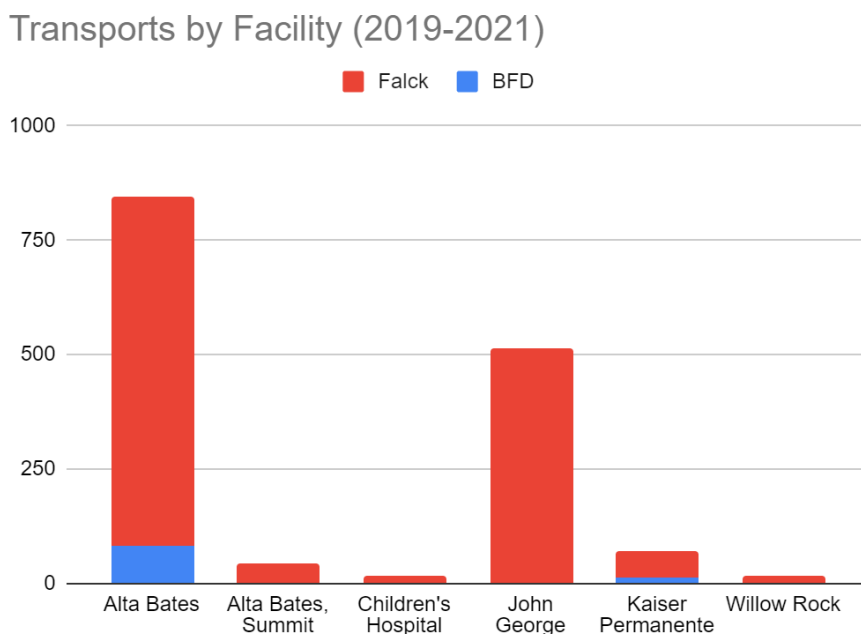
Top Call Types with Mental Health Incidents (2015-2019)



Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.

Berkeley Fire Department: The data that BFD shared with RDA (which included data from BFD and Falck) included information on the facilities that BFD and Falck transported 5150 cases to between 2019-2021. Falck conducted the large majority of 5150 transports in Berkeley. Most 5150 transports were to Alta Bates Medical Center and John George Psychiatric Emergency Services. BFD only transported 5150 cases to Alta Bates, Oakland Children's Hospital, and Kaiser. As contracted, Falck conducted 5150 transports to all the agencies noted below.

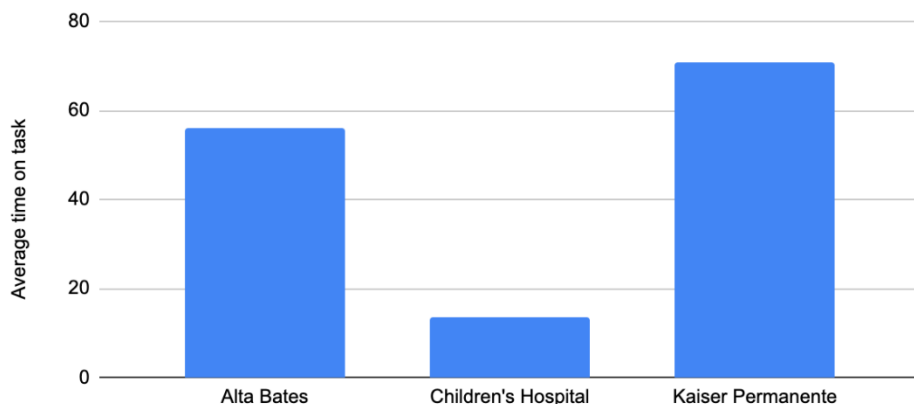
Figure 10. BFD and Falck 5150 Transports by Destination, 2019-2021



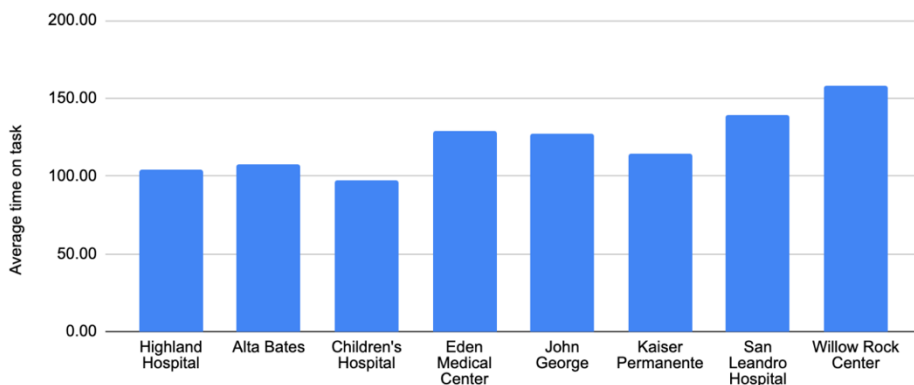
BFD also shared data regarding their and Falck's time on task for each 5150 response and transport. Time on task represents the time from which BFD or Falck arrive at the scene to the point in which they complete the transport of the patient to the destination. Of the 95 5150 transports that BFD conducted between 2019-2021, BFD's average time on task was 20 minutes. Of the 1,523 5150 transports that Falck conducted between 2019-2021, Falck's average time on task was 115 minutes. This is because Falck is the designated ambulance provider who is transporting 5150 cases around Alameda County. These calls can take more time and can be to farther locations. Figure 11 below shows the average time on tasks for BFD and Falck.

Figure 11. BFD and Falck Time on Task for 5150 Transports, 2019-2021

Average Time on Task, BFD (2019-2021)



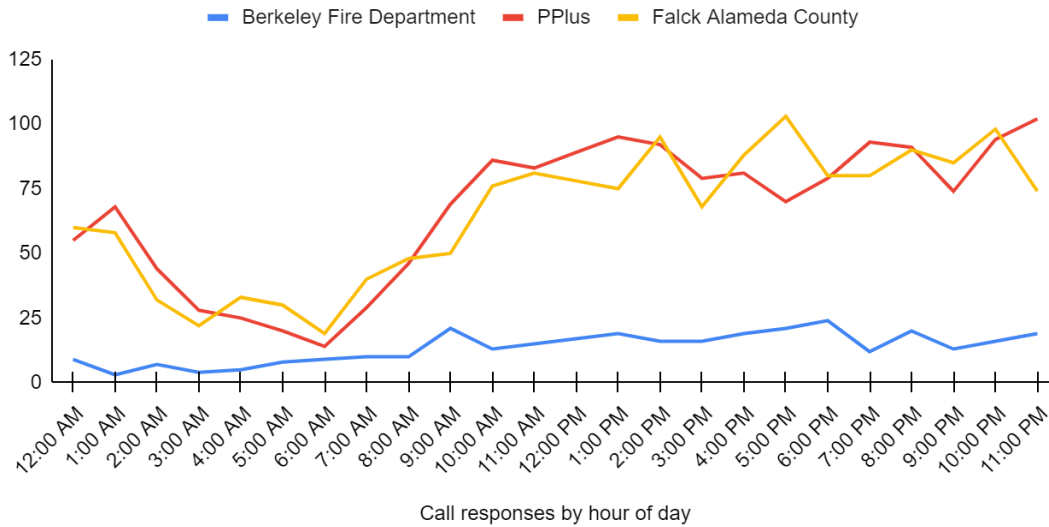
Average Time on Task, Falck (2019-2021)



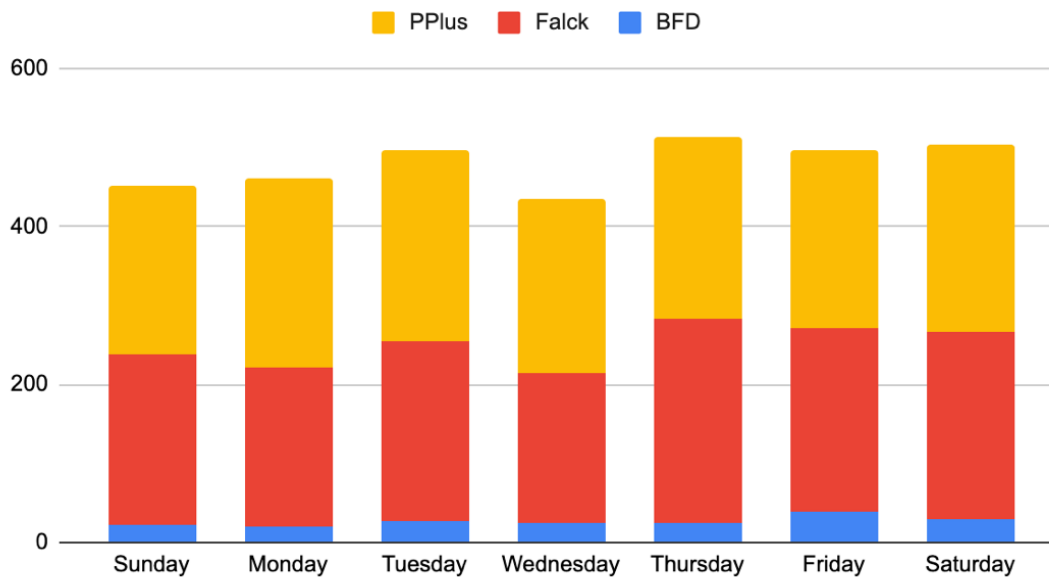
BFD, Paramedics Plus (or PPlus, the contracted ambulance provider prior to Falck), and Falck's data on their 5150 call responses also included information on the day of the week and time that each 5150 call was initiated. RDA analyzed this data to search for any notable trends regarding when 5150 calls originate. Figure 12 below shows when each agency's 5150 call responses occurred; this data spans the years 2018-2021. From this data, it appears that 5150s are least frequent during the very late-night and early-morning hours (2:00-8:00am), and the most frequent between 10:00am – midnight. There is no noticeable difference in the frequency of 5150s across the seven days of the week.

Figure 12. BFD, PPlus, Falck 5150 Transports by Time of Day and Day of Week, 2018-2021

Call Responses by Hour of Day (2018-2021)



Call Responses by Day of the Week (2018-2021)

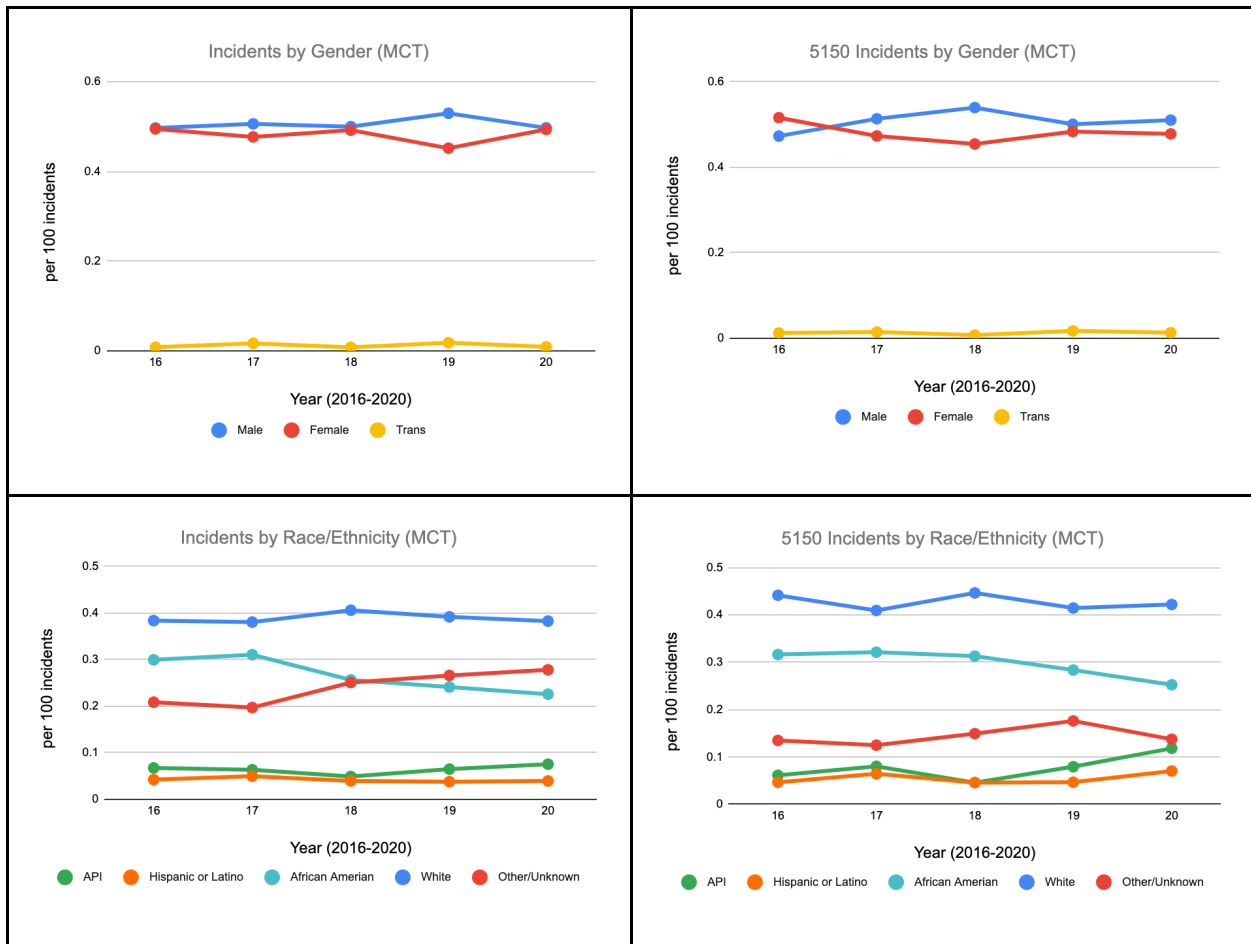


Demographics of Mental Health Call Responses

Mobile Crisis Team: For the five-year period of FY 15/16 through FY 19/20, the Berkeley Mental Health Division's Mobile Crisis Team (MCT) shared data about both their overall volume of responses as well as those pertaining specifically to 5150 calls. Figure 13 below includes four figures that show MCT's incidents by gender (first row), and then incidents by race/ethnicity (second row) by each fiscal year.

Figure 13. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Gender, Race/Ethnicity

Total Incidents	5150s Only
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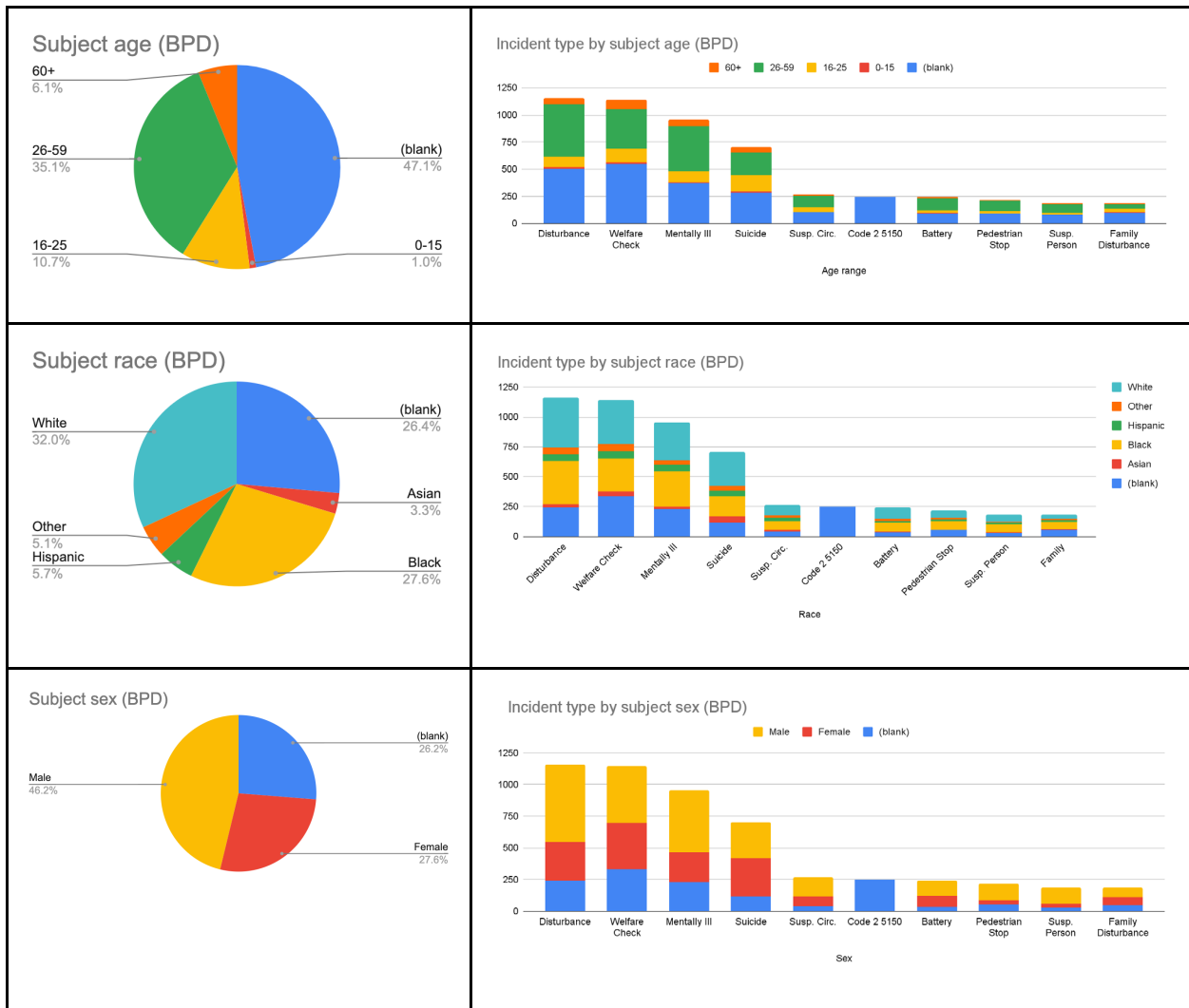
MCT incidents were with slightly more males than females, and very few trans individuals. And, regarding race/ethnicity, MCT cases were most often White, followed by African American, other/unknown, Asian Pacific Islander, and Hispanic or Latino. Given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are very overrepresented in MCT’s service utilizer population.

Berkeley Police Department: For the six-year period of CY 2014 through CY 2020, the Berkeley Police Department (BPD) shared data regarding demographics (age, race, and sex) for each of its calls that were originated as designated 5150 responses. Since 2019, the majority of 5150 responses were conducted by Falck - an ambulance services provider contracted by BFD - because Falck is the designated entity (between the two agencies) to conduct 5150 transports in Berkeley. Figure 14 below includes six figures that show: 1) the summative demographics of BFD’s 5150 subjects, and 2) the incident types stratified by subject demographics.

Figure 14. Berkeley Police Department (BPD) 5150 Subjects in 2014-2020 - Demographics and Incident Types³³

<u>Subjects by Demographics</u>	<u>Incident Types by Demographics</u>
---------------------------------	---------------------------------------

³³ Data noted as (blank) represent data points where data were missing.

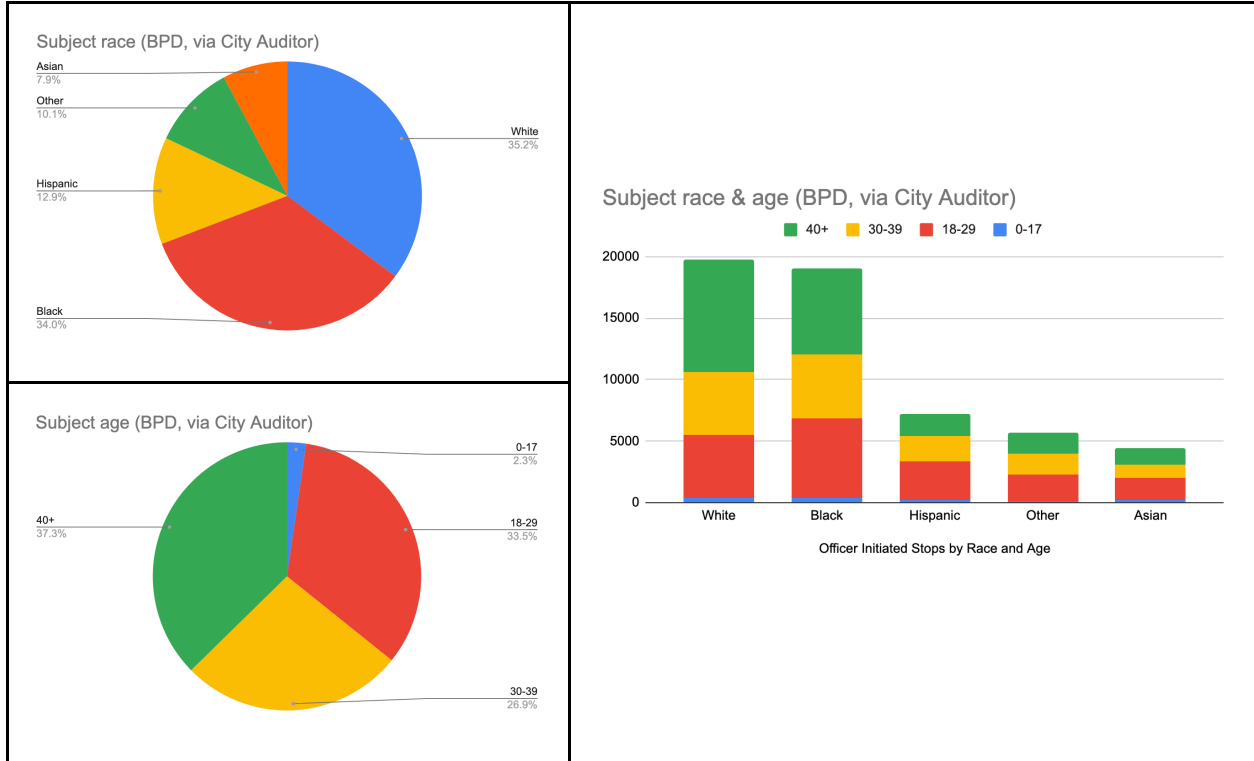


Of the BPD 5150 calls that had demographic variables coded, most responses were with individuals between ages 26-59, White, or male. Liked noted above with MCT's service utilizer population, given that African Americans comprise only 7.9% of Berkeley's population (see Table 1), they are also very overrepresented amongst BPD's 5150 population. Most BPD 5150 calls were also coded as disturbance calls, welfare checks, mentally ill individuals, and suicide. Each incident type is not mutually exclusive, so any particular incident could have one or multiple more incident type logged towards it in addition to being a 5150.

The Berkeley City Auditor's report (released in April 2021) on BPD call responses included a variety of tables with data on the demographics of the subjects of their officer-initiated stops by race and age; please refer to the Berkeley City Auditor's Report in Figure 19: Officer-Initiated Stops by Race and Age, 2015-2019.³⁴ RDA took the data shared in that figure to produce different visual representations of all subjects that BPD responded to between 2015-2019; this data includes responses to non-mental health related calls, as well.

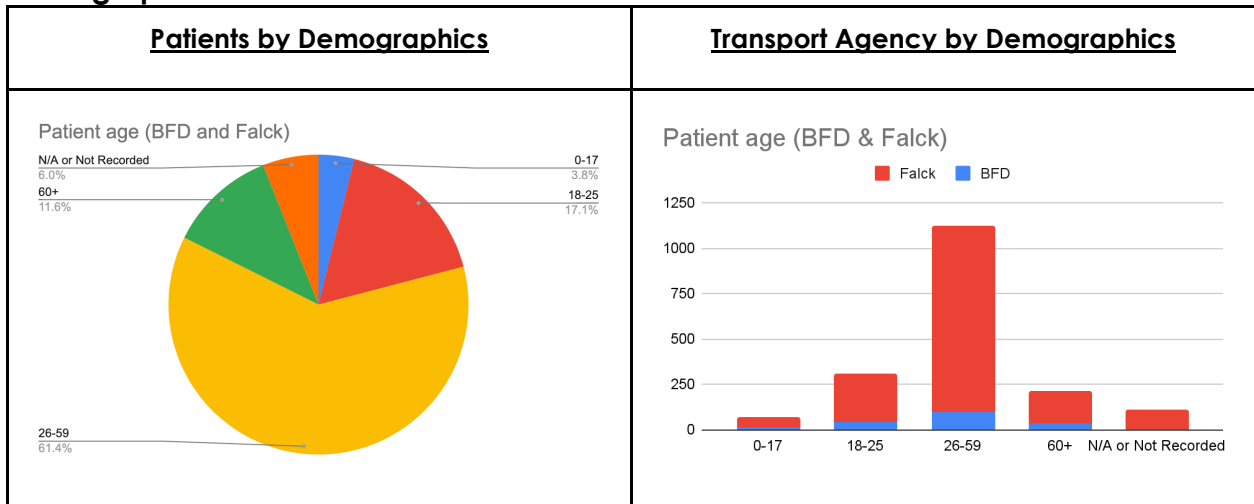
³⁴ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Figure 15. Berkeley Police Department (BPD) Officer-Initiated Calls in 2015-2020 - Race and Gender (via Berkeley City Auditor's Report on BPD Calls)



Berkeley Fire Department: For the three-year period of CY 2019 through CY 2021, the Berkeley Fire Department (BFD) shared data regarding demographics (age, race, and gender) and incident type for each of its calls that were originated as designated 5150 responses. Figure 16 below includes six figures that show: 1) the summative and combined demographics of BFD and Falck's 5150 patients, and 2) the differences in volume of BFD and Falck 5150 responses stratified by patient demographics. Figure 17 below shows the total combined 5150 responses by BFD and Falck, first grouped by gender by race, then by race by gender.

Figure 16. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - Demographics



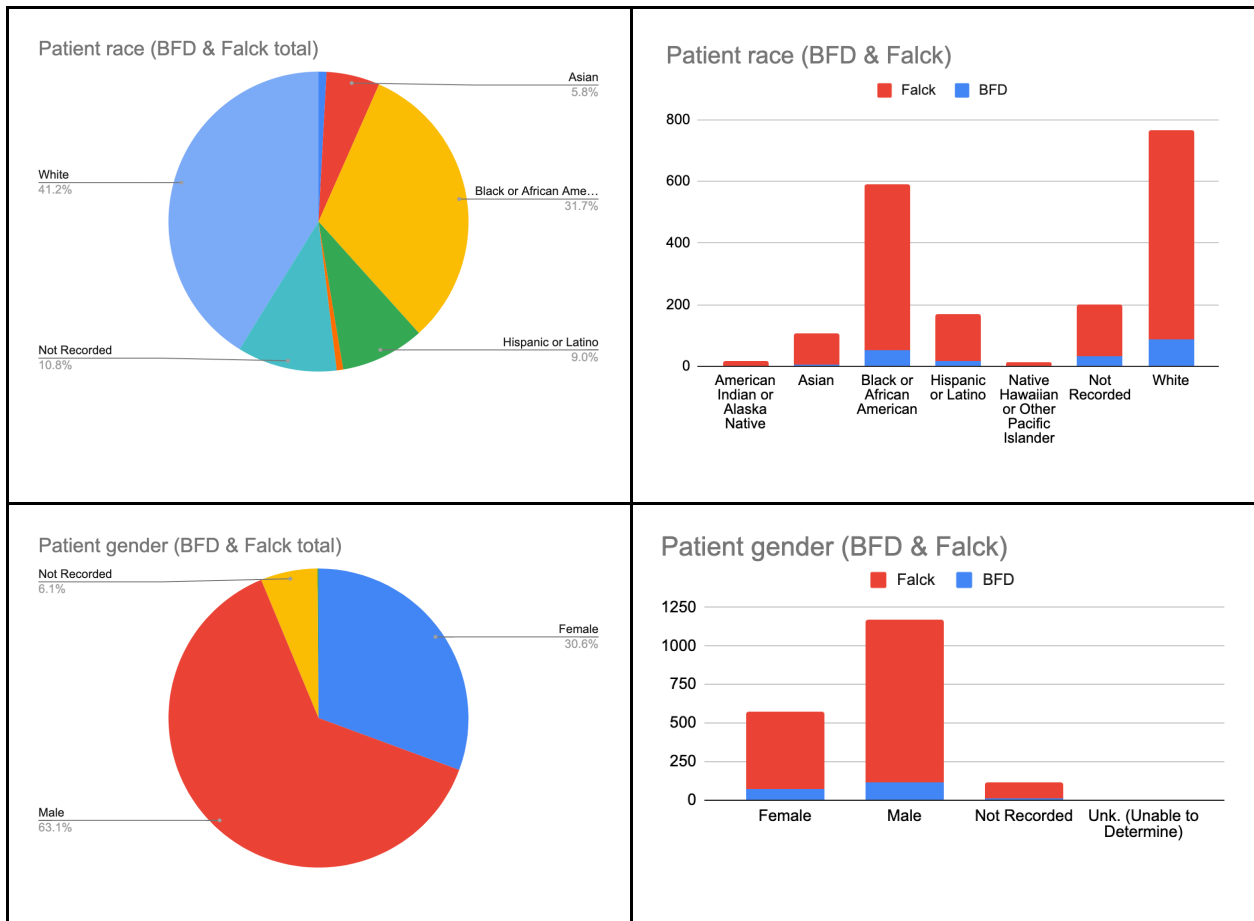
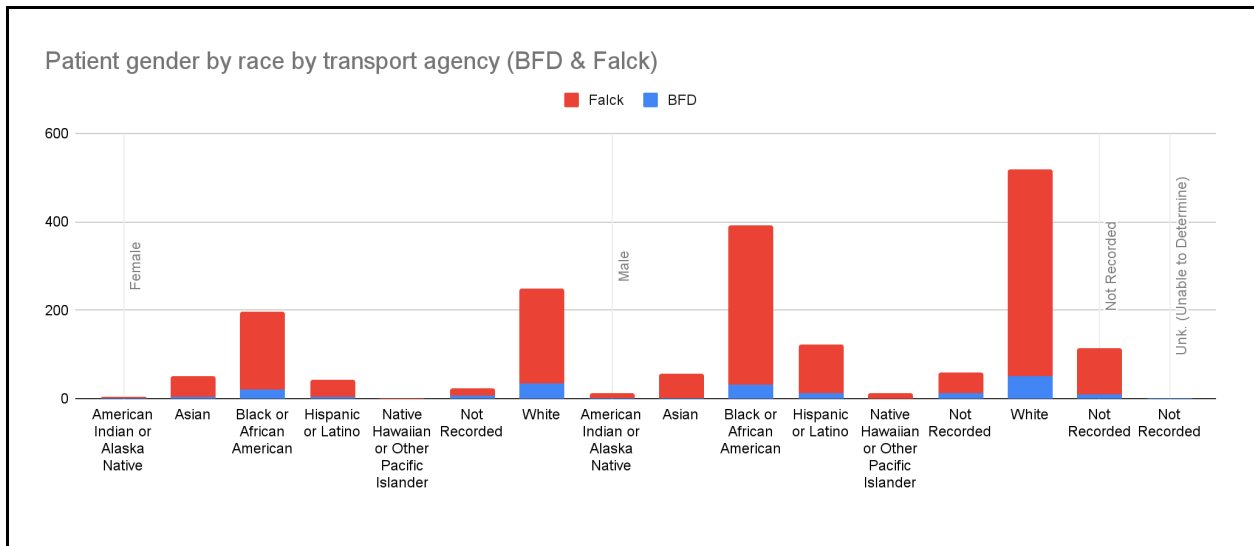
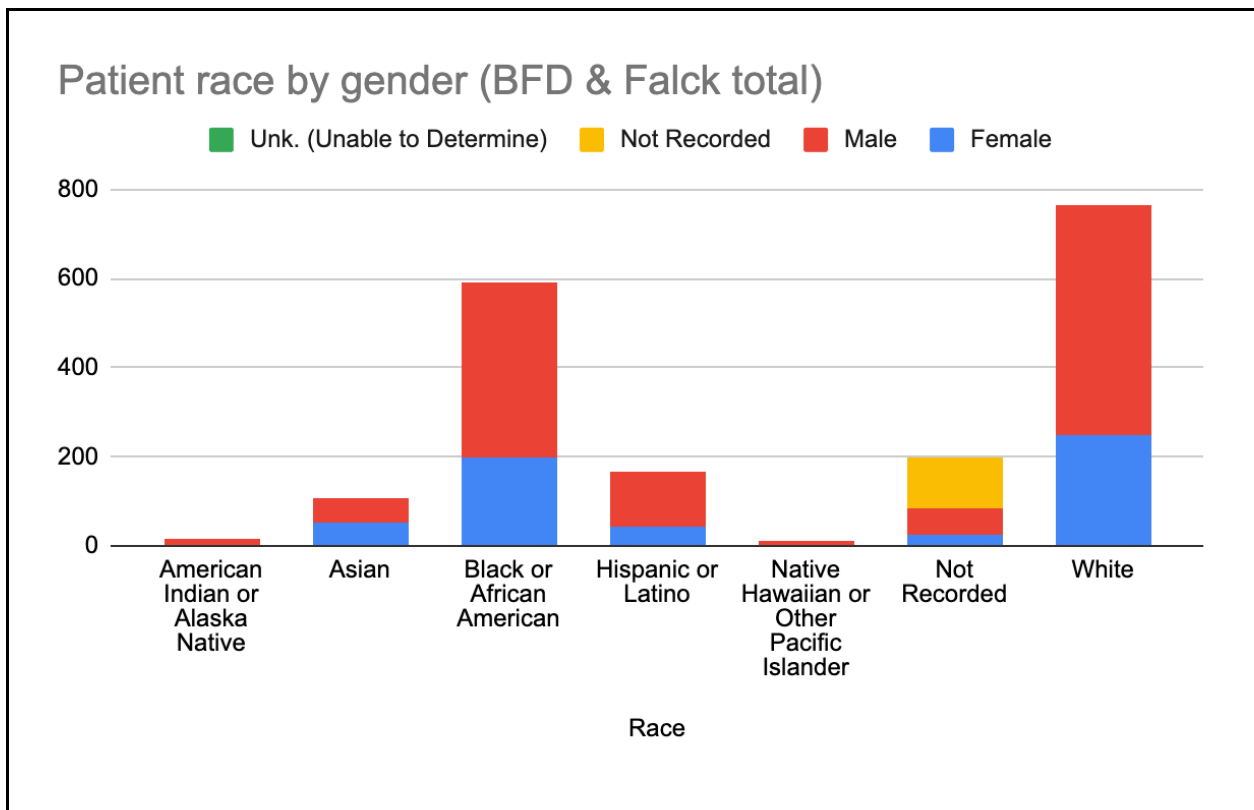


Figure 17. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - By Gender and Race





Similar to the incidents that MCT responded to, the 5150 patients that BFD and Falck responded to are mostly between ages 26-59, White, or male. Falck also conducted a large majority of the 5150 transports in Berkeley, as compared to BFD.



City of Berkeley

Specialized Care Unit

Crisis Response Recommendations



City of Berkeley

Specialized Care Unit (SCU) Crisis Response Recommendations

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This report was developed by Resource Development Associates under contract with the City of Berkeley.

Resource Development Associates, 2021





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Executive Summary

As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU), an alternative mental health and substance use crisis response model that does not involve law enforcement.

This is the third of three distinct reports for this effort. The first report ([“Crisis Response Models Report”](#)) presents a summary of crisis response programs in the United States and internationally. The second report ([“Mental Health Crisis Response Services and Stakeholder Perspectives Report”](#)) is the result of engagement with stakeholders of the crisis system, including City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), local community leaders, and utilizers of Berkeley’s crisis response services, and presents a summary of key themes to inform the SCU model.

This third report is intended to guide implementation of the SCU model and includes:

- Core components and guiding aims of the SCU model;
- Stakeholder and best practice-driven design recommendations;
- Considerations for planning and implementation;
- A phased implementation approach;
- System-level recommendations; and
- Future design considerations.

Each recommendation put forth in this report is deeply rooted in the stakeholder feedback included in the two previous reports. This report presents RDA’s recommendations based on this year-long project, which the City of Berkeley may adapt and adjust as necessary.

Key Recommendations

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 MCT.
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.
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.
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.
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.



Introduction

Project Background

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley. As part of that process, in July 2020, the Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations.

The Need for Specialized Mental Health Crisis Response

Just as a physical health crisis requires treatment from a medical professional, a mental health crisis requires response from a mental health professional. Unfortunately, across the country and in Berkeley, police are typically deployed to respond to mental health and substance use crises.

Without the proper infrastructure and resources in place, cities are unable to adequately meet the needs of people experiencing a mental health and/or substance use crisis. Relying on police officers to respond to the majority of mental health 911 calls endangers the safety and well-being of community members. Tragically, police are 16 times more likely to kill someone with a mental illness compared to those without a mental illness.¹ A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.² As a result, communities have begun to consider the urgent need for crisis response models that deploy mental health professionals rather than police. An analysis found that the 10 largest police departments in the U.S. paid out nearly 250 billion dollars in settlements in 2014, much of which were related to wrongful-

¹ Szabo, L. (2015). People with mental illness 16 times more likely to be killed by police. *USA Today*. <https://www.usatoday.com/story/news/2015/12/10/people-mentalillness-16-times-more-likely-killed-police/77059710/>

² DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement. *American Journal of Preventive Medicine*, 51(5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

death lawsuits of people in a mental health crisis.³ Law enforcement should not be the primary responders to mental health crises.

A 2012 Department of Justice report outlines that policing in the U.S. does not necessarily keep people safer but instead, militaristic policing causes more harm than good and disproportionately impacts communities of color. The report further assessed that over-policing requires more resources without producing benefits to public safety, draining resources that could otherwise be used for more effective public safety strategies.⁴

Nationally, the negative impacts of policing and police violence have been declared a public health issue.⁵ Extensive data shows that aggressive policing is a threat to physical and mental health: inappropriate stops are associated with increased anxiety, depression, PTSD, or long-term health conditions like diabetes. In 2016, at least 76,440 nonfatal injuries due to law enforcement were reported and at least 1,091 deaths were reported. However, due to insufficient monitoring and surveillance of law enforcement violence, these statistics are underestimated.⁶

The impacts of policing disproportionately harm people of color, especially Black Americans, making policing an issue of racial justice. Police disproportionately stop, arrest, shoot, and kill Black Americans. Other marginalized populations, such as people with mental illness, people who identify as transgender, people experiencing homelessness, and people who use drugs, are also subjected to increased police stops, verbal and sexual harassment, and death.⁷

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state,⁸ which may indicate inadequate provision of mental health crisis services. Of those individuals placed on a 5150 psychiatric hold in Alameda County and transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medical necessity criteria to be placed in inpatient acute psychiatric care. This demonstrates an overuse of emergency psychiatric services in Alameda County. Such overuse creates challenges in local communities such as lengthy wait times for ambulance services which are busy

³ Elinson, Z. & Frosch, D. (2015). Cost of police-misconduct cases soars in big U.S. cities. *Wall Street Journal*. <https://www.wsj.com/articles/cost-of-police-misconduct-cases-soars-in-big-u-s-cities-1437013834>

⁴ Ashton, P., Petteruti, A., & Walsh, N. (2012). Rethinking the blues: How we police in the U.S. and at what cost. *Justice Policy Institute, U.S. Department of Justice*. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/rethinking-blues-how-we-police-us-and-what-cost>

⁵ American Public Health Association. Addressing law enforcement violence as a public health issue. Policy number: 201811. 2018. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.

⁶ Ibid.

⁷ Ibid.

⁸ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

transporting and discharging individuals on 5150 holds. The overuse of involuntary psychiatric holds can be traumatizing for people experiencing crisis, as well as for their friends and family.

The overuse of involuntary psychiatric holds is also an issue of racial justice. Police and ambulance workers have been found to bring Black patients with psychoses to psychiatric emergency service more frequently than non-Black patients with psychoses.⁹ For example, in San Francisco, Black adults are overrepresented in psychiatric emergency services, relative to overall population size.¹⁰

Based on 911 call data from 2001 to 2003 in San Francisco, a study found that neighborhoods with higher proportions of Black residents generate relatively fewer mental health-related 911 calls. The authors suggest that underutilization of 911 by the Black community can result in delayed treatment, therefore increasing the risk posed to the health and safety of people in crisis and their communities. The study highlights the common distrust of law enforcement among communities of color. Such distrust and fear of law enforcement may mean that people of color do not trust that mental health-related calls will be handled appropriately if they seek support for a mental health crisis through 911. The study reinforced that “law enforcement officers’ role in the disposition of calls makes them de facto gatekeepers to safety net services for persons with mental disorders.”¹¹

It is within this context that many Berkeley community members are calling for a more just, equitable, and health-focused crisis response system, in part due to the distrust of institutions of policing or those closely intertwined with police. A variety of stakeholder groups, including the Berkeley Mental Health Commission and the Berkeley Community Safety Coalition, have long advocated for a community-designed 24/7 crisis care model and to reduce the role of law enforcement in crisis response.

⁹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

¹⁰ Ibid.

¹¹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

In a concurrent project for the City of Berkeley's Reimagining Public Safety initiative, the National Institute for Criminal Justice Reform found that among many Berkeley residents, there is a lack of trust in and satisfaction with the Berkeley Police Department. They found that:¹²

- Non-White respondents were more likely to indicate that the Berkeley Police Department is not effective at all compared to White respondents;
- 17.1% of Black respondents and 7.6% of Latinx respondents reported that police had harassed them personally in comparison to only 4.3% of White respondents;
- Respondents are less likely to call 911 during emergencies related to mental health or substance use crisis (57.9%) in comparison to an emergency not involving mental health or substance use (86.2%); and
- Substantially more Black respondents indicated extreme reluctance to call 911 as compared with other groups.

Additionally, the report shared that across all respondents, 65.9% indicated a preference for trained mental health providers to respond to mental health and substance use emergencies "with support from police when needed" and 14.9% indicated a preference "with no police involvement at all." In total, 80.8% of respondents indicated a preference for trained mental health providers to respond to calls related to mental health and substance use.¹³

Clearly, there is an urgent need for a more racially just, equitable, and health-focused mental health crisis response system. The SCU could be well poised to address these inequities by providing specialized mental health crisis intervention, de-escalation, and stabilization without the presence of law enforcement.

Inputs to the Recommendations

This report includes core components and guiding aims of the SCU model, considerations for planning and implementing the SCU model, a phased implementation approach, stakeholder-driven design recommendations, system-level recommendations, and next steps and future design considerations. Each recommendation that RDA puts forth in this report is deeply rooted in the following sources of input:

- Crisis Response Models Report (Report 1 of this series of 3)
- Mental Health Crisis Response Services and Stakeholder Perspectives Report (Report 2 of this series of 3)
- Ongoing engagement with the SCU Steering Committee and the City's Health, Housing & Community Services Department (HHCS)

¹² National Institute for Criminal Justice Reform (2021). Reimagining public safety: Draft final report and implementation plan. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Draft%20Final%20Report%20and%20Implementation%20Plan%20FNL%20DRFT%2010.30.21.pdf

¹³ Ibid.

- Learnings from the simultaneous Reimagining Public Safety initiative
- Best practices research

The recommendations presented in this report are directly informed from the strengths, challenges, gaps in services, and lessons learned from crisis response programs around the country. Those considerations, however, must be uniquely tailored to the Berkeley community based on the existing crisis response system and the needs and perspectives of Berkeley residents. Together, the recommendations and implementation approaches presented here are informed by findings from the robust community engagement and citywide processes of the past year.

Crisis Response Models Report

As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. A synthesized summary of RDA's findings, including common themes that emerged across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned can be found in the [Crisis Response Models Report](#).

Mental Health Crisis Response Services and Stakeholder Perspectives Report

With the guidance and support of the SCU Steering Committee, facilitated by the Director of City of Berkeley's Health, Housing and Community Services Department (HHCS), RDA conducted a large volume of community and agency outreach and qualitative data collection activities in June and July 2021. Because BIPOC, LGBTQ+, unhoused, and other communities are disproportionately represented in public mental health and incarceration systems—particularly ones designed for punishment and sentencing to prisons—their input was sought to advance the goal of achieving health equity and community safety.

Crisis response service users described their routes through these systems, providing their perspectives about their experiences and how these experiences impact their lives in a way that other stakeholders are not able or qualified to do. The goal of the immense amount of outreach and qualitative data collection was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desire for a different crisis response system that would better serve its population and needs. Such perspectives are necessary to improve the quality of service delivery and, moreover, to inform structural changes across the crisis response system.

The synthesis of the City of Berkeley's current mental health crisis system and themes from qualitative data collection can be found in the [Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)



The SCU Model: Planning & Implementation

Core Components

The recommendations presented in this report represent a model that is responsive to community needs, but as planning continues throughout 2021 and into 2022, new considerations and constraints may arise. As dynamics evolve and more information is obtained and assessed, the model must be flexible and adaptable. There are several components that should, however, remain core to the SCU model:

- The SCU responds to mental health and substance use crises.
- The SCU responds with providers specialized in mental health and substance use.
- The SCU model does not include police as a part of the crisis response.
- The SCU is not an adjunct to nor overseen by a policing entity (e.g., Police, Fire, or CERN¹⁴).

With these core components in mind, the SCU model and phased approach were designed to address the challenges, gaps in services, and community aspirations shared by numerous stakeholders throughout Berkeley. The SCU model seeks to:

- Address the urgent need for a non-police crisis response.
- Disrupt the processes of criminalization that harm Black residents and other residents of color, substance users, people experiencing homelessness, and others who experience structural marginalization.
- Increase the availability, accessibility, and quality of mental health crisis services.
- Provide quality harm reduction services for substance use emergencies.
- Strengthen collaboration and system integration across the crisis and wraparound service network.
- Be responsive to ongoing community feedback and experiences.
- Build and repair trust with community members and increase public awareness of newly available services.

A System-wide Change Initiative

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systemwide change initiative of great magnitude. Developing a shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force may build collective support for the SCU model across City of Berkeley agencies and departments. Other cities implementing non-police crisis response models found that garnering buy-in from other

¹⁴ Community Emergency Response Network (CERN) is a model recommended by the National Institute for Criminal Justice Reform through the Reimagining Public Safety process.

city or county departments requires collaboration from the earliest planning stages. Cities shared that when they focused these conversations about shared objectives between the crisis response program and the police, police began to see the program as a resource to them, as mental health professionals could often better handle mental health crises because of their training and backgrounds. Alignment on shared goals and values may support leadership across the City of Berkeley to identify and advance the best resource(s) for responding to mental health needs and substance use crises. An effective systemwide change initiative will also require all involved leaders to communicate and champion the shared vision.

The SCU model requires not only collaboration, but also structural changes and integration across other entities. For one, the SCU's ability to respond to crises relies in large part on the 911 Communications Center ("Dispatch"). However, in 2019, a Berkeley City Auditor's report¹⁵ elevated that the understaffing of Dispatch has led to staffing levels that cannot meet the call volume of residents and has increased call wait times. Increased wait times for 911 callers have negative implications for the safety and well-being of service utilizers and community members. Increased wait times also have negative implications for service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels rely on overtime spending to fund Dispatch, which increases the cost of the entity.

The Auditor's report also recommended increased training for Dispatchers to manage and respond to mental and behavioral health crisis calls, including the management of suicidal callers and persons with mental illness. The well-being and stress of call takers are also of concern. In all, if they are not addressed, such resource shortages and unmet training needs could have a significant impact on the SCU's success.

Other entities that will be affected by the implementation of the SCU model include Berkeley Fire, who responds to crises through Dispatch, and the Mobile Crisis Team (MCT), who provide mental health crisis services in partnership with the Berkeley Police Department. These entities, in addition to Dispatch and the SCU, will have to establish new working relationships and protocols to effectively serve the community together.

Dispatch is an immensely complex system. Integrating the SCU into such a system, while addressing staff capacity and training needs, will take significant planning and coordination, as well as funding. For these reasons, the recommendations for the planning and implementation of the SCU model are laid out in a phased implementation approach to allow for sufficient preparation of Dispatch while providing urgently needed mental health crisis response to community members.

¹⁵ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf



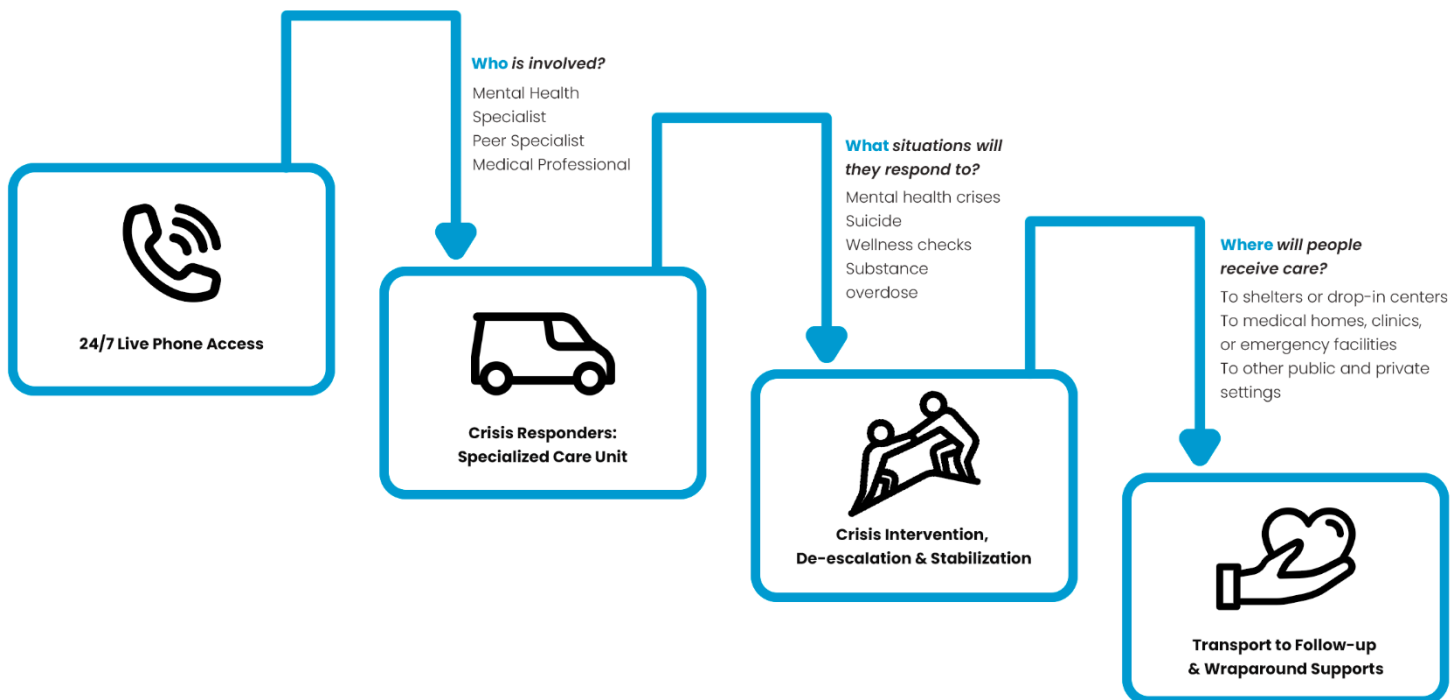
Recommendations

Overview

This report presents recommendations that address what is required for SCU model. Figure 1, below, provides an overview of the specialized care unit's response. Figure 2 shows the many components required for a comprehensive 24/7 SCU model.

The Specialized Care Unit: Crisis Response

Figure 1: An overview of the SCU crisis response.

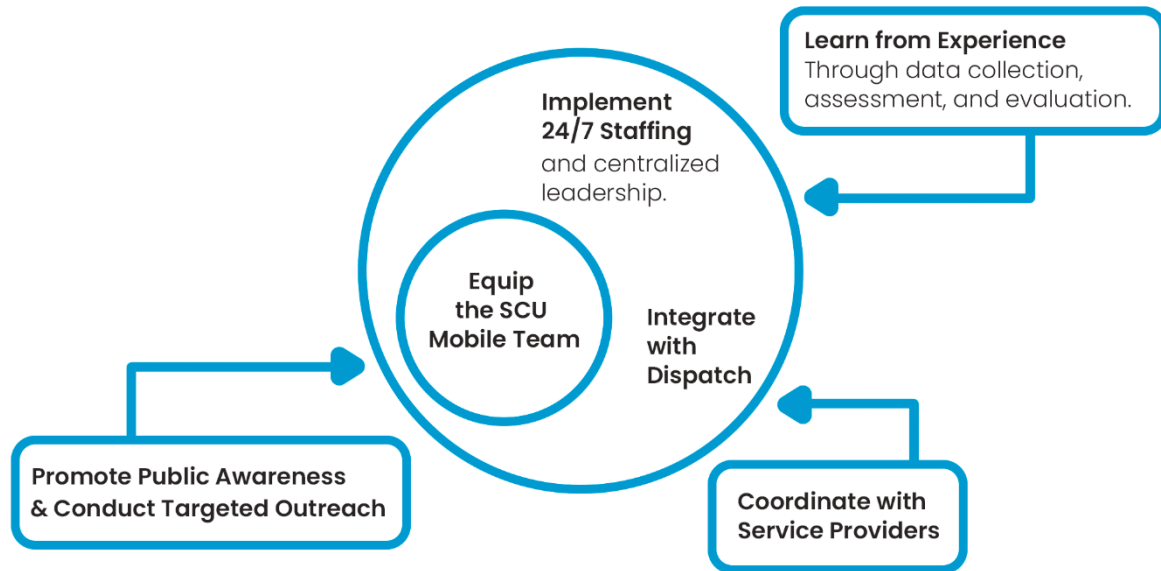


Community members experiencing or witnessing a mental health or substance use crisis will be able to call the SCU through a 24/7 live phone line, from which the SCU mobile team will be deployed to the crisis. The SCU mobile team will include specialists who support a person in crisis with intervention, de-escalation, and stabilization techniques. If necessary, the SCU will also be able to transport a person in crisis to locations that promote the person's safety and care.



The SCU Model: A Comprehensive 24/7 Crisis Response

Figure 2: An Overview of the comprehensive 24/7 SCU model.



The SCU is not solely a mobile team that delivers specialized care during mental health and substance use crises, but rather requires a comprehensive model. This model includes clinical and administrative staff to ensure 24/7 live access to the phone line and SCU mobile team. The model also requires centralized leadership and system integration to realize systemwide changes. As this new model is implemented, it will require ongoing data collection, assessment, and iteration to ensure it is meeting the needs of the community. And, the model requires that community members know that they can call a non-police, specialized mental health and substance use crisis team.



Phased Implementation

A phased approach will support a successful rollout of the SCU model while planning for integration across city agencies. These timelines may be ambitious given the magnitude of this systems-change initiative and the dependencies of the various model components. While the phased implementation approach represents an ideal timeline and is responsive to the urgent need for specialized mental health and substance use crisis response in Berkeley, it may need to be adjusted to realize the success of the SCU.

Refer to **Appendix A** for a complete phased implementation roadmap.

Figure 3: An overview of the phased implementation approach.

PHASE 0	PHASE 1		PHASE 2
Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+
<ul style="list-style-type: none"> • Engage SCU Steering Committee & community stakeholders on RFP; launch RFP • SCU staff: Contracting, hiring, training • Dispatch: Planning & assessment • Establish preliminary triage criteria, workflows and protocols • Launch public awareness campaign 	<ul style="list-style-type: none"> • SCU implements crisis response services • Dispatch implements integration or components based on Phase 0 planning • Conduct rapid assessment, monitoring, and iteration • Engage centralized leadership in coordination 	<ul style="list-style-type: none"> • Review annual evaluation and rapid assessments • Prepare for Phase 2 	<ul style="list-style-type: none"> • Implement changes based on evaluation and community need



SCU Mobile Team

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies, including crisis intervention, de-escalation, and stabilization. This specialized care does not require a police response but instead should be a three-person team of medical and behavioral health specialists. The SCU will need to be equipped to address the nuanced variety of crisis needs across mental health and substance use emergencies.

By providing 24/7 SCU services, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and limits the need to use the police to respond to such crises. Overall, the SCU model aims to disrupt the criminalization of substance use and mental illness and advance racial justice in the City of Berkeley. There are several considerations for how to most effectively promote the safety of crisis responders, persons in crisis, and general community members.

The following recommendations are aligned to best practices and emerging alternative models, while being rooted in community-driven recommendations. Each recommendation is tailored to the City of Berkeley and provides key considerations to support planning and implementation:



Key Recommendations

- 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 MCT.**

Recommendation #1

The SCU should respond to mental health crises and substance use emergencies without a police co-response.

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies. Below are suggested guidelines of when the SCU should and should not respond to a call.

Types of calls SCU **should** respond to:

- Suicide
- Drug overdose
- Welfare check
- Suspicious circumstance
- Complaint of an intoxicated person
- Social disorder
- Indecent exposure
- Trespassing
- Disturbance

Types of calls SCU should **not** respond to:

- Confirmed presence of firearm, knife, or other serious weapon
- Social monitoring and enforcement (e.g., of unsheltered residents in public spaces)
- Calls that Dispatch already deems do not need an in-person response (e.g., argument with a neighbor, minor noise violation)

Location of calls SCU should respond to:

- Public settings (e.g., parks, sidewalks, vehicles)
- Commercial settings (e.g., pharmacies, restaurants)
- Private settings (e.g., homes)

Note: These guidelines and types of calls will need to be further explored to develop triage criteria that adequately reflect all the considerations for when the SCU will respond to crises.

Why isn't the SCU responding with police?

Stakeholders consistently emphasized the need to provide non-police mental health crisis response options, noting that police are primarily trained in issues of imminent public safety threats, not mental health care. Rather than duplicating the MCT's model, the SCU model provides a new option for those better served by a non-police response. A dedicated response unit for mental health, behavioral health, and substance use emergencies will also help to build community trust and increase the likelihood that someone will call for help when they are in a crisis.

Why is the SCU responding to calls at public and private locations? Is that safe?

A mental health crisis can happen anywhere, so the SCU must be able to respond to mental health and substance use crises in both public and private settings. Any variables around the safety of responding to a crisis in a private setting should be assessed before deploying the SCU team (e.g., the presence of a serious weapon).

How were the types of calls decided?

Research from alternative models in other cities, community stakeholders' perceptions of existing needs in Berkeley, and input from crisis responders in the City of Berkeley all indicate that these call types may be well suited for behavioral health and mental health specialists instead of police. The nuances within any of these call types will be further planned for throughout Phase 0.

Considerations for Implementation

Safety & Weapons:

- Not all weapons pose the same risk to crisis responders, so triage and deployment protocols should be aligned to best practices and standards of practice. The SCU may be able to respond to some calls where a weapon is present. The criteria for this safety precaution should be evaluated and planned for during Phase 0.
- If there is a mental health or substance use emergency where a weapon is present, then MCT-Police co-response should be deployed rather than the SCU.
- If the SCU mobile team is on scene but feels their safety is in imminent danger, they should have the ability to call in the MCT-Police co-response as backup support.

Coordinating with Other Entities

- Mobile Crisis Team: The types of calls, triage criteria, and workflows will need to be differentiated for deploying MCT versus SCU.
- Berkeley Police Department: When BPD is on scene and MCT is not available, BPD and SCU will need clear processes for whether police can bring the SCU to support. Similarly, BPD and SCU will need clear processes for when/how SCU leaves if they call the BPD to a scene.

Recommendation #2

The SCU should operate 24/7.

The SCU mobile team should be available to respond to a crisis in person 24 hours per day, 7 days per week. Not having services available 24/7 was the most common challenge expressed by stakeholders about the current mental health crisis response system. In contrast, other crisis services like Fire and Police are available 24/7. By operating the SCU 24/7, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and negates the need to use police to respond to such crises. The need for 24/7 service is supported by national trends, as although some cities have implemented alternative crisis models with limited hours, many of them shared that they plan to expand to 24/7 to meet community needs.

Why does the SCU need to be available 24/7? Why can't it operate only during peak hours?

A mental health or substance use crisis can happen at any time. Stakeholders stressed the importance of having mental health crisis response services available 24 hours per day and 7 days per week. If community members are to trust in the SCU as an ongoing and authentic alternative to police involvement, services need to be available whenever someone calls.

Considerations for Implementation

All other supporting elements described throughout this report will need to accommodate 24/7 availability, such as:

- Phone access to the SCU
- Certain personnel roles, like a Clinical Supervisor
- Staffing structure that allows redundancy of personnel to cover each shift
- Equipment and infrastructure including the number of vans for the mobile team

Recommendation #3

Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.

The array of mental health, behavioral health, and substance use services offered by the SCU require staff with varying professional specialties. The following roles are necessary to adequately provide these services:

1. A Mental Health Specialist

This role will be the primary provider of mental health services with the ability to conduct 5150 assessments, and therefore need to be licensed. They should have significant training in mental health and behavioral health conditions and disorders, crisis de-escalation, and counseling.

- Recommended position: Licensed Behavioral Health Clinician
- *Possible positions: Licensed Clinical Social Worker (LCSW), Associate Clinical Social Worker (ASW), SUD or AOD Counselor, psychologist*

2. A Peer Specialist

This role should have lived experience with mental health crises and systems, substance use crises or addiction, and be equipped to support system navigation for a person in crisis.

- Recommended position: Peer Specialist
- *Other possible positions: Community Health Worker, Case Manager*

3. A Medical Professional

This role should be able to identify physical health issues that may be contributing to or exacerbating a mental health crisis, including psychosomatic drug interactions. They should be able to administer single-dose psychiatric medicines and have training in harm reduction theory and approaches. They can also assess and triage for higher levels of medical care as needed.

- Recommended position: Psychiatric Nurse Practitioner (Psych-NP)
- *Other possible positions: Nurse Practitioner (NP), EMT, Paramedic*

Why a three-person team?

These three distinct roles create a team that can effectively provide the necessary range of specialized services and can engage in organic collaboration to address each crisis. Cities who have implemented similar models spoke to the advantage of team members taking different roles in each scenario based on each client's needs and preferences.

Why is the mental health specialist conducting 5150 assessments?

The SCU's aim is to reduce the overall number of involuntary holds through effective crisis intervention, de-escalation, and stabilization. However, ensuring the SCU has the ability to conduct 5150 assessments and involuntary holds rather than calling in the police to do the assessment can reduce interactions between people experiencing mental health crisis and police. Additionally, enabling the SCU to conduct the 5150

assessment is a more trauma-informed model because it eliminates the need for a person in crisis to interact with multiple teams and reduces the time it takes to respond to a crisis from start to finish.

Why is there a peer on the team?

The peer is a critical member of the crisis team. Other systems shared that a person in crisis may be most responsive to a peer who has gone through a similar experience and that, at times, peers' unique training and skills allow them to engage that person more effectively than other specialties. Berkeley stakeholder participants emphasized the invaluable contributions of peer specialists, noting that they may be best equipped to lead the de-escalation before the mental health specialist or medical professional steps in to administer care because a person in crisis may be most responsive to someone that has similar lived experience.

Why is there a medical professional on the team? Why a Psych-NP?

Mental health and physical health needs often co-present, with physical needs ranging from basic first aid (e.g., wound care, dehydration) to reactions to substances, such as overdoses or drug interactions. A medical professional, such as a Psych-NP, brings the clinical expertise to understand how physical ailments, chronic medical conditions, and psychiatric conditions affect a service utilizer (e.g., someone with hypertension and schizophrenia using methamphetamines). Other medical professionals, such as NPs, may also have sufficient training to meet the mental health and substance use needs of service utilizers. These situations do not require the expertise of a paramedic or doctor who are trained to respond to emergencies and deliver life-saving care.

Considerations for Implementation:

- The number of mobile teams required will be based on multiple variables including community needs, call volume, and budget (for a more in-depth description, *refer to recommendation #12*).
- There may be challenges in staffing the SCU mobile team with these specific roles, such as the Psych-NP. The SCU model may need to allow for a variety of specialists to fill each of the three main roles.
- Across these roles, the SCU mobile team should have the following competencies:
 - Lived experience of behavioral health or mental health needs, homelessness, addiction or substance use, and/or incarceration
 - Emphasis on dual diagnosis (mental health and substance use) training, psychosomatic interactions, substance use management, and harm reduction
 - Identities reflective of those most harmed by the current system of care and/or those who are most likely to use or benefit from the SCU services
 - Multilingual
- Across these roles, the SCU mobile team will need to be trained on a variety of topics (for a full list, *refer to recommendation #14*). These may be desirable prerequisite skills, such as:
 - Disarming without the use of weapon
 - Motivational interviewing
 - Naloxone administration
 - Harm reduction
 - Trauma-informed care

Recommendation #4

Equip the SCU mobile team with vans.

Based on the scope of services, the SCU mobile team will need a vehicle to arrive at each call, carry equipment and supplies, and transport clients to another location. A well-equipped van should be both welcoming and physically accessible to clients and easily maneuverable by staff.

SCU vans should include:

- Wheelchair accessible features
- Lights affixed to the top of the van, allowing for sidewalk parking
- Locked supply cabinets
- Rear tinted windows for client privacy
- Rear doors not operable from the inside
- Power ports to charge laptops, tablets, and phones
- Comfortable seating
- SCU logo on the side of the van so the community can easily identify the team

SCU vans should **not** include:

- Sirens
- A plexiglass barrier between the front and back seats

Why not use an ambulance?

There are a several reasons why an ambulance is not the appropriate vehicle for the SCU:

- Ambulances must transport to a receiving emergency department when transporting from the field (a call for service from a community member), which may not always be the most appropriate end point for the level of care required (*refer to recommendation #5*).
- Ambulances require a special license to drive and would require the inclusion of an EMT or paramedic on staff and would therefore increase the expense of the SCU.
- Ambulances are more expensive to purchase and maintain than a van.
- A van is potentially less stigmatizing and traumatizing for a person in crisis.

Why were these specific features chosen?

All van specifications are based on lessons learned from alternative crisis response programs in other cities and experiences and insight shared by the Berkeley Fire Department. Many van features, such as locked supply cabinets and locked rear doors, are designed to increase the safety of both crisis responders and a person in crisis. Other van features support the SCU mobile teams to provide a variety of services.

Why shouldn't the van have sirens or a plexiglass barrier?

Sirens can draw unnecessary public attention, thereby reducing privacy for a person in crisis, while both sirens and plexiglass barriers can exacerbate the stigmatization, traumatization, and criminalization of mental health and substance use crises.

Considerations for Implementation

The number of vans required will be based on the number of SCU mobile teams and shift structure/overlap (*refer to recommendation #12*).

Recommendation #5

The SCU mobile team should provide transport to a variety of locations.

The SCU should provide a level of care appropriate to each specific crisis with the aim of de-escalating crises, preventing emergencies, and promoting well-being. The SCU will transport service utilizers in the SCU van (*refer to recommendation #4*) unless there is a medical need that requires the SCU to request an ambulance for transport.

The SCU will transport service utilizers to:

- Inpatient units of psychiatric emergency departments
- Primary care providers, psychiatric facilities, or urgent care
- Crisis stabilization units, detox centers, or sobering centers
- Drop-in centers and other CBOs
- Shelter or housing sites
- Domestic violence service sites
- Long-term programs including residential rehabilitation sites
- Requested public locations (e.g., parks)
- Requested private locations (e.g., home)

Considerations when deciding transport location:

- Transport can be voluntary or involuntary, based on a 5150 assessment
- The SCU should be able to deny the request of a person in crisis for transportation based on their assessment of the appropriate level of care
- The SCU will need to assess safety or liability concerns for the service utilizer or other bystanders based on transport location (e.g., not transporting an intoxicated person home where another person is present at the home)

Why should the SCU transport service utilizers to so many different locations?

The SCU model aims to support diversion of people experiencing crises away from jails and hospitals and into the appropriate community-based care and resources. Some crises can be resolved on scene, while others will require transport to another location. Even if a crisis is de-escalated on scene, service utilizers may benefit from being transported to another location for additional care or resources. Throughout this project, stakeholder participants emphasized that the level of need outweighs the available resources and providers in Berkeley and Alameda County. Providing transport to a variety of locations and resources allows the SCU to provide the level of care appropriate to each specific crisis and increases the possibility of providing care in an overwhelmed service network. *Refer to Section V for long-term recommendations for addressing the needs of the service network.*

Considerations for Implementation

- Established, trust-based relationships with community partners and warm handoff procedures will improve overall quality of care and can reduce the amount of time required when dropping off a client.
- Staff at emergency facilities will need to be familiar with the SCU, including the van, logo, and uniforms, to be prepared to receive transported clients in a timely and responsive manner, reducing “wall time.”
- Triage criteria and workflows should support the SCU in assessing where and how to transport a person in crisis.
- Triage criteria and workflows for transport should address the safety implications for both the person in crisis and other community members.

Recommendation #6

Equip the SCU mobile team with supplies to meet the array of clients' needs.

The SCU will be responding to a variety of calls, each with their own specific needs. The supplies needed will vary depending on the call. Below is a suggested list of supplies the SCU should carry, generated from the input of stakeholders and other alternative crisis response programs. These supplies will facilitate a harm reduction approach and directly contribute to the health and well-being of the person in crisis.

- | | |
|-------------------------|---|
| Medical supplies | <ul style="list-style-type: none"> • First aid kit • Personal protective equipment • Wound care supplies • Stethoscope • Blood pressure armband • Oxygen • Intravenous bags • Single-dose psychiatric medications |
|-------------------------|---|

- | | |
|--------------------------------|---|
| Client engagement items | <ul style="list-style-type: none"> • Food and water • Clothing, blankets, and socks • Transportation vouchers • "Mercy beers" and cigarettes • Tampons and hygiene packs |
|--------------------------------|---|

- | | |
|----------------------------------|--|
| Community health supplies | <ul style="list-style-type: none"> • Safe sex supplies and pregnancy tests • Naloxone • Clean needles and glassware • Sharps disposal supplies |
|----------------------------------|--|

- | | |
|-------------------|--|
| Technology | <ul style="list-style-type: none"> • Cell phones • Data-enabled tablets • Computer Aided Dispatch (CAD) • Police radio |
|-------------------|--|

- | | |
|-----------------|--|
| Uniforms | <ul style="list-style-type: none"> • Casual dress: polo or sweatshirt with the SCU logo |
|-----------------|--|

Why does the SCU need to carry client engagement items?

These items can help initiate an interaction while also meeting the basic needs of clients while they are experiencing a crisis.

Why does the SCU need to carry community health supplies?

These supplies can help address an underlying physical health need or provide harm reduction for substance use crises.

Why does the SCU need technology and uniforms?

The team needs cell phones and data-enabled tablets for mobile data entry. The tablets should be preloaded with an electronic health record (EHR) application so staff can access client history to provide more effective, tailored care. Wearing a casual uniform can help the team appear more approachable to clients and be easily identifiable. Uniforms that look more like traditional emergency response uniforms can be triggering for clients who have had traumatic experiences with emergency responders.

Considerations for Implementation

- The need for basic provisions among service utilizers is often significant and therefore affects the model's budget. To effectively plan for the program budget, San Francisco's Street Crisis Response Team shared that they budgeted for \$20 in supplies per client contact but quickly exceeded their \$10,000 annual budget. Denver's STAR program noted that these supplies were in high demand and the budget was supplemented with donations.
- Staff should track which supplies are used most often and which supplies are requested by clients that the SCU does not carry.

Recommendation #7

Clearly distinguish the SCU from MCT.

Once the SCU model is implemented, there will be two teams responding to mental health crisis calls in the City of Berkeley: the Specialized Care Unit and the Mobile Crisis Team. It will be necessary to clearly distinguish the role of these two teams so that the proper response is deployed for each situation. The general public will also need to be informed regarding the two teams, how to access them, and why.

Suggested scenarios when MCT and Police should be deployed instead of the SCU:

- If there is a confirmed presence of a serious weapon during a mental health crisis, the police and MCT would be deployed.
- If the police request mental health support during a crisis, MCT will be deployed as a co-response.
- If the SCU is on a call and needs backup or cannot successfully intervene, they would call for an MCT-police co-response.

If there's an SCU, why should the MCT still exist?

When the police respond due to the presence of a weapon or other element outlined above, a joint response that includes clinical staff to support the intervention is a best practice and community asset, delivering a trauma-informed response focused on de-escalation. This is especially true for a person in crisis with past traumatic experiences with the police. The MCT remains an important resource that can reduce the negative impacts of police presence during situations where a mental health crisis intersects with issues of imminent public safety.

Why is it important to distinguish MCT from the SCU?

Trust & Acceptability of SCU: MCT responds to the majority of their calls with police backup. Because SCU is a non-police crisis response option, clearly distinguishing the two models will be essential in establishing and maintaining community trust to increase utilization of the SCU, particularly among groups most at risk of harm from police violence.

Logistics for Deploying the Right Team: Dispatch will need tools and training to clearly differentiate the teams' roles to effectively deploy the right team for each mental health crisis call.

Considerations for Implementation

- All triage criteria and workflows need to be reflective of the differentiation between SCU and MCT. This includes the triage criteria and workflows for Dispatch and/or the alternative phone line and Alameda County's Crisis Support Services (CSS) (*refer to recommendation #9*).
- The distinction between MCT and the SCU, particularly around availability and police involvement, should be emphasized in the public awareness campaign (*refer to recommendation #24*).
- Tracking the acuity levels of calls, as well as whether MCT and police were called in for backup, can help refine the Dispatch process and ensure that the right team is deployed.

Accessing the SCU Crisis Response: Dispatch & Alternative Phone Number

Implementing the SCU as a 24/7 mental health and substance use crisis model requires that community members have reliable and equitable access to the team. By integrating the SCU crisis response into 911 and Dispatch's processes, mental health crisis services will be elevated to the same level of importance as Fire and Police when calling for emergency services, thus promoting community access to specialized crisis care. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning processes.

The need to develop and implement the SCU model is urgent. Yet Dispatch is a complex, under-resourced, and overburdened system. To achieve structural change that ensures sustainability, significant planning and coordination is essential.

There are several possibilities for how to advance the SCU-911 integration aligned to the phased implementation approach. The following recommendations are aligned to best practices and emerging alternative models and responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored, assessed, and discussed across City of Berkeley leadership:



Key Recommendations

- 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.**

Recommendation #8

Participate in the Dispatch assessment and planning process to prepare for future integration.

Ultimately, the SCU should be integrated into 911 and Dispatch protocols. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning.

Dispatch, through the Berkeley Fire Department, has conducted a Request for Proposal process and selected a consulting firm to support enhancements to the deployment of Fire and EMS/Ambulance services. That assessment and planning process should integrate SCU implementation, preparing for the SCU to be a mental health emergency response on par with police and fire emergency calls.

If this is a non-police response model, why is Dispatch involved?

An effective mental health crisis response that increases community safety, well-being, and health outcomes relies on the SCU actually being deployed to community members in crisis. Dispatch has established infrastructure and technology that could effectively and safely deploy the SCU mobile team. Moreover, 911 is a well-known resource to the general public, which many people do seek during crises. In 2017, Dispatch received 256,000 calls.¹⁶ For these reasons, integration of the SCU into 911 and Dispatch's processes is an important method for deploying the SCU team to people experiencing a mental health or substance use crisis.

Will another assessment and planning process delay the launch of the SCU?

Dispatch's expertise and experience are a critical asset to lead the assessment, planning, and implementation of revised 911 procedures that include the SCU. The Dispatch assessment and planning project is slated to begin in 2022; by incorporating assessment and planning for the SCU into an existing project, it will initiate the process several months sooner than if a separate and new project were to be initiated. Additionally, integrating both projects will ensure consistent and simultaneous efforts rather than disjointed efforts that require backtracking or undoing of work and decisions.

Considerations for Implementation

- A systems-change initiative of this magnitude will need identified shared aims and goals.
- A systems-change initiative of this magnitude will need Dispatch leadership to champion the effort and communicate early, often, and positively about the upcoming changes.
- By participating in Dispatch's assessment and planning processes, the SCU model can identify opportunities early on that support the integration, such as using aligned terminology and data collection processes.
- A Dispatch representative should join the SCU Steering Committee (*refer to recommendation #20*).
- Dispatch leadership should join the model's centralized coordinating body (*refer to recommendation #19*).

¹⁶ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

Recommendation #9

Ensure the community has a 24/7 live phone line to access the SCU.

Implementing the SCU as a 24/7 mental health and substance use crisis model requires a 24/7 live phone line to ensure community members have reliable and equitable access to mental health crisis response. The 24/7 availability is essential for community members to feel confident in the availability of the mental health crisis response, as stakeholders reported that MCT's alternative phone number—which is not live and relies on voicemail and callbacks—does not feel like a reliable resource during crises.

The need to develop and implement the SCU model is urgent and at the same time must achieve structural change to ensure sustainability. Implementing a process for the short-term that must be undone would be an inefficient use of funds and may confuse the public and exacerbate distrust. For these reasons, the following three options should be further considered and assessed for how to most effectively ensure 24/7 live access to the SCU crisis response:

1. Option A: Use the existing 911 Communications Center (“Dispatch”) to deploy the SCU.
2. Option B: Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.
3. Option C: Use the 988 National Suicide Prevention Lifeline to receive, triage, and assess all mental health crisis calls.

Table 1 below highlights several factors to consider related to timeline and staff capacity, funding, safety, system integration, and public awareness. Based on these factors, it appears that Option A (using the existing 911 Communications Center to deploy the SCU) would be the best option for the City of Berkeley. However, these factors should be further discussed by City of Berkeley leadership across HHCS and Dispatch with careful consideration of the phased implementation approach and timeline.

Table 1: Options and factors to assess when planning for the community to have 24/7 live phone line access to the SCU.

	Option A <i>*Recommended Option*</i>	Option B	Option C
	Use 911 and existing Communications Center (“Dispatch”) to deploy the SCU.	Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.	Use the 988 national phone line to receive, triage, and assess all mental health crisis calls.¹⁷
Timeline & Staff Capacity	<p>Assess Dispatch’s ability to recruit, hire, and train new staff on a timeline aligned to the phased implementation approach.</p> <p>Consider the amount of resources and time required for Dispatch to train existing staff on new protocols.</p> <p>Consider Dispatch’s capacity to support the SCU adoption and integration in addition to the current accreditation process.</p>	<p>Assess whether a CBO can realistically implement both the SCU model and an alternative phone number (i.e., call center), including recruiting, hiring, and training all new personnel.</p>	<p>Monitor the alignment of national, state, and county timelines for 988 implementation.</p> <p>Assess whether the 988 call center will be staffed appropriately for the additional call volume brought in by requests for SCU.</p>
Funding	<p>Estimate the additional funds required for Dispatch to recruit new personnel (i.e., a recruitment team) and manage the Human Resource capacity to support additional staff.</p>	<p>Estimate the cost to create and operate an independent 24/7 live alternative phone line.</p>	<p>Explore the amount of funding and resourcing available for 988 to assess whether the funds sufficiently support the 24/7 SCU.</p>

¹⁷ Gold, J. (2021). How will California’s new 988 mental health line actually work? *U.S. News*. <https://www.usnews.com/news/health-news/articles/2021-10-12/how-will-californias-new-mental-health-hotline-actually-work>

Safety Promotes Safety

Evaluate and compare each option’s ability to establish protocols or infrastructure to support the safety of crisis responders and community members.

Dispatch already has established protocols and technology to track the crisis responder’s location/position through CAD.

Assess the resources and timing required for a CBO to ensure sufficient training on the use of the CAD system and radio communication.

Assess the ability for existing Alameda CSS and 988 technology to integrate with Dispatch’s CAD system and radio communication.

Dispatch already has established protocols and technology to maintain radio communication between Dispatch and crisis responders, especially during rapid changes in a situation.

Assess workflows and processes that would affect the number of times a caller must repeat triage/assessment; estimate whether there will be an increase in dropped calls.

Evaluate the effectiveness of existing processes to transfer calls between Alameda CSS and Dispatch.

Dispatch already has established protocols and technology to streamline the handling and transfer of calls so that a person in crisis does not have to repeat their story multiple times, thereby reducing the number of dropped calls.

Consider if a non-911 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Consider if the 988 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Risks to Safety

Evaluate and compare the potential risks to the safety of crisis responders and community members across each option.

Consider whether Dispatch will be more likely to deploy the police than the SCU during initial model implementation.

Consider whether alternative phone line personnel will be more likely to deploy the SCU than transferring calls to 911.

Consider whether community members will be confused about 988 and may believe it is only for suicide prevention rather than the full spectrum of mental health and substance use crises, and therefore be less likely to call 988.

Evaluate whether community members’ fear of a police response, will reduce the utility, acceptability, and accessibility of the SCU.

Evaluate whether community members will be more likely to call an alternative phone number than 911 if they are experiencing a mental health or substance use crisis.

Option A (Recommended)

Option B

Option C

System Integration

N/A
(911 is already integrated with Berkeley Fire, Falck, and Alameda County CSS)

Explore the process for a CBO to assess and prepare callers if they need to transfer the call to 911, such as if the presence of weapons is confirmed. Evaluate the effects, such as a slowed response time or increased risk of a dropped call.

Consider whether the transfer of calls to 911 (i.e., calls ineligible for SCU) will undermine community trust in the alternative phone line.

Determine the feasibility of integrating a CBO’s technology to allow for the transfer of calls between Alameda CSS and Dispatch.

Determine the feasibility of a CBO’s technology to receive calls from Fire and Falck if they request the SCU.

Determine whether Alameda County will be able to deploy a Berkeley-specific team (the SCU) for only Berkeley residents as a component within the larger 988 model.

Assess what will be required for a county system to deploy a model administered by a CBO, such as additional contracts, MOUs, or staff licensure requirements.

Public Awareness

Consider what will be required of a public awareness campaign to build community trust in 911 to deploy the SCU as a non-police response.

Consider what will be required of a public awareness campaign to inform Berkeley residents both about the SCU as a non-police crisis response and promote an alternative phone number to access the SCU.

Assess the public awareness and education planned for 988.

Assess whether the Alameda County 988 public awareness campaign can be adjusted for Berkeley to communicate the availability of the SCU through 988.

Why consider different options for phone access to the SCU?

The numerous factors that should be assessed to determine the best option for phone access to the SCU will require a significant amount of collaboration and detailed planning across city leadership, which requires time throughout Phase 0. The general public is familiar with 911 as a crisis response resource. As a result, 911 could be an important method of ensuring mental health and substance use crises are routed to the SCU mobile team. However, stakeholders, especially residents of color and Black residents, consistently shared that the fear of physical violence, criminalization, or retaliation by police in response to mental health and substance use emergencies is a barrier to calling 911. Therefore, a non-911 option may support community members to feel confident in the SCU as a non-police mental health crisis response. Considering and assessing the full array of options will ensure the best approach for a reliable and equitable access to 24/7 mental health crisis response.

Why is Option A elevated as the recommended option?

Overall, Option A is recommended because it appears to be a better fit for the SCU model. It will most likely be the more cost-effective option, will allow for the SCU mobile team to be launched soonest, and will align to the phased implementation approach and the future integration of the SCU into 911.

By pursuing Option A, preparation with Dispatch can begin sooner than the other options, thus allowing for additional time to plan and prepare. This additional planning time can be used to address concerns regarding safety, community trust, and public awareness. Integrating the SCU into 911 from the initial phases of implementation may also support a streamlined and efficient integration. In contrast, Option B will likely require significantly more funding to create an entirely new call center, which may become obsolete once 988 is implemented, nationally. The feasibility and expense of standing up an entirely new call center (option B) may be prohibitive. Option C will require significant coordination with Alameda County and has many implications that are outside of the control of the City of Berkeley, which could cause delays or challenges to the implementation of the SCU model.

Additionally, 911 has established technology and infrastructure for receiving and triaging phone calls, deploying crisis responders, tracking the crisis response to promote responder safety, and collecting data that is essential for monitoring, evaluation, and follow-up. Moreover, for the public awareness campaign, it may be easier to communicate the SCU as a non-police response through 911 than it is to both communicate the SCU as a non-police response and to publicize an alternative phone number.

Why might the model implement an alternative phone number? (Option B or Option C)

First, due to existing community distrust of policing systems, it is important to establish the SCU response as a non-police response. By implementing the alternative phone number first, community members may be encouraged to utilize the SCU. Second, the existing Dispatch system is complex, overburdened, and underfunded. In order to have a successful integration of the SCU within 911, it may require more time for planning for a sustainable integration that ensures community safety. Third, lessons learned from other cities implementing alternative models may indicate this order would support SCU success. For example, the Portland Street Response team can be accessed through both 911 and a non-emergency phone number connected to Dispatch. However, they found that calls from 911 were prioritized rather than calls from the alternative line when deploying the team. Berkeley will need to establish clear prioritization and triage protocols so that the highest-acuity calls receive adequate responses, rather than the response being determined by the source of the call.

Do other cities use multiple phone numbers?

From the reviewed models, at least seven use two or more lines for emergency crisis calls:

- Olympia, WA: Crisis Response Unit
- Sacramento, CA: Department of Community Response
- Austin, TX: Expanded Mobile Crisis Outreach Team (EMCOT)
- Oakland, CA: Mobile Evaluation Team (MET)
- Portland, OR: Portland Street Response
- Eugene, OR: Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Denver, CO: Supported Team Assisted Response (STAR)

If the model uses an alternative phone line, what happens if people still call 911 when they are having a mental health crisis?

Dispatch should have the option to forward calls to the SCU alternative phone line, where those staff can triage the call and deploy the SCU. Establishing these protocols will be part of the assessment and planning process. It is also important that a public awareness campaign promotes access to the SCU team (*refer to recommendation #24*).

Additional Considerations for Implementation:

- The phone line will require dedicated office space and equipment to process calls and deploy the SCU.
- The phone line will need technology and protocols to ensure data collection and integrity to support monitoring and evaluation (*refer to recommendations #22 and #23*).
- The phone line will require enough staff to maintain a 24/7 live response including staff to receive calls and supervisory staff. This team will need to be sufficiently staffed to account for shift overlap, sick leave, and vacation time.
- Additional data collection and planning will be required to determine the adequate number of call takers and fully implement the phone line.
- Option A may require that Dispatch makes more gradual changes to triage criteria, deploying the SCU to a more limited scope of call types with a gradual increase in SCU deployment through Phase 1 implementation.
- Either option B or option C would still require the phone line entity to collaborate with Dispatch to develop types of calls, triage criteria, and workflows to allow for future integration of SCU into Dispatch.
- The future structure of the 911 Communications Center within Berkeley Police Department should be evaluated (*refer to Section V*).

**Please note: Dispatch uses specific terminology that may not be accurately represented here. The language in these recommendations should be understood from a lay perspective rather than rigid technical language (e.g., call takers versus dispatchers, assessment versus triage versus decision-trees).*

Recommendation #10

Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Embedding a mental or behavioral health clinician within the Dispatch represents a new process for Berkeley's Dispatch and broadens Dispatch's lens from being solely a Police entity to an entity that includes clinical specialists. Dispatch must be involved in planning for this additional team member.

Why should Dispatch have a clinician in the call center?

Embedding a mental health clinician in emergency call centers is an emerging best practice, though only a few cities nationally report staffing their call centers with clinicians. The few cities that have included mental health clinicians in their call centers have found them to be a useful resource. Where implemented, clinicians provide specialized training for call takers to handle behavioral health crisis calls, receive transferred behavioral health crisis calls, and provide guidance.¹⁸

How does having a clinician in Dispatch promote community or crisis responder safety?

Berkeley Dispatch is deeply committed to the safety of crisis responders. In interviews for this project, Austin's EMCOT program¹⁹ shared that embedding a clinician within their call center increased communication around safety and risk assessment during triage, including increased deployment of the crisis response team. They also shared that this integration improved handoffs for telehealth conducted by the clinician. Berkeley should plan for embedding a clinician in Dispatch to support with de-escalation and determinations because it could promote safety.

Why does the clinician need to be part of planning in Phase 0 if implementation is in Phase 1?

This change represents a structural shift for Dispatch, incorporates new roles for a specialized skillset, and changes several workflows. As a result, having a clinician participate in planning in Phase 0 will support successful implementation in future phases. Additionally, given the current significant understaffing and under-resourcing of Dispatch, the clinician can augment staff capacity without Dispatch having to acquire a new, specialized skillset.

Considerations for Implementation:

- Calls that do not require an in-person response should continue to be sent to Alameda County CSS for phone support.
- Staffing structures will need to be adapted, such as determining which roles supervise the clinician and which roles the clinician supervises.
- The clinician may be able to provide training and ongoing professional development to support call takers to identify and address mental health calls.
- There may be a need for multiple clinicians depending on their role and the call volume.
- This recommendation will need to be adapted based on how recommendations #8 and #9 are implemented.

¹⁸ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

¹⁹ Read more about the EMCOT program here: <http://www.austintexas.gov/edims/pio/document.cfm?id=348966>

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

There are many considerations for realizing the full implementation of a 24/7 model including hiring personnel, establishing clear roles, and providing office space and required materials. Staffing a comprehensive model should seek to address the perceived challenges of existing crisis response systems throughout Berkeley, such as not having 24/7 availability or sufficient staff capacity.

The following recommendations are designed to leverage the lessons learned from other cities implementing non-police crisis response models and be responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored as launch and implementation progresses:



Key Recommendations

- 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 travel to alternative crisis programs for in-person observation and training.**
- 14. Prepare the SCU mobile team with training.**

Recommendation #11

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

In addition to the three-person SCU mobile team (*recommendation #3*), the 24/7 live phone line (*recommendation #9*), and the clinician in Dispatch (*recommendation #10*), the SCU will require supervisory and administrative support roles. These roles will support the day-to-day services and operations of the SCU mobile team. They also will participate in case management meetings (*recommendation #18*), rapid assessment and monitoring (*recommendation #22*), and model evaluation (*recommendation #23*).

Recommended Personnel Roles & Types of Responsibilities²⁰:

Program Manager

- Review data from implementation, lead rapid assessment process, support changes and iteration to model
- Liaise with city, Dispatch, and central leadership around implementation, rapid assessment, and coordination
- Manage contract and budget
- Manage scheduling and shifts

Clinical Supervisors

- Oversee and support SCU mobile team, provide consultation for medical and mental health services
- Plan and lead training and professional development for SCU mobile team
- Collaborate with peer specialist supervisor on how to best support SCU mobile team
- Share client and staff feedback to program manager for rapid assessment and monitoring

Peer Specialist Supervisor

- Oversee and support peer specialists on SCU mobile team with an emphasis on emotional support for peers
- Plan and lead training and professional development for SCU mobile team, with an emphasis on utilizing peer specialists and other forms of team communication and support (e.g., advocacy, equal value, communication)
- Collaborate with clinical supervisor

Call Takers / Call Center (*pending implementation of recommendations #8-10*)

- Receive calls from the 24/7 live phone line; triage calls and deploy SCU mobile team, as required
- Receive calls from Dispatch
- Transfer calls that do not require in-person services to Alameda County CSS
- Participate in case management care coordination meetings, as relevant

²⁰ Refer to **Appendix B** for the number of personnel, availability, shifts, and a sample shift structure

Considerations for Implementation

Availability or shift structure for roles:

- The program manager and peer specialist supervisor roles should be available during traditional business hours.
- The clinical supervisor role should be available 24/7 and will require redundancy in hiring.
- The call center will need to be staffed to ensure a 24/7 live phone line. If Option B is pursued (*refer to recommendation #9*), the call center should be situated within the SCU model rather than a separate CBO. This could promote morale and team identity and will increase the quality and efficiency of communication.

Office & Equipment Needs:

- The SCU model will need an office space that accommodates all personnel and their roles, such as daily huddles, desks, and equipment.²¹
- Stakeholders suggested that the SCU would benefit from developing relationships with service utilizers and their families. If these opportunities are pursued as part of the SCU's function, then office space could also accommodate service utilizer and family consultations and/or open "office hours" for relationship building.

²¹ Refer to **Appendix C** for the budget and additional office equipment needs, such as computers, phones, printers, etc.

Recommendation #12

Operate one SCU mobile team per shift for three 10-hour shifts.

In order to staff a crisis response model that operates 24/7, the SCU should staff one mobile team per shift for three 10-hour shifts. We estimate that the SCU would respond to three to six incidents per 10-hour shift, with each incident requiring 20 to 120 minutes for response and closure. This should generally be manageable by one SCU mobile team.²²

Why 10-hour shifts?

Based on feedback from those operating similar models as well as from community stakeholders, 10-hour shifts are common in residential settings and tend to work well for clinical and mental health staff. There are often labor union protections for shifts longer than 10 hours. Three 10-hour shifts would provide 24/7 coverage while allowing for some overlap before and after each shift.

Why should shifts overlap?

The SCU mobile team shifts should overlap so that the team can conclude engagement with a person in crisis before their shift ends. The next shift would be able to respond to a crisis call that comes in towards the end of the preceding team's shift. The overlap also supports team huddles for care coordination. The shift structure and overlap should include time for the required paperwork at the end of the shift so that there is not an expectation that paperwork is completed during off hours.

Will one SCU mobile team be sufficient?

This estimate is comparable to the call and incident volume reported by Denver's STAR pilot, Portland's Street Response pilot, and Eugene's CAHOOTS program. Though the city population of Denver and Portland are 5.8 and 5.3 times larger than Berkeley's population, respectively, their pilots are restricted to smaller geographic units of the city; Denver and Portland both operate only 1 mobile crisis response team per shift. Eugene's city population is 1.4 times the population of Berkeley, and Eugene operates 1 crisis team per shift, with an additional team during peak hours of 10am-12pm and 5pm-10pm.²³

Considerations for Implementation

- Staffing structure will require redundancy to allow for personnel to take vacation and sick days, and in anticipation of periodic vacancies.²⁴
- Staffing structure may need to plan for on-call or floater shifts.

²² Estimates for SCU call volume are based on analysis of call and service volume by MCT from 2015 to 2019, the Auditor's Report and analysis of Berkeley Police Department's call and service volume from 2015 to 2019, and analysis of Berkeley Fire's and Falck's transport volume and time on task from 2019 to 2021. Please refer to **Appendix D** for more specific analysis and estimates.

²³ The City of Eugene (2019-03240). <https://www.eugene-or.gov/DocumentCenter/View/56579/2019-03240-White-Bird-CAHOOTS-Services---SIGNED>

²⁴ Refer to **Appendix B** for the number of personnel, availability, and a sample shift structure.

Recommendation #13

SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

Although Berkeley's SCU model will be uniquely designed and tailored for the Berkeley community, there are many opportunities to learn from successes and challenges of other models that have implemented non-police mental health crisis response programs. For example, the Denver STAR team shared that their Dispatch team benefited greatly from traveling to Eugene, OR to observe and learn about the CAHOOTS model and plan their deployment protocols.

Options for city programs to visit:

- CAHOOTS: Eugene, OR
- STAR: Denver, CO
- EMCOT: Austin, TX

Recommended personnel to attend:

- Dispatch: Supervisor
- SCU: Clinical Supervisor and Program Manager
- Phone line staff, as relevant (refer to recommendation #9)

Potential program components to observe during site visit:

- Triage criteria and workflows
- Assessing for risk and safety
- Working with the mental health clinicians embedded in Dispatch
- Coordinating and prioritizing calls between 911 and an alternative phone number
- SCU mobile team services and team coordination
- Role clarification

Why should Dispatch and SCU staff travel to these sites together?

This training opportunity would support the collaboration between the SCU and Dispatch in planning for the phased integration. By traveling to the sites together, SCU and Dispatch will not only hear the same questions and answers but can ideate and collaborate on adaptations for the Berkeley SCU model. Finally, this is an important opportunity for relationship building between SCU staff and Dispatch, which is essential to this systems-change initiative.

Considerations for Implementation

- Travel costs will need to be included in the initial budget; estimates for consulting fees from the sites are already included.²⁵

²⁵ Refer to **Appendix C** for the estimated SCU model budget.

Recommendation #14

Prepare the SCU mobile team with training.

The SCU will require training in a set of specific skill areas to be best equipped to provide mental health crisis response. The personnel hired should already have demonstrated their specialized skill set in previous employment settings; training will therefore support the team to align on how to implement their skills. Training also supports teams to work together and with other entities effectively, such as Dispatch, which is essential in crisis response.

The SCU mobile team should be trained in the following topics:

- General de-escalation techniques
- Disarming without use of weapon
- Substance use management
- Naloxone administration
- Harm reduction theory and practice
- First aid
- Situational awareness and self-defense
- Radio communication
- Motivational interviewing
- Implicit bias, cultural competency, and racial equity
- Trauma-informed care
- Training on data collection protocols and data integrity (refer to recommendations #17 and #18)
- Compliance with confidentiality and HIPAA when interacting with Police and/or Dispatch

How long will it take to train staff?

Eugene's CAHOOTS program includes at least 40 hours of classroom training and 500 to 600 hours of field training for all new staff.²⁶ This equates to 12.5 to 15 weeks of training when calculated on a full-time basis.

What informed these suggested training topics?

These training topics were generated from a variety of alternative model program recommendations and input from Berkeley service providers and community stakeholders.

Considerations for Implementation:

- The phased approach timeline incorporates an estimate aligned to CAHOOTS' model, with room for adaptation.
- Training should be provided to all new SCU staff as they are added to the team, regardless of start date.
- Additional training topics may be identified by the SCU team.

²⁶ Beck, J., Reuland, M., & Pope L. (2020). Case Study: CAHOOTS. Vera. <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

Administration and Evaluation

There are many considerations for effectively administering and monitoring implementation of a new, 24/7 mental health crisis response model. Effective implementation includes ongoing collaboration and decision-making at both the structural and provider levels.

At a structural level, the SCU model will require cross-system coordination for implementing new processes and therefore will require leadership across the City of Berkeley and SCU to collaborate around ongoing program monitoring, data review and transparency, and system integration. At a provider level, the SCU model will require collaboration and communication to support care coordination and case management for people that have experienced crisis as well as to elevate emerging challenges and successes.

Moreover, the community can—and must—provide essential advisory capacities. The community should be actively engaged to provide input and feedback throughout the planning and implementation of the SCU, including through the SCU Steering Committee and ongoing opportunities for the general public.

The following recommendations were informed by the lessons learned from other cities implementing alternative crisis models and aim to be reflective of the perspectives shared by the project’s stakeholder participants. Each recommendation should be a starting point to promote cross-sector collaboration, adjusting to accommodate the evolution of the SCU:



Key Recommendations

- 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.**

Recommendation #15

Contract the SCU model to a CBO.

The administrative structure of crisis response systems across the country varies significantly. Some are administered by government agencies, some are run in collaboration between a government agency and CBO, and some are entirely operated by CBOs. There are several reasons why the SCU model should be contracted to a CBO, at least through Phase 2 of the phased implementation approach.

The SCU crisis response model would benefit from being contracted to a CBO for several reasons:

- **Supports a quick launch:** CBOs are often able to move more nimbly than government agencies, especially as it relates to hiring; adequately staffing the SCU mobile crisis team is a critical element in timely implementation. Given the urgent need, the ability to launch the SCU quickly and provide non-police mental health crisis response services is critical.
- **Established relationships with community members:** Stakeholders made it clear that CBOs have developed strong relationships with service utilizers accessing mental health support, homelessness resources, street medicine, and system navigation and referrals. CBOs in Berkeley have expertise in the community that can be leveraged to advance the SCU's crisis response efforts.
- **Referral networks and partnerships:** A CBO with established networks and partnerships would be well positioned to support service utilizers with referrals as well as transport to community-based resources. Additionally, these relationships can support warm handoffs at transport locations.

Considerations for Implementation

- To contract with a CBO, the City of Berkeley will have to issue a Request for Proposals (RFP). The RFP process will need to evaluate a CBO's capacity to develop and implement a model of this size on this timeline.
- The City should identify a backup plan if no qualified CBOs respond to the RFP.
- The CBO's practices should align to the values and principles of the SCU. The City may need to use contracts and MOU specifications to require:
 - Adequate and equitable wages for all SCU staff and crisis responders, especially peer specialists and peer specialist supervisors.
 - A representative and equitable hiring process that prioritizes staff who are reflective of those most marginalized and harmed by existing crisis response options and the criminal legal system.
 - Necessary data and metrics to collect and report as well as ensuring sufficient technological systems to meet these needs.
- CBOs may face challenges inherent in the contract structure, which should be evaluated and protected against as these challenges can undermine sustainability and longevity.
 - Short-term funding: only funding the SCU in one-year increments can reduce staff retention and inhibit investments in operations (*refer to Section V*).
 - Overhead costs: allocate enough funds for overhead costs (e.g., salary, training, and office equipment), which are critical to SCU success.
 - Contract monitoring: data collection, monitoring, and evaluation are essential to the success and iteration of the SCU but should not be prohibitive to the work.
- There may be additional needs or considerations around data and system integration (*refer to recommendation #16*) and the collaboration across administration and leadership if a CBO implements the SCU; these may need to be included in the contract.
- All recommendations are written with a contracted CBO in mind; additional implications may arise during planning and Phase 0.

Recommendation #16

Integrate the SCU into existing data systems.

Having access to patient data will support the SCU to provide tailored, informed, and equitable services for those experiencing mental health and substance use crises. Access to existing data systems, such as an EHR, will not only ensure that the SCU has access to relevant patient information, but also that other providers are aware when, how, and why their client might be interacting with crisis response. Finally, integrating the SCU into existing data systems will ensure aligned and consistent data collection, which is essential for the rapid assessment monitoring (*refer to recommendation #22*) and evaluation (*refer to recommendation #23*).

There are many factors outside of the purview of the SCU, HHCS, or even that City of Berkeley that affect whether data and system integration can be achieved. These factors include patient privacy and legal protections (i.e., HIPAA), technological capabilities, available funding, logistics across private and government entities, and more. As a result, this recommendation is included as an aspiration that should be planned for in future phases and may not be realized during Phase 1 of implementation.

- Bidirectional, live data feeds should be integrated between the SCU and other data sources, including but not limited to:
 - EHRs used by major medical systems and Federally Qualified Health Centers (FQHC)
 - Alameda County's Community Health Record (CHR)
 - Alameda County's YellowFin

Why does the SCU need to access service utilizers' records, such as EHRs?

Access to an EHR allows crisis responders to make informed decisions based on a service utilizer's health history. This access also enables crisis responders to communicate directly with a service utilizer's existing support team, such as psychiatrists or case managers, when providing crisis response or referring the service utilizer for follow-up care.

Is it common for crisis responders and clinicians to have access to service utilizer records?

Many other crisis response programs enable access to these sources of data. For example, the Alameda County Community Assessment and Transport Team (CATT) has access to the county's CHR. Providers at FQHCs, including programs like Lifelong's Street Medicine Team, have access to an integrated EHR. Berkeley Mental Health (BMH) is already integrated with the county's YellowFin reporting system. Other city models, such as Denver STAR, enable their crisis responders to access existing data systems.

Why should the data feeds be bidirectional?

Not only do crisis responders need to access service utilizer medical history, but the data they collect during a crisis response should be entered into the centralized data systems so that a service utilizer's existing support team has an updated and complete case history. The county's CHR has live data feeds from many providers and so the SCU's data should also have bidirectional capabilities when possible.

Considerations for Implementation

- The Berkeley City Attorney and IT have signed onto the county's CHR, and many CBOs and medical providers have also already signed onto the CHR, which could facilitate the SCU's integration into this system.
- The SCU will need access to EHRs and the CHR to participate in client case management meetings (*refer to recommendation #18*).
- SCU team members will need training and support to accurately enter data into these platforms, which is essential to data integrity.
- Legal protections for confidentiality and consent will have to be carefully assessed to determine the feasibility of this recommendation and implementation approach.
- Many health conditions can be criminalized and prosecuted. The SCU data must be separate from Dispatch and CAD data because Dispatch is situated within Berkeley Police Department. Presently, Dispatch does not have access to EHRs or the CHR, and in the future, this separation should continue.

Recommendation #17

Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal

Data collection is essential to monitoring and evaluation and spans across the SCU mobile team and supporting personnel, Dispatch and/or the alternative phone line, and central leadership. Given how many different personnel and agencies will be collecting and reviewing data, it is essential that data collection be planned for early in Phase 0 to ensure alignment, accuracy, and data integrity.

- Types of data that should be collected and published:
 - Call volume
 - Time of calls received
 - Service areas
 - Response times
 - Speed of deployment
 - Determinations and dispositions of Dispatch (including specific coding for violence, weapons, and emergency)
 - All determinations and deployed teams from Dispatch
 - Percentage of calls responded to by SCU of all calls sent to SCU
 - Type or level of service needed compared to the initial determination at the point of Dispatch
 - Service utilizer outcomes
 - Number of 5150 assessments conducted
 - Number of 5150s confirmed and involuntary holds placed
 - Number of transports conducted
 - Location of transport destinations
 - Type of referrals made
 - Priority needs of clients served (housing, mental health)
 - Number of requests for police involvement
 - Racial demographics of service utilizers
 - Other relevant characteristics of service utilizers, such as homelessness status or dementia

Note: not an exhaustive list.

- Examples of public data dashboards from alternative crisis models:
 - [Portland's Street Response data dashboards](#)
 - [NYC's B-HEARD monthly data reports](#)

How does data collection promote community safety and health?

Nationally, many emergency call centers lack consistent data collection and internal sharing and review, suggesting city administrators and leaders are unable to effectively use data to understand the scope of behavioral crisis and response in their communities.²⁷ Collecting data in a way that can be used among program administrators will be essential in supporting the success of the SCU and positive outcomes for the community. Moreover, during this project, it was impossible for RDA to conduct an “apples-to-apples” analysis between data from any of the contributing agencies (Police, Fire and Falck, MCT, Dispatch/Auditor’s Report) because the data entry practices across each agency are inconsistent. Specifically, the variables that each agency records for each call response are not the same. In instances where there were similarities in the types of variables used between agencies, the values that they each used to enter or code their data were not comparable.

Why does publishing data publicly matter?

Publishing data through Berkeley’s Open Data Portal could promote transparency around crisis response services, address community stakeholders’ distrust of the system, and keep the community informed about the SCU and the city’s crisis response services.

Considerations for Implementation

- Multiple agencies are likely to engage in data collection that contributes to the SCU model. All data variables and definitions should be aligned to ensure system integration and data integrity, including:
 - CAD data
 - Additional 911 and Dispatch data (as applicable)
 - Alternative phone number data (as applicable)
 - SCU mobile team data
 - EHR data
 - CHR data
- Personnel will need ample training on data collection, including variable definitions and data entry processes, to ensure a high degree of data integrity.
- Staff will need adequate technology to collect and report on data (*refer to recommendation #6*).

²⁷ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

Recommendation #18

Implement care coordination case management meetings for crisis service providers.

Service utilizers often receive care across multiple agencies and individual service providers, but transparency and visibility of service utilizers that move in and out of these agencies is a challenge. Regular case management coordination meetings across organizations and providers could help to address the perceived lack of coordination across different services and to improve the care coordination for service utilizers, such as those discharged from inpatient facilities.

Who should participate:

- SCU mobile team
- Service providers and case managers identified through CHR and EHRs
- Partners and those receiving referrals at CBOs
- A designated meeting coordinator (e.g., SCU program manager, city staff)

What the meetings should achieve:

- Discuss care for shared service utilizers
- Discuss needs of high service utilizers, services provided
- Discuss successes or challenges with warm handoffs and referral pathways

How is care coordination relevant to crisis response?

Care coordination supports providers in making informed decisions about the services to provide and can prevent future crisis. Throughout the project's qualitative data collection, service providers in Berkeley commonly provided the idea of care coordination meetings between the SCU and providers; they expressed that if their clients access SCU crisis services, they would benefit from collaborating with the SCU. The REACH Edmonton program also shared that meetings for frontline workers to discuss shared clients increased positive client outcomes. Finally, Berkeley's Transitional Outreach Team (TOT) shared challenges they have encountered when providing follow-up care after MCT responds to an incident, especially communicating with the many external providers that interact with a single service utilizer.

Why is there a coordinator role in these meetings? Who is that?

Based on the lessons learned from other cities implementing alternative crisis response models, such as the REACH Edmonton and Denver STAR programs, care coordination meetings will require a centralized coordinator or leader from the SCU. Frontline workers do not have the capacity to manage these meetings, which includes scheduling, note taking, preparing data, following up on items as necessary, and other duties. The care coordinator may be an administrative staff member of the SCU, such as the program manager, or a staff member from the City of Berkeley who oversees many of the relevant contracted providers (beyond the SCU).

Considerations for Implementation:

- These meetings will require a clear owner to manage meeting topics, prepare data, identify non-urgent items for follow-up, and ensure equitable power and time talking, especially for peer specialists. The SCU program manager may be best poised for this role.
- Integrated data systems that allow for sharing data and reviewing case history across providers would enhance care coordination and case management (*refer to recommendation #16*).
- There may be a benefit to call takers joining these meetings if they identify and document who is in crisis.

Recommendation #19

Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

Overall, programs benefit from ensuring there are one or more people responsible for coordinating the program at a birds-eye view. As a new mental health crisis response initiative, the SCU model will require cross-system coordination for implementing new processes, training, monitoring, and evaluation. Moreover, because these initiatives span across Dispatch and/or an alternative phone number, the SCU mobile team, and other referral entities like Fire, Police, MCT, TOT, and mental health and social service providers, a centralized coordinating body will be essential to the success of this far-reaching initiative.

Who should participate:

- Berkeley Dispatch
- Berkeley Department of Public Health
- Berkeley Mental Health (BMH)
- Berkeley Health, Housing & Community Services Department (HHCS)
- SCU Program Manager
- Berkeley Fire Department
- Berkeley Police Department
- Other relevant parties as the project evolves

What the meetings should achieve:

- Progress along the phases of implementation
- Lead the rapid assessment processes and regularly review data
- Review SCU Steering Committee feedback
- Review service utilizer and stakeholder feedback
- Prioritize issues
- Make decisions

Additional outcomes:

- Increase open communication across city agencies
- Build trust across crisis responders and city departments
- Align all partners on shared values for increasing community health and well-being

Why is the Berkeley Police Department involved in this leadership body if the SCU is a non-police response?

Because the police currently respond to all mental health calls received through 911, any decision about shifting specific call and service types from police to SCU will require BPD buy-in, communication, and planning. Moreover, Dispatch is currently situated within BPD, and therefore, BPD leadership will be required to assess and approve changes to Dispatch. For instance, to ensure that all SCU data is kept confidential and separate from police, BPD will need to support planning for CAD data to integrate with SCU in a compliant manner. Finally, police may be able to request SCU deployment, so these types of protocols will need BPD's input.

Considerations for Implementation:

- These meetings will need a clear owner to schedule meeting times, prioritize agenda topics, prepare data, identify non-urgent items for follow-up, and coordinate follow-up communication to relevant stakeholders.
- A data dashboard will support data review and rapid assessment processes.
- Some agencies may have strong bargaining presence or positional power, such as BPD. It is important that these meetings uphold equitable power and weight in making decisions.
- Throughout Phase 0 and Phase 1, this group may need to meet on a weekly basis.
- Additional stakeholders may need to be added to this group (permanently or ad hoc for specific topics), such as representatives from emergency departments, John George Psychiatric Hospital, or other city or county stakeholders.
- As the model progresses, this group may discuss opportunities to improve the mental health crisis system at a broader scale, beyond the scope of the SCU's crisis response, such as more inter-county and inter-city coordination on systemic issues related to housing.

Recommendation #20

Continue the existing SCU Steering Committee as an advisory body.

Presently, the SCU Steering Committee has representatives with ties to community groups and stakeholders. The SCU Steering Committee should continue as an advisory body to incorporate into decision-making spaces the perspectives that may otherwise be neglected in government spaces.

The SCU Steering Committee should continue to advocate for marginalized communities in the SCU model design and delivery by taking on an advisory role through Phase 0 and Phase 1 of implementation, at a minimum.

The current participants should remain, if they choose, including:

- Berkeley Community Safety Coalition
- Representatives from the Mental Health Commission
- HHCS staff
- BMH staff
- Berkeley Fire

Additional participants should be added, including:

- Relevant staff from the SCU or administrative CBO, such as the program manager or clinical supervisor
- Dispatch personnel, particularly someone in a leadership position who can both promote change and holds expertise relevant to implementation

Considerations for Implementation

- HHCS staff should maintain the role of coordinating the SCU Steering Committee, even if a contracted CBO leads the SCU, because HHCS will lead other aspects of oversight including contract management.
- Additional participants may be added to the SCU Steering Committee at different times. For example, Dispatch personnel should join earlier in Phase 0 of implementation, while SCU personnel will join once that team is fully staffed in Phase 1.

Recommendation #21

Solicit ongoing community input and feedback.

Governments often face barriers in hearing from community members that are the most structurally marginalized. However, engaging existing coalitions and networks designed to represent marginalized service users' perspectives can support more equitable engagement. Intentional outreach for these opportunities is essential because, historically, government institutions and other structures have prevented the full and meaningful engagement of Black people, Indigenous people, people of color, working class and low-income people, immigrants and undocumented people, people with disabilities, unhoused people, people who use drugs, people who are neurodivergent, LGBTQ+ people, and other structurally marginalized people. Prioritizing the engagement, participation, and recommendations of the community members most harmed by existing institutions, including those most harmed by police violence, will ensure that systems of inequity are not reproduced by a crisis response model.

Instead, community engagement can support the SCU to address structural inequities. In addition to the SCU Steering Committee, ongoing opportunities for the community to provide input to decisions as well as feedback about their experiences will be valuable to the SCU model throughout Phase I.

Suggested methods to receive community input and feedback:

- Focus groups
- Town halls or community forums
- On-site outreach
- Questionnaire
- Online feedback "box"

Modalities should ensure equitable access to participation:

- Online and in person
- Large groups, small groups, and one-on-one
- Anonymous
- Written and verbal
- Translation and interpretation

Encourage participation among:

- Service utilizers
- Community members with mental health and behavioral health needs who have not yet engaged with the SCU
- Service providers at CBOs, especially those receiving SCU transports and referrals

Address structural barriers to participation by:

- Using convenient, accessible, and geographically diverse locations
- Offering events at varying times to accommodate different schedules
- Providing financial compensation
- Providing childcare

Why is more community engagement needed if community input informed the model?

The robust community engagement that contributed significantly to the development of this model demonstrates the valuable perspective and knowledge held by community members about the types of services needed and how to make them more accessible and acceptable. Soliciting ongoing feedback once the SCU is launched will provide insight to how well the model is meeting community members' needs and where barriers to crisis care persist, servicing both quality improvement and evaluative needs.

Why should ongoing community engagement be conducted?

Community input and feedback should not be limited to the end of Phase 1 as part of a summative evaluation, but instead be ongoing to account for the changing landscape of SCU model implementation and the needs of both service utilizers and the broader community. It will also support ongoing iteration of the SCU throughout Phase 1, while planning for more complex modifications in Phase 2.

Considerations for Implementation

- The opportunities for community input and feedback should be held regularly, such as monthly, or quarterly.
- Frequent service utilizers, perhaps identified during the SCU's first three months of implementation, could be the primary recruitment base for feedback.
- Address barriers to equitable participation in feedback, such as by providing childcare, transportation vouchers, or financial compensation for time.
- Community feedback should be evaluated as essential data points that directly inform the rapid assessment processes (*refer to recommendation #22*).

Recommendation #22

Adopt a rapid monitoring, assessment, and learning process.

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact to inform ongoing quality improvement efforts. Data collection, data system integration, centralized coordination across city leadership, the SCU Steering Committee, and ongoing input and feedback from community members and service utilizers (*recommendations #16, #17, #19, #20, and #21*) should all contribute to the monitoring that supports ongoing implementation, assessment, and iteration.

A rapid assessment process will likely need to:

- Develop a shared vision for the SCU model.
- Develop goals for the SCU model.
- Create assessment questions to guide the monitoring and learning process.*
- Define indicators or measures.
- Use a mixed-methods approach, including quantitative programmatic data and feedback from service utilizers, staff, and other stakeholders.

All model components will benefit from assessment, including:

- Availability of the team, accessibility of Dispatch and/or alternative phone line, response time
- Services provided, expertise of mobile team, training
- Equipment, vehicles, and supplies
- Transport, service linkages and handoffs, partnerships with CBOs
- Case management meetings and centralized leadership coordination
- Data collection, data integration, data integrity, and data transparency
- Public awareness campaign

Consider using the Results-Based Accountability (RBA) framework²⁸ to assess SCU performance aligned to:

- Quantity of SCU services
- Quality of SCU services
- The impact or outcome of SCU services

*From the shared vision, create assessment questions to use throughout the duration of Phase 1, such as:

- Is there a need to scale and increase services?
- Are resources being used efficiently in the pilot? Will they be used efficiently with an increase in services?
- How effective is the current approach? Will it be effective with an increase in services?
- Is the current approach appropriately tailored to the Berkeley community? Is it appropriate for the Berkeley community?

²⁸ The City of Berkeley is using RBA for performance monitoring efforts and therefore may benefit from using RBA for the SCU model too.

Figure 4: Rapid Monitoring, Assessment, and Learning Process

A rapid monitoring, assessment, and learning process can happen in multiple venues. Some questions may be assessed on a quarterly basis, while others can happen on a monthly or weekly basis.

Considerations for Implementation:

- The rapid assessment process will need to establish clear roles for leading the meetings and decision-making, especially between the SCU program manager and central coordinating leadership.
- The rapid assessment process will benefit from clear timelines and processes for reviewing data, discussing changes and adaptations, and sharing findings across relevant stakeholders.
- The rapid assessment process may have multiple processes or venues based on specific data points or meeting frequencies. Clarify who should be attending, such as Dispatch, the alternative phone number (if applicable), the SCU mobile team, HHCS leadership, and others.

Recommendation #23

Conduct a formal annual evaluation.

Several components of the SCU – including the model’s services, the SCU mobile team’s training, the deployment determinations of Dispatch and/or the alternative phone line, and impacts and outcomes for service utilizers – offer potential for demonstrating the success of the model through formal evaluation. The evaluation should measure whether the SCU model is progressing towards the intended outcomes, as well as suggest opportunities for modifications and expansion. Design of a formal, annual evaluation is best done early in program planning.

Evaluation may define:

- A Theory of Change or Logic Model
- Short-term and medium-term goals

Evaluation could measure:

- Fiscal analysis, especially evaluation of progress towards the City’s aim of reducing BPD’s budget by 50%
- Systems change effectiveness, including evaluation of progress towards City’s goal of reducing the footprint of BPD to criminal and imminent threats
- Program efficacy/effectiveness, quality of service
- Service utilizer outcomes
- Ongoing barriers and challenges that Phase 2 can address
- Effectiveness of public awareness campaign, whether community members know about it
- Impacts aligned to a Racial Equity Impact Assessment²⁹

Evaluation should include:

- Qualitative and quantitative data
- Perspectives from SCU personnel
- Perspectives from service utilizers
- Perspectives from adjacent organizations, staff, and SCU Steering Committee

How is the proposed evaluation different than rapid monitoring?

Evaluation and rapid monitoring, or quality improvement, are complementary and should inform each other. Rapid monitoring is intended for more immediate quality improvement and occurs on more frequent cycles to guide iterative implementation of specific model elements. Evaluation asks broader questions from a greater degree of distance to guide adjustments to the model that will support ongoing effectiveness and sustainability. Staff are typically central to rapid monitoring to facilitate ongoing improvements, but an evaluation is generally conducted by an outside team that has some distance from day-to-day operations.

Considerations for Implementation

- If the City of Berkeley intends to contract out the evaluation, then the RFP and contracting process should be initiated early in Phase 0 to allow for adequate planning.

²⁹ To learn more about Racial Equity Impact Assessments, visit:

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Promoting Public Awareness

Promoting public awareness of the SCU and its aims will be essential to the SCU's success. Public education efforts should be advanced through a variety of methods, including a far-reaching campaign and targeted outreach. These efforts should emphasize that the SCU is a non-police crisis response service and promote how to access the SCU (i.e., which phone number to call). Overall, promoting public awareness is essential to building trust and addressing fears or reluctance that might inhibit people to call for support during a mental health or substance use crisis.

Promoting awareness and establishing relationships with other providers in the response network is also important, especially staff at emergency facilities who may interact with the SCU during the transport of a person who has experienced a mental health or substance use crisis. This type of relationship-building and education can streamline processes to promote positive outcomes for people in crisis.

The following recommendations should be adapted and implemented to advance public education and awareness about the SCU model:



Key Recommendations

- 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.**

Recommendation #24

Launch a public awareness campaign to promote community awareness and education about the SCU.

For the community to be able to call for an SCU response, they must know that it exists. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option. For these reasons, promoting public awareness of the SCU and its aims will be essential to the SCU's success.

Aims of the campaign:

- Emphasize the SCU as a non-police mental health and crisis response option
- Distinguish the roles and responses of SCU, MCT, and police
- Promote how to access the SCU (i.e., through 911, an alternative number, or 988)
- Describe when SCU will not respond (e.g., social monitoring, weapons) and when it will (e.g., types of services).
- Emphasize the community engagement that informed the model
- Share the availability of Berkeley Open Data
- Promote opportunities for ongoing stakeholder input and feedback

Why is it important to launch a public awareness campaign?

To inform the community of this new resource and to distinguish the SCU as a non-police response. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option.

How do other cities promote their crisis response model?

Other cities provided examples of promoting awareness outside of mass media. For example, Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) who perform direct outreach to communities and work to explain the team's services and ultimately increase trust with potential service utilizers.

Considerations for Implementation

- The methods of the campaign may need to be tailored to the targeted stakeholder groups and may include:
 - Mass media, billboards, advertisements on public transportation, radio announcements, local newspaper announcements, updates to the city's social media and websites, updates to service providers' and CBOs' social media.
 - Business cards with contact information for potential service utilizers.
 - "Meet-and-greets" that the SCU mobile team hosts with service providers at CBOs and emergency facilities.
- The public awareness campaign may have multiple phases, such as first promoting awareness of the SCU and how to access it, and then promoting opportunities for stakeholder feedback.

Recommendation #25

The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

In addition to a public awareness campaign that promotes the SCU as a community resource, shares how to access the SCU, and emphasizes the non-police design, many service utilizers may still be reluctant to engage with a new entity. As a result, to most equitably meet the needs of potential service utilizers and especially substance users, the SCU may need to conduct in-person outreach. This outreach should be targeted to specific groups who are most likely to call the SCU with the aim of establishing trusting relationships and sharing more about their harm reduction approaches.

Targeted sites for relationship building with potential service utilizers:

- Encampments
- Safe parking RV lots
- Drop-in centers
- Downtown Berkeley
- People's Park
- Emergency department waiting rooms

Why might service utilizers be reluctant to engage in services with the SCU?

Many community members have personally experienced the criminalization of substance use and mental health emergencies, whether through their own experiences or having witnessed the experiences of family, friends, or community members. Such carceral approaches include involuntary psychiatrist holds and unnecessary transport to hospitals. In particular, unsheltered residents and substance users may be more distrustful of a new team and be less likely to call during a crisis. In interviews, unsheltered residents shared that not all of their substance use management are being adequately addressed by current crisis responders and they experience high rates of transport to emergency departments. Many also shared that they fear police retaliation for their substance use. In general, there are several reasons why community members may be hesitant about engaging crisis responders, which could be addressed by individual, relational outreach.

Why would relationship building improve utilization of the SCU?

Despite many service utilizers reporting overall distrust of first responders, they also shared that EMTs have developed trusting relationships and strong rapport for handling overdoses. Because of this relationship, service utilizers are more willing to call for an EMT to respond to an overdose. Similarly, having strong relationships built on trust will be key to the success of the SCU.

Considerations for Implementation

- If there are periods of low call volume, the SCU may use those times as opportunities to build relationships in communities of potential service utilizers and proactively provide services.
- This outreach may also be implemented based on data and findings or in preparation for Phase 2 expansion and changes.



System-Level Recommendations

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systems-change initiative of great magnitude. There are several critical factors that must be attended to in order to realize the full implementation of the SCU and to progress towards its intended outcomes.

Addressing the Needs of Dispatch

There is an urgent need for a 24/7 mental health and substance use crisis response model that does not rely on law enforcement to provide specialized mental health care. To provide this service, crisis responders must be connected to those in crisis. Thus, the role of Dispatch is essential.

Dispatch needs a full assessment and planning process to address the complexity of the 911 response system. This assessment and planning, though urgent, cannot be done hastily. The SCU will benefit if Dispatch is able to:

- Address the understaffing, under-resourcing, and identified training needs of call takers.
- Plan for a sustainable integration.
- Plan for a variety of scenarios to ensure crisis responder and community safety.
- Participate in the SCU phased-implementation approach and ongoing collaboration with SCU leadership.
- Establish trusting relationships and rapport with the SCU so that call takers are confident in deploying the SCU for scenarios they previously would have deployed MCT or Police.

A Sufficient Investment of Resources

A lack of sufficient resources is not only a challenge for Dispatch, but is a common challenge expressed by service providers in Berkeley and in other locales. Within the City of Berkeley, both TOT and MCT have challenges meeting the needs of community members because their hours of operation are limited, and they do not have enough staffing and resources to provide 24/7 services. This results in the perception of slow or delayed response times and can decrease the likelihood that callers continue to seek that service. Efforts in other cities, such as the Mental Health First and MACRO initiatives in Oakland and the Street Crisis Response Team in San Francisco, have also had to restrict their hours of availability and services due to a lack of sufficient funding.

Mental health crisis response could be essential in promoting health equity in the City of Berkeley. However, if it is not sufficiently resourced to provide 24/7 crisis response without long wait times, it will not achieve trust, and will become utilized less often and will therefore not achieve the desired systems-change results. This resourcing includes not only the SCU mobile crisis team, but the entirety of the model and related infrastructure, from the call center to program manager. Sufficient resourcing also includes dedicated time by city leadership to support coordination, collaboration, and problem-solving.

The Role of Trust

Trust was one of the most discussed factors across stakeholder engagement and will be a critical ingredient to the success of this system-wide change initiative. The public awareness campaign and all Phase 0 planning processes must address the concerns and doubts that could undermine trust across community stakeholders, the service provider network, and city leadership.

Trust will shape whether community members utilize the SCU. Community members must trust that the SCU:

- Is a non-police crisis response.
- Is accessible and available 24/7.
- Is responsive to emerging needs and ongoing community input and feedback.
- Provides competent harm reduction and non-carceral approaches to mental health and substance use crisis intervention.

Trusting relationships affect the quality of referrals, warm handoffs, and service linkages across the service provider network. Service providers emphasized that trust plays a role in:

- Whether they will refer a client to another provider.
- The amount and type of information they disclose about a shared client.
- Whether systems will choose to share and integrate data.

- The quality of collaboration and communication during warm handoffs, care coordination, or at client discharge.

Trusting relationships are essential to centralized coordination and collaboration among city leadership.

The SCU model will require a variety of agencies and departments to work together in new ways and toward new ends. Other cities implementing alternative crisis models shared that trust was enhanced across leadership by:

- Aligning on shared values and commitment to improving health outcomes for people in crisis.
- Recognizing and adapting to the varied cultures of city departments, agencies, and CBOs.
- Ensuring decision-making power is allocated in alignment with the aims of the crisis model, such as ensuring that law enforcement does not have an unaligned or inequitable of voice or power in making decisions.
- Reviewing data to promote accountability and celebrate successful outcomes.
- Planning for sufficient time to prepare and participate in collaboration.



Conclusion: Next Steps & Future Considerations

This report presents recommendations for a model that is responsive to community needs. Still, there were numerous questions, issues, needs, and considerations that surfaced that were beyond the scope of the project. Decisions around those factors could significantly shape the types of services the SCU provides as well as how it is coordinated and administered across agencies. Such considerations are pertinent to the future of the SCU, crisis response, and the mental health service system in Berkeley, and therefore should continue to be discussed by city leadership and those implementing the SCU.

Long-Term Sustainable Funding

The SCU model requires long-term sustainable funding. A sound fiscal strategy must recognize the robustness of costs associated with the SCU and plan for institutionalizing and sustaining those costs. There are a number of potential funding sources for the SCU model, including Medi-Cal reimbursement, Medi-Cal opportunities through CalAIM, and DHCS grants. However, these funding streams are unlikely to sustain a crisis response model on their own. Other funding and resources may need to be braided into the SCU to effectively implement this model.

While braiding allows for maximizing funding resources, it also requires clear and separate tracking of services based on funding sources and requirements. With multiple funding streams, the target populations, reporting requirements, eligibility criteria, and performance measures can vary greatly. A braided funding model, therefore, requires knowledgeable administrators as well as dedicated time to manage. This can be especially resource-intensive for a CBO implementing the SCU. The SCU model will need to be very clear about the funding requirements and develop an appropriate system for ongoing tracking and reporting.

Different financing mechanisms provide varying levels of sustainability and predictability, considerations which should inform the development of a fiscal strategy for the SCU model. Unfortunately, these recommendations may not be fully realized if there is not a long-term sustainable fiscal strategy. Modifications to the SCU model could negatively impact the quality of service delivery or lessen the population impact.

Across the country, some cities have used a sales tax to fund their alternative crisis response models while others have redirected funds away from police departments. Rather than identifying new or short-term grant awards, a primary consideration for the City of Berkeley should be to look to dollars that can be reinvested from the Berkeley Police Department, in alignment with the Reimagining Public Safety initiative, to develop a sustainable and comprehensive SCU model.

Continue Planning for 24/7 Live Phone Access to the SCU

Significant planning will be required to fully realize the 24/7 live phone access to the SCU (*refer to recommendations #8, 9, and 10*). Reaching out to existing call centers—such as Alameda County CSS—or to other cities implementing similar crisis models could support the development of the phone access to the SCU. Additional planning is needed to determine, at a minimum:

- Equipment and technology needs
- Staffing requirements for the estimated call volume
- Recruitment, hiring, and training
- Workflow and protocol development
- Cost and funding availability

The Location of 911 Dispatch Within the Berkeley Police Department

The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers' ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. Structural changes like this may also align to several of the Reimagining Public Safety initiative's aims. This consideration can be explored as part of the assessment and planning processes of the phased implementation approach.

Preventing Social Monitoring: Clarifying the SCU's Guiding Principles

The SCU model is designed to ensure that mental health specialists respond to people experiencing mental health crises. However, there is significant and justified concern that the SCU could be co-opted to support the social monitoring and enforcement of unsheltered residents. Clarifying the SCU's guiding principles could support in reifying the intentions of the model to ensure that all practices are aligned with those principles.

There are several elements within the model design where data, ongoing conversation, and service utilizer feedback can ensure that the SCU lives out its intention. One such example is whether and how the SCU would be deployed with the police and/or how the SCU is distinguished from MCT. For example, if a caller reports an unsheltered neighbor is residing on their sidewalk or driveway, this may not qualify for an SCU response. However, if that call is deployed to the police, then the response effectively criminalizes unsheltered Berkeley residents. Such scenarios should be explored as the SCU model is implemented, refined, and expanded.

Address the Full Spectrum of Mental Health and Substance Use Crisis Needs

Mental health and substance use crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone who needs regular support to address their basic needs, or someone who is generally able to manage their needs but needs occasional support to prevent a future crisis.

Throughout this project, many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuances and spectrum of mental health crises:

- Some forms of crisis are readily visible while others are not.
- Some forms of neurodivergence are reported as a mental illness or crisis, but they are not.
- Some forms of crisis occur because the person is unable to access services to meet their needs.
- Some forms of emergency service utilization stem from ongoing unmet basic needs such as food and affordable housing.

Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to not only support crisis intervention but also prevention, diversion, and follow-up. The following two considerations should be further explored because they may support the SCU model. Both considerations represent a form of

reimagined public safety and may be realized with additional resources, such as funds divested from Berkeley Police Department:

Expand the SCU Model to Include a Follow-up Care and Coordination Team

There will likely be a need for a team to receive referrals from the SCU mobile team and connect with service utilizers for follow-up care. Follow-up care could include referrals, system navigation, and case management support. This team may also need to conduct outreach to make contact with service utilizers and address barriers to care as needed. For example, some service utilizers may be unable to follow through with a referral if they do not have reliable access to transportation or experience challenges maintaining scheduled appointments. This team could potentially be funded by the 988 funding allocated to dedicated follow-up teams deployed from 988 crisis call centers.³⁰

There are many lessons that should be learned from the existing Transitional Outreach Team (TOT), such as challenges they face with adequate staffing and funding or constraints and limitations with who they can serve. Any initiatives around follow-up care should augment rather than duplicate the TOT.

Increase the Number of Sites for Non-emergency Care for Berkeley Residents

Throughout this project, stakeholder participants emphasized the need for sites for non-emergency care, such as drop-in centers, day centers, sobering sites, and respite centers. These services are important for harm reduction and crisis prevention, and as such would support the outcomes of the SCU model. There may be opportunities in Phase 0 or Phase 1 to reserve beds at a shelter or similar care facility as a temporary measure, ensuring persons in crisis have access to these beds after engaging with the SCU. However, increasing the overall number of sites for non-emergency care would require a longer-term investment

³⁰ Santos, M (2021). New suicide prevention hotline aims to divert callers from police. *Crosscut*. <https://crosscut.com/politics/2021/07/new-suicide-prevention-hotline-aims-divert-callers-police>



Appendix



Appendix A: Launch Timeline & Phased Implementation Approach

Phase 0 – Launch Timeline

Nov 2021 – May 2022

System-Level: Planning, Launch, Implementation

	HHCS	Steering Committee	Dispatch	Contracted CBO
	X	X		
	X			
Dec			X	
	X		X	
Jan	X	X	X	
	X			
Feb	X			
	X			
Mar	X	X		
	X	X		
	X		X	X
Apr	X			
				X
May	X		X	
	X	X	X	X
June - Aug				

Phased Implementation Approach

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
SCU Mobile Team Recommendations						
1 The SCU should respond to mental health crises and substance use emergencies without a police co-response	Clarify specific factors and codes for all suggested SCU call types Develop triage criteria and workflows across all SCU call-types and services. Coordinate with other entities (BPD, MCT, UCPD) for differentiation and/or collaboration.	SCU mobile team goes live, providing services		Consider additional types of calls for service that they can respond to where armed police officers are not needed or aligned to a reimagined definition of public safety, such as: - Completing documentation while providing crisis services where a traditional "police report" is needed, such as in cases of sexual assault, sexual harassment, and rape - Petty theft - Nonviolent conflicts, such as neighbor disputes or youth behavioral issues - Minor assaults, with no weapons present - Proactive support at events that may trigger a crisis (e.g., during an encampment sweep)	Integrate other SCU model elements (e.g., follow-up care team [Report Section V])	
2 The SCU should operate 24/7						
3 Staff a 3-person SCU mobile team to respond to mental health and substance use emergencies						
4 Equip the SCU Mobile Team with vans	Procure vans					
5 The SCU Mobile Team should provide transport to a variety of locations	Introduce SCU to emergency facility staff at all transport destinations					
6 Equip the SCU mobile team with supplies to meet the array of clients' needs	Procure supplies					
7 Clearly distinguish the SCU from MCT	Develop clear roles and parameters for SCU and MCT teams by collaborating across Dispatch, the SCU Steering Committee, the current MCT team, and other relevant leadership <i>Note: These decisions are essential for developing triage criteria and workflows and for communicating to the general public in a public awareness campaign.</i>		Evaluate the role of MCT and the efficacy of having both teams. Make recommendations for Phase 2, such as changes to each team's scope or processes.	Communicate to general public and relevant service providers about changes relevant to the distinguished roles of MCT and SCU		

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Accessing the SCU Crisis Response					
8 Participate in the Dispatch assessment and planning process to prepare for future integration	<p>Decide the most effective method for 24/7, live phone access to the SCU (Option A, B, C)</p> <p>Dispatch makes investments in staffing and technologies, as needed</p> <p>SCU model discusses with Dispatch the necessary data (variables, definitions, timelines, privacy, etc.) to be collected during each Phase of implementation</p> <p>Dispatch begins planning for changes to CAD or other data systems</p>	<p>Dispatch makes investments in staffing and technologies, as needed</p> <p><i>Dispatch implements Phase 1 protocols, as determined by Phase 0 planning (Option A, B, C)</i></p>	<p>Implement new triage criteria and workflows</p>		
9 Ensure the community has a 24/7 live phone line to access the SCU	<p>Implement and adapt 24/7, live phone line access to SCU (Option A, B, C)</p> <p>Adapt protocols for other Berkeley crisis responders (Fire, EMS/Falck, MCT, Police) to request SCU support through the alternative phone number</p> <p>Dispatch and HHCS/SCU identify opportunities for Phase 1 implementation (based on Option A, B, C), such as: - Phase 1 call types for SCU deployment OR preliminary calls that Dispatch will transfer to the alternative phone line in early Phase 1 (e.g., welfare checks) - Dispatch supports alternative phone line to develop aligned triage criteria and workflows to support future integration</p>	<p><i>If Option B or C: Plan for how calls will be triaged and prioritized from the two separate sources (alternative number and 911) in deploying the SCU mobile teams in Phase 2</i></p>	<p>Determine if the SCU should respond to crises by sight ("proactive" deployment and intervention)</p> <p>Determine if the SCU should self-deploy by listening to the police radio (based on other models: Eugene's CAHOOTS, Denver's STAR, and San Francisco's Street Crisis Response Team)</p>	<p><i>If Option B or C: Integrate SCU into 911</i></p>	
10 Plan for embedding a mental health or behavioral health clinician(s) into Dispatch to support triage and SCU deployment	<p>Dispatch hires one clinician to support the Dispatch assessment process and to support triage criteria and workflow development for calls routed to SCU</p> <p>Clinician attends trainings and site observations with Dispatch and SCU</p> <p>Clinician(s) supports planning for triage criteria, call-types, etc. (as relevant: Option A, B, C may affect timing of this)</p> <p><i>If Option A: Dispatch prepares for fully embedding clinician(s), including clarifying their roles and supervision structure</i></p> <p><i>If Option B or C: implement this in Phase 2</i></p>	<p>Clinician(s) support Dispatch based on the assessment findings and next steps, such as: - supervises call-takers triaging mental health crisis calls - provides trainings to call-takers based on 2019 Auditor's Report and ongoing assessment</p>			<p>Assess whether clinician(s) can provide services beyond SCU deployment, including basic telemedicine and psychiatric screenings or psychiatric crisis assessment</p>

Phased Implementation Approach

	Phase 0 Nov 2021 - Aug 2022	Phase 1		Phase 2 Feb 2024+	Future, Beyond Phase 2
		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024		
Implement a Comprehensive, 24/7 Mental Health Crisis Response Model					
Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support roles for SCU					
11					
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	<p>incorporate into training itineraries to allow for these periods of travel and training. <i>Note: City of Berkeley and/or the contracted CBO may need to reach out to the other cities and programs to solidify travel and training plans prior to the hiring of any individual personnel.</i></p> <p>Allot time after the site visit(s) for debriefing, reflecting on lessons learned, and discussing how to integrate key takeaways into the SCU model.</p> <p>Include in debrief and planning conversations personnel that traveled for site observations, HHCS staff, additional Dispatch leadership, and Steering Committee members as needed.</p>				
14 Prepare the SCU mobile team with training, informed by community needs		Plan the training schedule based on community needs, ongoing assessment and planning, and prerequisite skills and experiences of hired personnel			

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Administration and Evaluation						
15 Contract the SCU Model to a CBO				Extend contract and provide funding for Phase 2, as applicable		Determine if the SCU can be administered through the City of Berkeley, elevating it to the status of Police and Fire as an essential citywide emergency service and ensuring long-term sustainability
16 Integrate SCU into existing data systems	Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Evaluate implications for Recommendation 18 (care coordination case management meetings) based on feasibility and adaptations from this recommendation (Recommendation 16) Maintain and strengthen data privacy before SCU is integrated with Dispatch (given that Dispatch is situated within Berkeley Police and that many health conditions can be criminalized and prosecuted)		Continue: Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Coordinate with Alameda County Care Connect to plan for bi-directional data feeds with the Community Health Record (CHR) Plan for access to EHRs and other relevant data systems			
17 Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal	Coordinate with City of Berkeley to add new data to Portal Plan for how regularly data will be refreshed/updated on Portal	Publish data regularly				
18 Implement care coordination case management meetings for crisis service providers	Involve all relevant agencies in planning to define, align, and adjust data definitions, variables, and collection practices. (e.g., 911-Dispatch, MCT, BPD, BFD, Falck, HHCS, SCU, etc.) Engage potential participants to plan for Phase 1 implementation of care coordination case management meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement care coordination meetings				
19 Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response	Engage potential participants to plan for Phase 1 implementation of centralized coordination and leadership meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement centralized coordination and leadership meetings				

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
<i>Administration and Evaluation (continued)</i>					
20 Continue the existing SCU Steering Committee as an advisory body	Identify additional Steering Committee members Invite and engage new members Adapt processes, group norms and agreements, and/or meeting schedules, as relevant Decide on methods and intervals for collecting community input and feedback during Phase 1	Hold regular meetings of SCU Steering Committee; incorporate decision-making processes across other Recommendations			
21 Solicit ongoing community input and feedback	Develop a plan to communicate the opportunities for community and feedback; incorporate into public awareness campaign	Solicit ongoing community input and feedback; incorporate decision-making processes across other Recommendations			
22 Adopt a rapid monitoring, assessment, and learning process	Plan for the evaluation and rapid assessment processes to use overlapping data and be mutually-supportive and streamlined Plan for all data definitions and collection processes to be aligned across rapid assessment and evaluation aims.	Ensure that the evaluation findings are available for the latter six-months of Phase 1 to support planning for Phase 2	Review evaluation findings Plan for Phase 2		
23 Conduct a formal, annual evaluation	Plan for public awareness campaign, including targeted modalities, targeted audiences, and/or phased timing Launch public awareness campaign	Continue public awareness campaign, as necessary			
24 Launch a public awareness campaign to promote community awareness and education about the SCU	Conduct targeted outreach and establish trusting relationships between SCU and community members, promoting utilization of SCU	Continue targeted outreach and build relationships as necessary			
25 The SCU mobile team should conduct outreach and build relationships with potential service utilizers					

Appendix B: Sample Shift Structure & Redundancy Needs

Model Component	Phase	Staffing Needs	Shift Type	M	T	W	Th	F	Sa	Su	No. of shifts (week 1)	No. of shifts (week 2)	No. of staff per unit	No. of units	No. of FTE needed	Notes	
SCU	Phase 1	Shift 1	10-hour shift	mobile unit A	mobile unit A	mobile unit A	mobile unit B	mobile unit E	mobile unit E	mobile unit E	mobile unit a	3	4	3	6	18	Assumes one mobile unit per shift
		Shift 2	10-hour shift	mobile unit B	mobile unit B	mobile unit B	mobile unit C	mobile unit F	mobile unit F	mobile unit F	mobile unit b	4	3	3			Assumes a three-person mobile unit
		Shift 3	10-hour shift	mobile unit C	mobile unit C	mobile unit C	mobile unit D	mobile unit D	mobile unit D	mobile unit D	mobile unit c	4	3	3			Six clinicians, six peers, six therapists
											mobile unit d	4	3	3			
											mobile unit e	3	4	3			
											mobile unit f	3	4	3			
SCU	Phase 1	Shift 1	10-hour shift	clinical supervisor A	clinical supervisor A	clinical supervisor A	clinical supervisor B	clinical supervisor E	clinical supervisor E	clinical supervisor E	clinical supervisor A	3	4	1	6	6	
		Shift 2	10-hour shift	clinical supervisor B	clinical supervisor B	clinical supervisor B	clinical supervisor C	clinical supervisor F	clinical supervisor F	clinical supervisor F	clinical supervisor B	4	3	1			
		Shift 3	10-hour shift	clinical supervisor C	clinical supervisor C	clinical supervisor C	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor C	4	3	1			
											clinical supervisor D	4	3	1			
											clinical supervisor E	3	4	1			
											clinical supervisor F	3	4	1			

SCU	Phase 1	shift busines	8-hour shift	progra m manag er	progra m manag er	progra m manag er	progra m manag er	progra m manag er	-	-	progra m manag er	5	n/a	1	1	1	Assumes mobile unit peers are supervised by clinical supervisor during shift; this specialist is for other professional supports for Peer Specialists
		shift busines	8-hour shift	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	-	-	peer supervi sor	5	n/a	1	1	1	
Alternati ve Phone Line	Phase 1	Shift 1	12-hour shift	call team A	call team A	call team A	call team B	call team D	call team D	call team D	call team a	3	4	2	4	8	Assumes two call receptionists per shift
		Shift 2	12-hour shift	call team B	call team B	call team B	call team C	call team C	call team C	call team C	call team b	4	3	2			
											call team c	4	3	2			
											call team d	3	3	2			
Dispatch	Phase 0	shift busines	8-hour shift	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	-	-	BH/MH triage clinicia n	5	n/a	1	1	1	
	Phase 1	Shift 1	12-hour shift	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n A	4	3	1	4		Assumes one clinician per dispatch shift

	Shift 2	12-hour shift	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n D	BH/MH triage clinic n D	BH/MH triage clinic n D	BH/MH triage clinic n B	4	3	1				
										BH/MH triage clinic n C	3	4	1				
										BH/MH triage clinic n D	3	4	1				

Appendix C: Budget

Salaries, wages, benefits	FTE	Salary	Cost/Year	Notes	Source
BH Licensed Clinician / Psych-NP	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Mental Health Peer Specialist	6	\$ 77,500.00	\$ 465,000.00	JobsEQ "Health Education Specialists"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
BH Licensed Therapist / LCSW	6	\$ 85,800.00	\$ 514,800.00	JobsEQ "Mental Health and Substance Abuse Social Worker"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Clinical Supervisor	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"; unable to find accurate salaries for a supervisory position	
Peer Specialist Supervisor	1	\$ 85,800.00	\$ 85,800.00	unable to find accurate salary range; using LCSW range	
Program Manager	1	\$ 105,000.00	\$ 105,000.00		
Phase 0 Dispatch MH/BH Clinician	1	\$ 105,782.00	\$ 105,782.00	"SUPERV PUBLIC SFTY DISP"	https://www.cityofberkeley.info/uploadedFiles/Human_Resources/Level_3_-_General/ClassificationAndSalaryListingByTitle.pdf
Subtotal			\$ 3,412,382.00	Total FTE Salary	
Subtotal			\$ 853,095.50	Fringe Benefits, 25%	
Total Salary + Benefits			\$ 4,265,477.50		
Ongoing materials and services			Cost/Year	Notes	
Evaluation			\$ 185,000.00	Used cost of RDA feasibility study as estimate	
Vehicle maintenance	4	\$ 20,000.00	\$ 80,000.00	Estimate provided by Berkeley Fire	
Advertisement & PR	12	\$ 2,000.00	\$ 24,000.00	Includes community education workshops, advertising, outreach and engagement	
Small equipment & supplies	1200	\$ 20.00	\$ 24,000.00	Wound care, hygiene, harm reduction, meals, transportation vouchers,	

				clothing, blankets, etc. Based on SF SCRT data, assumes 100 contacts with clients per month, \$20 per client contact; SF SCRT budgeted 10k and said they needed more	
Office supplies and postage	12	\$ 200.00	\$ 2,400.00		
Communications	12	\$ 600.00	\$ 7,200.00		
Printing and copying	12	\$ 100.00	\$ 1,200.00		
Travel and transportation	12	\$ 100.00	\$ 1,200.00	Local travel for care coordination & meetings	
Training and meetings	12	\$ 1,000.00	\$ 12,000.00	Equity, team dynamics, and other ongoing training	
Licenses/fees/subscriptions	12	\$ 50.00	\$ 600.00		
Insurance			\$ -		
Contract services			\$ -		
Legal services			\$ -		
Audit and consulting			\$ -		
Utilities			\$ -		
Facilities			\$ -		
Subtotal			\$ 337,600.00	ongoing materials and services	
Subtotal: Personnel and non-personnel recurring subtotal			\$ 4,603,077.50		
Administrative overhead			\$ 276,184.65	6% for all recurring costs	
Total recurring cost			\$ 4,879,262.15		
One time cost			Cost/Year	Notes	
Vehicle	5	\$ 60,000.00	\$ 300,000.00	Assume 60k per van with wheelchair capacity	
Recruitment	27	\$ 4,000.00	\$ 108,000.00	Median national average of recruiting new employee	

Training (SCU staff and Dispatch)			\$ 75,000.00	Assume training for all Dispatch, BPD, Fire, MCT, & SCU staff; both program onboarding and emerging best practices related to crisis response
Technology (computers, phones, etc.)			\$ 25,000.00	Laptop/tablets, cell phones for all staff, MiFi, portable chargers
Rapid assessment			\$ 40,000.00	Evaluation planning meetings, data request development, community-input meetings
Community outreach and education (including materials development)			\$ 25,000.00	Curriculum development, materials, advertisement, outreach (SF SCRT hired consultant to do this work)
Subtotal			\$ 573,000.00	
Administrative overhead			\$ 34,380.00	6% for all one-time costs
Total one-time cost			\$ 607,380.00	
Recommendations			Cost/Year	Notes
Signing bonus	7	\$ 5,000.00	\$ 35,000.00	Signing bonus recommended for licensed clinical staff
Technical Assistance			\$ 15,000.00	Consultation from existing similar alternative models
Total additional recommendations			\$ 50,000.00	
Total cost with recommendations			\$ 5,536,642.15	Estimated cost for program and recommendations

Appendix D: Anticipated Incident Volume

		Potential Daily Incidents for SCU (Average)	Potential Incidents per shift for SCU (Average)
Average daily BMH-Crisis incidents (FY15-19) <i>MCT, TOT, CAT</i>	10.73 incidents	19.82	6.61
Average daily BPD MH Incidents (FY14-20)	28.91 incidents		
Average time on task for transports BFD & Falck	101.48 minutes		

	Denver ³¹ 6 months, 1 team, not citywide, not 24/7	Portland ³² 6 months, 1 team, not citywide, not 24/7	CAHOOTS ³³ Annual, 1-2 teams, 24/7
Average incidents per shift	5.75	3	(Per hour) 1.81
% incidents that resulted in a transport	14.30%	6.27%	23.38%
% transports that were to the hospital	16.82%	58.33%	
Average minutes on task	24.65	19.33	
Reduction of BPD calls	2.75%	4.60%	5-8%

³¹ STAR Program Evaluation (2021, January 08). https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

³² City of Portland

Bureau of Fire and Rescue (2021, October). Portland street response: Six-month evaluation. <https://www.portland.gov/sites/default/files/2021/psu-portland-street-response-six-month-evaluation-final.pdf>

³³ Eugene Police Department Crim Analysis Unit (2020, August 21). CAHOOTS program analysis. <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>

Reimagining Public Safety in Berkeley:



FINAL REPORT AND IMPLEMENTATION PLAN



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INTRODUCTION

On July 14, 2020, the Berkeley City Council (Council) made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directives known as The George Floyd Community Safety Act. Central to the proposal was a commitment to achieve a “new and transformative model of positive, equitable, and community centered safety for Berkeley.”¹

Direction was given to the City Manager to collaborate with the Mayor and select Councilmembers to inform City of Berkeley (City) investments and reallocations to be incorporated into future Budget processes and to contract with independent subject matter experts to analyze the scope of work and community needs addressed by the Berkeley Police Department (BPD), to identify a more limited role for law enforcement, and to identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments.

The National Institute for Criminal Justice Reform (NICJR) was selected through a Request for Proposal process to conduct this work in partnership with Bright Research Group, which led the community engagement; Renne Public Law Group, who has provided guidance on policy recommendations; Pastor Michael Smith, who supported the community engagement and outreach; and Jorge Camacho, the Policy Director of the Justice Collaboratory at Yale Law School.

This Final Report and Implementation Plan is the culmination of NICJR efforts over the past 10 months, a body of work reflected in the following deliverables:

1. **New and Emerging Models of Community Safety and Policing** report;
2. **Berkeley Calls for Service Analysis**;
3. **Alternative Responses** report;
4. **Community Engagement** report; and
5. A project **website**.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

REPORT INFOGRAPHIC SUMMARY



The City of Berkeley's George Floyd Act referenced NICJR's reform model of Reduce – Improve – Reinvest. This report is also primarily organized in those sections: Reduce the footprint of law enforcement; Improve the quality of law enforcement and public safety; and Reinvest into community and services. Some of the recommendations in this report are programs or policies that have been tried in other jurisdictions and have a track record of effectiveness or promise, other recommendations are new ideas, aligned with the goal of Reimagining!

The body of this report is already 40 pages for a total of 272 pages, including the appendices, therefore the below graphic provides a quick overview of the detailed recommendations included in this report instead of repeating the narrative.

Reduce

- › Implement Tiered Dispatch & CERN model, thereby reducing BPD patrol duties
- › End pre-text stops
- › Eliminate BPD vacant positions through attrition
- › Creation of BerkDOT

Improve

- › Implement Highly Accountable Learning Organization (HALO)
- › Launch new Progressive Police Academy
- › New Police Accountability Board
- › Implement BPD improvement measures

Reinvest

- › Launch Guaranteed Income program
- › Launch Community Beautification Employment Program
- › Increase funding to CBOs for “fundamental cause” services:
 - › Poverty
 - › Homelessness
 - › Education
 - › Substance abuse
 - › Unemployment and underemployment



BACKGROUND

Berkeley City Council George Floyd Act

In response to the national outcry for police reform, and in line with the City's long history of progressive policy making, the Berkeley City Council formally adopted the George Floyd Community Safety Act which included the following package of referrals, resolutions, and directions:

1. Have the City's elected Auditor perform an analysis of the City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
2. Create plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
3. Analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consists of trained crisis-response field workers who would respond to calls that the Public Safety Communications Center operator evaluated as non-criminal and that posed no imminent threat to the safety of community members and/or Police Department or Fire Department personnel.
4. Evaluate initiatives and reforms that reduce the footprint of the Berkeley Police Department and limit the Police Department's scope of work primarily to violent and criminal matters. This work should include an evaluation of programs and services currently provided by the Police Department that could be better served by trained non-sworn city staff or community partners.
5. Aspire to reduce the Police Department's budget by 50% to generate resources to fund the following priorities:
 - Youth programs;
 - Violence prevention and restorative justice programs;
 - Domestic violence prevention;
 - Housing and homeless services;
 - Food Security;
 - Public health and Mental Health services including a specialized care unit;
 - Healthcare;
 - New city jobs;
 - Expanded partnerships with community organizations, and
 - Establishing a new Department of Transportation to administer parking regulations and traffic laws
6. Engaging 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.
7. Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and

implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

8. Analysis of litigation outcomes and exposure for city departments in order to guide the creation of city policy to reduce the impact of settlements on the General Fund.

Recent History of Problems with Policing in Berkeley

Although immediately inspired by the events of 2020, the Council's George Floyd Act came on the heels of a period of challenges with the BPD:

February 12, 2013: Death of Kayla Moore, Black transgender woman in mental health distress

Kayla Moore, a Black transgender woman with schizophrenia, died in her apartment on Allston Way while BPD officers were responding to a call for a "wellness check." During the incident, half a dozen police officers forcibly held her down. The family of Kayla Moore filed a lawsuit in 2014 against the City of Berkeley, however, the City contended that minimal and appropriate force was used and sought a dismissal of the lawsuit in federal court, which was ultimately granted.



December 6, 2015: Use of Force at Black Lives Matter protests

During a Black Lives Matter protest in Berkeley on December 6, BPD was accused of beating peaceful protesters and journalists, and using excessive amounts of teargas without justification.²

In 2017, the City of Berkeley reached a settlement with several plaintiffs who sued the City and BPD for the attack. Seven plaintiffs received \$125,000 and BPD agreed to amend its use of force policy.³

March 26, 2018: Black child falsely accused, chased, and run over by car

On March 26, 2018, on Telegraph and Stuart, a Black child in the 7th grade was chased and grabbed by a white man, who mistook the Black child roughhousing with a white female classmate on the sidewalk as an assault. The boy was then struck with a car by another man as he ran in fear of his safety. The family was told by a white police sergeant that nothing unlawful actually happened, and determined that the man chasing the child did not commit any crime, rather he was lawfully attempting to make a citizen's arrest. In addition, the child's grandmother, who is his legal guardian, reported that she was told by BPD that she had no right to any written reports or documentation of the incident without a court order.⁴

² <https://www.kqed.org/news/10402266/berkeleys-police-chief-on-protests-tear-gas-use>

³ <https://www.dailycal.org/2017/02/05/city-berkeley-reaches-conditional-settlement-lawsuit-regarding-police-use-force/>

⁴ <https://www.berkeleyside.org/2018/05/18/opinion-the-willard-school-community-wants-answers-from-berkeley-police-about-a-troubling-incident>

May 2018: Report Reveals Racial Disparities in BPD Stops and Searches

An **analysis** by the nationally renowned Center for Police Equity published in May 2018 found the stops and searches conducted by BPD were racially disproportionate. The report states:

“Our analysis of BPD vehicle and pedestrian stops found that Black and Hispanic persons were more likely than White persons to be stopped by BPD. Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot. Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving, and slightly less likely to be stopped on foot. In addition to their much higher stop rates, Black and Hispanic drivers (and pedestrians) were also searched at much higher rates. Once stopped, Black drivers were searched at a rate four times higher than their White counterparts (20% compared to 5%), while Hispanic drivers were searched at three times the White rate (15%).”

March 14, 2020: Less-lethal shooting of unarmed Black man, Ashby & Sacramento St.,

A BPD officer used a less-lethal weapon to shoot William Dean Brown, a Black man kneeling on the ground with his empty hands in the air. He was shot within a distance of 12 feet and was hit in the torso, and quickly handcuffed and tackled by three officers as soon as he hit the ground.

June 9, 2020: BPD Chief mentions shooting protesters at City Council Meeting

Just after a march organized by The Way church protesting the killing of George Floyd, then BPD Chief Andrew Greenwood made a comment during a Council meeting to discuss whether to permanently ban the use of tear gas as a method of crowd control. City Councilmember Susan Wengraf asked Greenwood what kind of alternative tools would be best to use if a crowd turned violent and police could not use tear gas, to which Greenwood replied “Firearms. We can shoot people.” His statement immediately prompted a call from the community for his resignation.⁵

June 30, 2020: Officer shooting at Black man and minors in vehicle, North Berkeley

BPD Officer Cheri Miller fired her gun at three teenagers accused of shoplifting at CVS. Miller got out of her vehicle with her gun drawn, and, within less than a minute of her arrival, she had ordered the driver, 19-year-old Brandon Owens of Concord, a young Black man, to get into his car and put his keys on the roof. When Brandon got back into his vehicle, he began to drive away from the officer who then shot at the moving vehicle three times. There were two minors in the car with Brandon. Miller was found not to have committed any crime, but was found in violation of BPD’s deadly force policy and was fired.

December 17, 2020: Use of force Parker and Mathews St., Southwest Berkeley

55-year-old David Frazier and an unnamed passenger were pulled over for multiple vehicle code violations. The initial call was categorized as a routine traffic stop. When Frazier finally stopped after multiple attempts from BPD, two officers approached Frazier’s vehicle and began to forcefully attempt to pull Frazier out of the front seat, punching and pulling on him. The three officers were unsuccessful in gaining control over Frazier and then stepped back and pulled out their batons and began to beat Frazier while he sat in the front seat. Two more officers then approached the passenger side of the vehicle with their guns drawn, broke the passenger window, pulled the passenger out, handcuffed him and dragged him away. Frazier was dragged out of the car and tackled by five or six officers, handcuffed, and forced to sit upright on the hood of a police vehicle.

⁵ <https://www.berkeleyside.org/2020/06/13/marchers-in-berkeley-demand-resignation-of-police-chief>

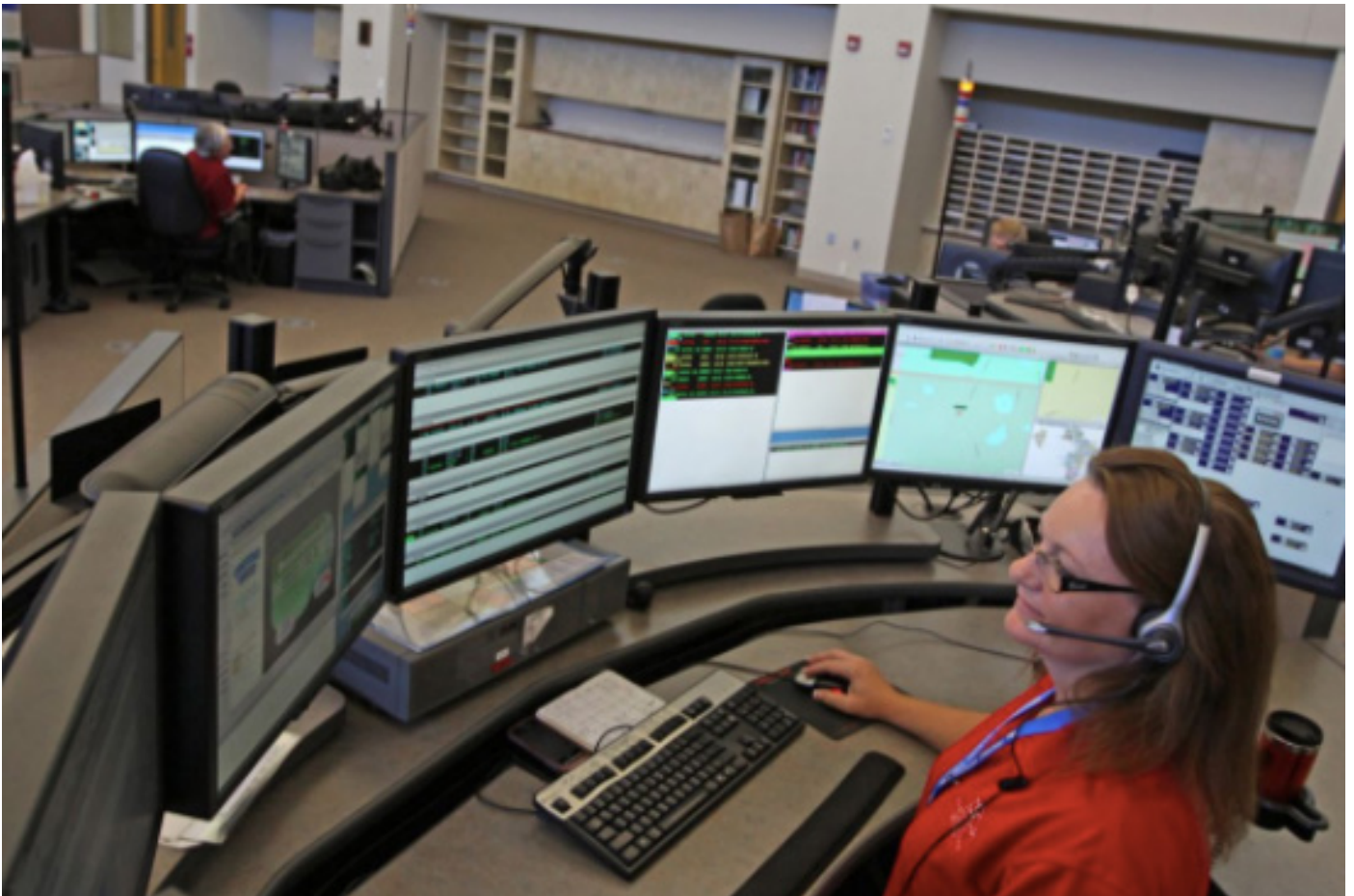
January 2, 2021: Use of force on unhoused Black man with mental illness, Shattuck Ave., Downtown Berkeley

Bryant, a 50-year-old unhoused Black man who suffers from mental illness, tried to purchase a sandwich, bag of chips, and a bag of candy from Walgreens with \$1.00 in coins. He attempted to walk out of the store without paying for the remaining amount owed, but security locked the doors on him. Bryant then pulled out a bike chain from his backpack which prompted security to open the doors and let Bryant leave the store. Dispatch categorized the initial call as a possible 5150 (mental health hold) based on employees' description of the event. The arriving officer shot Bryant in the face, shattering his jaw, within 20 seconds of arriving on the scene.

Reimagining Public Safety Task Force

As part of the George Floyd Act, the City created the Reimagining Public Safety Task Force (RPSTF), which was charged with making recommendations to the consultant (NICJR) and city staff on structures and initiatives to outline a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of Reduce, Improve and Reinvest as proposed by the NICJR, considering, among other things:

- The social determinants of health and changes required to deliver a holistic approach to community-centered safety;
- Defining an appropriate response to calls-for-service including size, scope of operation and powers and duties of a well-trained police force;



- Limiting militarized weaponry and equipment; and
- Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce restorative and transformative justice models, and reduce or eliminate use of fines and incarceration. Options to reduce police contacts, stops, arrests, tickets, fines, and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative, and other positive programs, policies, and systems.

The Task Force is comprised of:

- One (1) representative appointed by each member of the City Council and Mayor,
- One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission,
- One (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President,
- One (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and
- Three (3) additional members appointed “At-Large” by the Task Force.

District 1 - Margaret Fine	Youth Commission - Nina Thompson
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Jamie Crook	Berkeley Community Safety Coalition - Jamaica Moon
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Vacant
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	



NICJR REPORTS

NICJR produced drafts of the following series of reports then received feedback from the RPSTF and City staff and made necessary edits and additions then finalized:

1. New and Emerging Models of Community Safety and Policing Report
2. Berkeley Calls For Service Analysis Report
3. Alternative Responses Report
4. Community Engagement Report

Included below is a brief description and summary of each of those reports. Links to the full reports are included below and the reports are appendices G through J.

New and Emerging Models of Community Safety and Policing Report

The **New and Emerging Models of Community Safety and Policing** report includes detailed overviews of a variety of examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. Highlighted below are some of the programs included in that report that informed NICJR's final recommendations for the City's reimagining work:

Emerging Non-Enforcement Models of Community Response include the Crisis Response Unit (CRU) and Street Crisis Response Team (SCRT).

The City of Olympia, Washington implemented the CRU in April of 2019 to serve as an option to respond to behavioral health calls for service. CRU teams consist of mental health professionals that provide support such as mediation, housing assistance, and referrals to additional services to their clients.⁶ Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.⁷

The SCRT is a pilot program launched in November 2020 and administered by the Fire Department in San Francisco, California. The program targets individuals experiencing behavioral health crises. SCRTs consist of a behavioral health specialist, a peer interventionist, and a first responder. 911 calls that are determined to be appropriate for a SCRT are routed accordingly by dispatch. A team responds to calls in an average of 15 minutes.⁸

Non-Law Enforcement Crime Reduction Strategies include the Mayor's Action Plan (MAP) in New York City, NY. Launched in 2014 in fifteen New York City Housing Authority properties, MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources.⁹ Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.¹⁰

⁶ <https://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx>

⁷ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

⁸ <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

⁹ <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

¹⁰ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

Calls for Service Analysis

The Berkeley City Auditor conducted an extensive report on BPD Calls For Service (CFS or events) which was published in July of 2021. NICJR conducted a complementary **Calls for Service Analysis** as part of its work on the City's remaining effort.

The three primary objectives for the NICJR CFS report were to 1) provide an analysis of BPD CFS according to NICJR's crime categories; 2) map NICJR's crime categories to NICJR's proposed Tiered Dispatch model; and 3) identify which CFS should be responded to by a non-BPD alternative.

The proposed Tiered Dispatch model and Community Emergency Response Network (CERN) reduce the burden on police to respond to certain calls for service and improve outcomes through community response to lower level and non-criminal incidents. The CERN will use community safety and problem solving responders who have expertise in community engagement, crisis response, de-escalation, and conflict mediation and resolution skills. Implementing the Tiered Dispatch and CERN can serve to increase public safety by refocusing law enforcement officers on the most serious crimes, applying a more appropriate response to public health and quality of life CFS, and more effectively utilizing public dollars and resources.

A review of over 358,000 CFS over the 5-year study period (2015-2019) found that over 81 percent of BPD CFS were for non-criminal events. Only 7.4 percent of CFS were for felonies of any kind. NICJR's assessment of viable alternative responses indicated that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent of CFS requiring BPD to be present, but to serve in a support, rather than a lead role.

As a result of an assessment of the CFS and the narrative of the actual incidents, NICJR recommended that alternative response options be developed for the 50 percent of CFS that were determined to not require a law enforcement response.

Alternative Response Report

The **Alternate Responses Report** expands upon the Calls for Service analysis, providing a detailed overview of NICJR's Tiered Dispatch model, the CERN, and describes how specific call types are assigned to the four tiers:

- **Tier 1:** Non-Criminal: 911 calls and other CFS that are not crimes, like noise complaints or suspicious persons
- **Tier 2:** Misdemeanors
- **Tier 3:** Non-violent felonies
- **Tier 4:** Serious and violent felonies

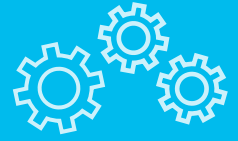
Eventually, all Tier 1 and some Tier 2 CFS should be able to be responded to by the CERN or other non-police responders.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources.

A description and implementation plan utilizing Tiered Dispatch and the CERN model are outlined in detail in the Implementation Plan below.

Community Engagement Report

Berkeley's Reimagining Public Safety process has included comprehensive outreach and engagement of local community members in an effort to develop a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's RPSTF and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of BPD and crisis response; and their perspectives on and priorities for reimagining public safety. More than 2,700 people responded to the survey. NICJR and its partners, as well as RPSTF members, held 14 listening sessions to hear from community members, especially hard to reach community members and those not well represented in the survey, including: the unhoused residents, formerly incarcerated, youth, Black residents and Latinix residents. Details of the survey responses and listening session feedback are contained in the [Community Engagement Report](#).



IMPLEMENTATION PLAN

Based on the extensive research that was conducted by NICJR and partners, input from the community engagement process, feedback from the Task Force and other stakeholders, NICJR provides the following detailed recommendations to the City of Berkeley categorized in the Reduce – Improve – Reinvest framework.

REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

- Implementation of the Tiered Dispatch/CERN model
- End pretextual stops
- Implementation of BerkDOT, which should further reduce the size of BPD

Tiered Dispatch/Emergency Response Network

The graph below depicts the response to certain 911 and other calls for service based on the Tiered Dispatch model, which contemplates a tiered response to CFS based on the nature of the call as reflected below:



As reflected in the CFS Analysis, 81 percent of the 358,000 calls for service to BPD between 2015 -2019 were for non-criminal events. While some of these calls were determined not to be appropriate for non-police response based on an analysis of call narratives, NICJR recommends that 50 percent of these non-criminal calls be handled by a non-police response.

With BPD freed up to focus its efforts and attention on serious and violent crime, community-based responders can focus on the variety of needs that fall into the identified 50 percent of non-police calls. In addition to being available twenty-four hours a day, seven days a week, the CERN would be designed to build on the professional skills and expertise of non-sworn staff and to utilize collaborative community partnerships and the other necessary resources to appropriately and holistically respond to individuals in need. Some examples of this in practice include:

- **The Albuquerque Community Safety Department** provides a third option when individuals call 911, instead of only having the option of police or fire department services. Community Safety responders are dispatched with and without other first responders (Police and Fire). Community Safety responders may have backgrounds as social workers, peer to peer support, clinicians, counselors, or other similar fields.¹¹
- **The Durham Community Safety Department** dispatches trained, unarmed responders that may include licensed clinical social workers and mental health clinicians paired with paramedics to calls involving mental or behavioral health needs, minor traffic accidents, quality of life issues (trespassing, loitering, panhandling, etc), and calls for general assistance.¹²
- **New York City B-HEARD (Behavioral Health Emergency Assistance Response Division) Program** focuses on using a mental-health centered response to 911 mental health calls. The B-HEARD teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.¹³

A national poll conducted in June of 2021 found that 70 percent of likely voters support a non-police response for 911 calls about mental health crises, and 68 percent support the creation of non-police emergency response programs.¹⁴ In many jurisdictions, police are the first to respond to 911 calls about people experiencing issues related to mental health, homelessness, and substance use. However, police officers report not having the proper training or expertise to appropriately respond to those situations and often resort to their training and treat non-criminal situations as crimes.

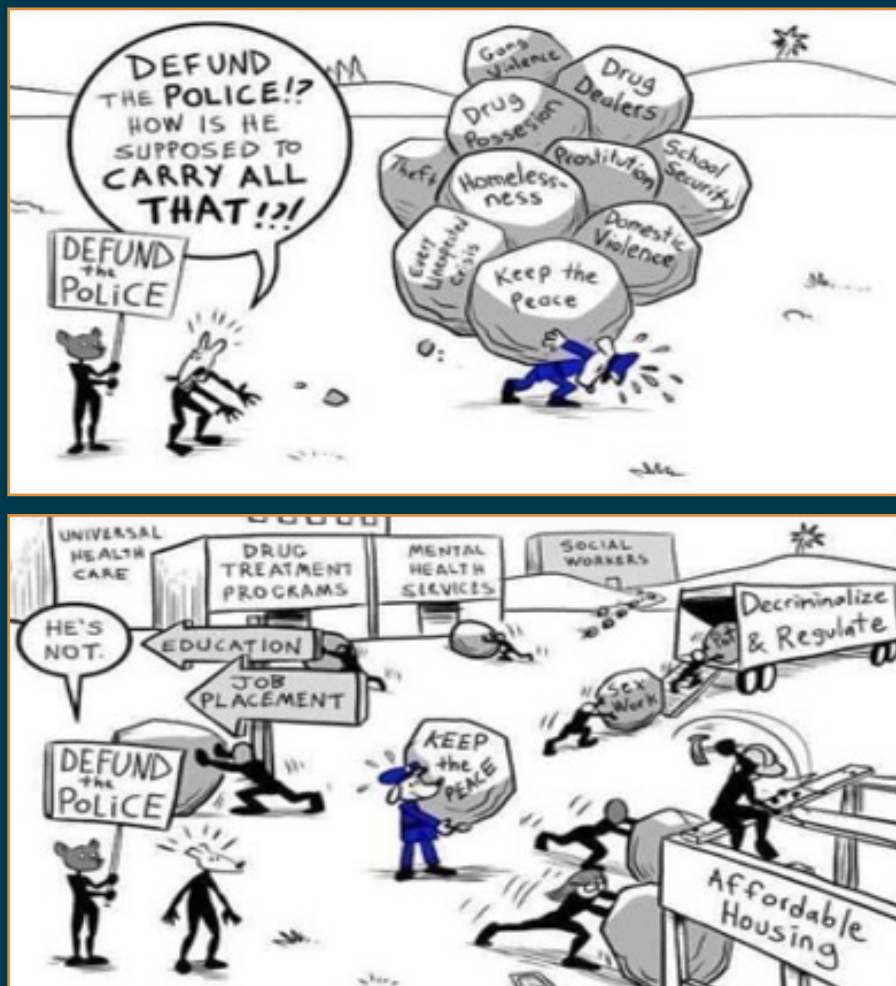
Chief Eric Hawkins of the Albany, NY police department said, “Fundamentally I don’t have a problem with the basic premise to defund the police, and that is police officers should be doing police work and not social work. Police officers shouldn’t be the point of contact for individuals with mental health issues, substance abuse issues, or unhealthy family structural issues.”

11 <https://www.cabq.gov/acs>

12 <https://durhamnc.gov/4576/Community-Safety>

13 https://www1.nyc.gov/assets/nypd/downloads/pdf/public_information/b-heard-public-faqs-5-27-2021.pdf

14 <https://theappeal.org/the-lab/polling-memos/likely-voters-support-non-police-emergency-response/>



Development and implementation of the Tiered Dispatch model advances the Berkeley City Council's July 14, 2020, direction "to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police's scope of work primarily to violent and criminal matters".¹⁵

Tiered Dispatch/CERN Pilot Program

Based on the information garnered from the preparation of its deliverable reports and an understanding of the approaches being taken by jurisdictions across the country, **NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.** Upon implementation of the pilot phase of the Tiered Dispatch/CERN, BPD would no longer respond to the identified subset of Tier 1 (non-criminal) calls for service which would instead be handled by the CERN responders.

NICJR recommends contracting with local Community Based Organizations (CBOs) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

The call types designated for the pilot phase are the 13 call types listed in the Table below. This subset of Tier 1 calls, selected due to the combination of high volume of calls and incidents that could be effectively handled by community responders, accounts for 89,283 total calls or approximately 25 percent of all calls over the 5-year study period.

¹⁵ <https://www.cityofberkeley.info/RIPST.aspx>

Tier 1 Subset of CFS for Pilot	# of calls in 2015	# of calls in 2016	# of calls in 2017	# of calls in 2018	# of calls in 2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17,754	17,997	18,279	18,121	17,132

Tiered Dispatch/CERN Pilot Program Implementation Steps

NICJR recommends that the City develop and issue a request for proposals to contract with Community Based Organizations (CBOs) to become CERN responders.

NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOs to cover each district. Each CERN district should have three teams (one team per shift) of two CERN responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation.

For the pilot program, each CERN district would include the following staff:

- 8 Community Intervention Specialists
 - 3 of the Community Intervention Specialists would be leads, to have a lead Community Intervention Specialist (CIS) on each shift
- 1 CERN Supervisor
- 3 CERN Dispatch/Administrative staff

A position overview for the Community Intervention Specialist is included as Appendix A.

Although as a part of the RFP process applicant CBOs would submit proposed budgets, a sample budget of one CERN team is included in Appendix B. According to BPD's June 10, 2021, budget presentation to the City

Council, the Department is currently holding \$6.4 million in annual salary savings in vacant positions while the Reimagining Public Safety process plays out. These funds more than cover the costs of a CERN pilot. This budget does not include training and technical assistance for the CERN and BPD dispatch that NICJR suggest be provided by an organization that has implemented an alternative response program.

Dispatch

The following information was provided by BPD about dispatch:

Dispatchers are trained to identify approximately 170 pre-established call types for CFS in the CAD system. Some call types may be administrative and specific to BPD or categorized by California penal or vehicle code, and others are categorized by the Berkeley municipal code. Dispatchers are also trained to identify about 40 pre-determined call types for fire and EMS CFS.

The dispatcher identifies an applicable call type to assign the CFS based on what the caller is describing. The call type also determines the response level priority. The reliability of the call type assignment is dependent upon what the dispatcher is being told by the caller. Often the information the dispatcher obtains is unclear, fractured, or incomplete.

If the information or circumstances of an incident do not clearly fit a call type, BPD uses a 'catch all' call type description that dispatchers apply to initiate a response to the CFS. Some examples of call types include:

- 415 (Disturbance)
- SUSCIR (Suspicious Circumstance)
- 10-42 (Welfare Check)
- UNK (Unknown Problem)
- PCVIO (Miscellaneous Penal Code Violation)
- ADVICE (Advice)

Therefore, the outcome of the CFS can be very different from the original call type assignment. Call types may change based on receiving new information prior to an officer arriving on-scene. Once an officer arrives on-scene the call type remains the same, but the final disposition or outcome of the CFS can be different from the call type when dispatched.

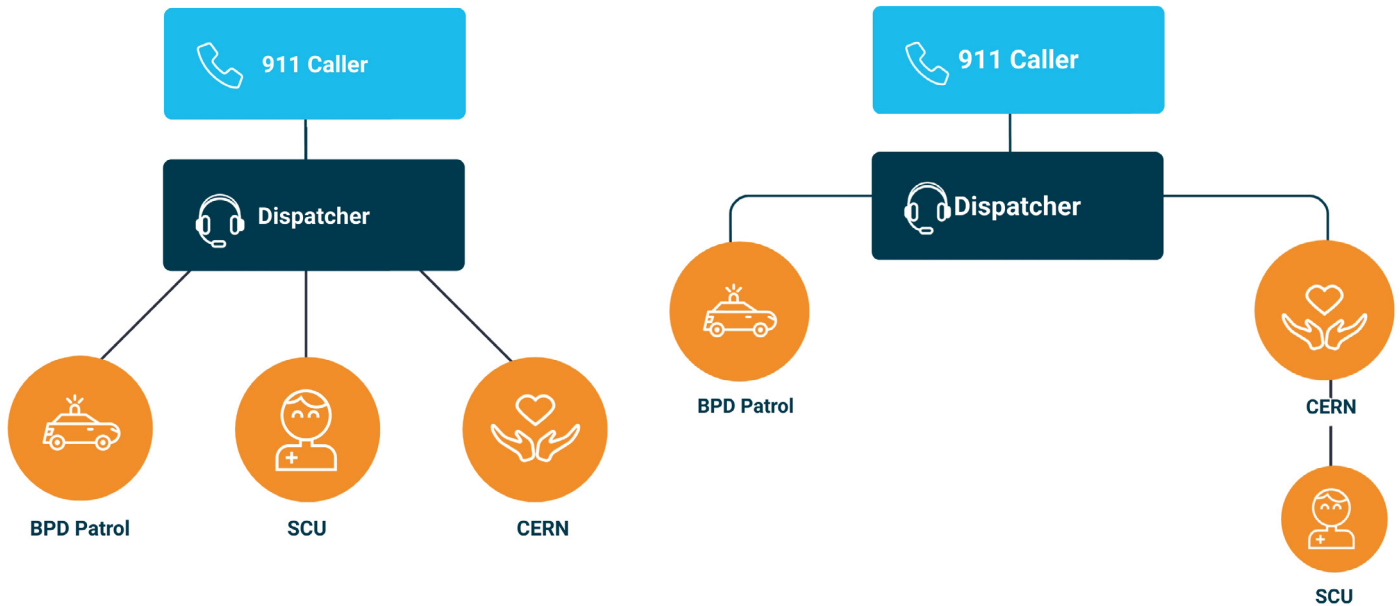
To implement the Tiered Dispatch/CERN model, training will be needed for dispatchers. But, per the process described above by BPD, there is not much of a change to how dispatchers will be asked to operate. When dispatchers identify a call as one of the 13 pilot program call types, they will send that call to the CERN Dispatch in the CERN district the call is coming from.

NICJR has suggested the 13 call types for the pilot initiative based on an examination of the call for service data including the call type at intake as well as final disposition. Appendix C includes a summary of and some actual Berkeley 911/CFS incidents among the 13 suggested call types to be in the pilot.

BPD currently receives many calls to its non-emergency phone line and often dispatches officers to those CFS. The CERN would also receive those CFS through BPD dispatch but the CERN should also have its own direct non-emergency line to receive CFS directly from the community that do not have to be routed through BPD.

Specialized Care Unit (SCU)

The City of Berkeley has initiated several police reform/public safety reimagining initiatives in the past 18 months, including the development of a SCU that was separate from this Reimagining Public Safety process. NICJR consultants worked with the Task Force and consultants on the SCU project to collaborate on community outreach addressing response to mental health calls. In the broad survey that received more than 2800 responses, a large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed.¹⁶ NICJR has received occasional updates on the SCU development process. The final report on the SCU is due to be released on the same day as the submission of the draft of this Final Report to the City and Reimagining Public Safety Task Force. With the understanding that the SCU will respond to calls for service related to mental health and substance abuse, NICJR recommends that either the SCU becomes a division of the CERN and responds to the specified call types identified in the SCU development process or that the SCU becomes a separate, third dispatch option. Both options are depicted below:



Example Tiered Dispatch/CERN Response from Call to Completion

A Berkeley resident who lives in an apartment building calls 911 at 2:00 a.m. saying there has been ongoing loud music and noises coming from a nearby unit in the apartment building. The dispatcher determines that the call is a 415E - Noise Disturbance call in South Berkeley and routes the call information to the South Berkeley CERN. The CERN dispatcher calls or radios the Community Intervention Specialist team on duty and provides them information about the call, both verbally and in the CAD, and directs them to the call.

The CIS team arrives on scene and hears the loud music. They knock on the door that the music is emanating from and talk with the occupants. After some discussion using their mediation training, the CIS team convinces the occupants to turn down their music. The lead CIS enters notes into the CAD (or other data system if an alternative is decided upon)

In 2019, according to the BPD CAD data, there were at least 1,000 disturbance calls for service involving loud music. Nearly all of those calls were responded to by a sworn police officer.

Once the pilot has been initiated, NICJR recommends the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Implement regular CERN debriefs to assess circumstances in which officers were asked to respond and the associated outcome, as well as when they were not called and the associated outcome -- this will assist in identifying potential expansion or reduction of specific types of CFS in each response tier and allow the City to better tailor the program to the community needs;
3. Evaluate administrative, budget, and staffing implications from the transfer of services, noting both successes and challenges that impact program implementation - i.e. vacant positions, staff turnover, access to data, additional or specific training needed etc.;
4. Gradually expand the pilot to have CERN respond to all Tier 1 CFS

Alternative responses should be piloted and scaled after proven effective. As the Tiered Dispatch system is built out, BPD patrol staffing can be reduced through attrition and the budget can be reduced, and more funds can continue to be made available to support alternative responses and investment in addressing root cause issues.

NICJR is not recommending officer layoffs, but reducing the BPD budget through attrition. According to data provided by BPD, in the five years between 2016-2020, an average of 17 officers per year left the Department.

As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

Potential CERN CBO Providers

There are a small number of community based organizations in Berkeley that could operate a CERN. Three of these are briefly highlighted below:

Building Opportunities for Self-Sufficiency (BOSS)

Established in 1971, Building Opportunities for Self-Sufficiency (BOSS) oversees a variety of programs and services encompassing housing, reentry, violence prevention, employment, education, and criminal justice policies. A major initiative BOSS has created is Neighborhood Impact Hubs, which provide resources and services to neighborhoods in Alameda County that experience concentrated poverty and violence. Supports provided include job training, community outreach, peer support, mediation, and others.¹⁷

BOSS also operates many transitional and permanent housing sites for individuals experiencing homelessness. Specialists known as Housing Navigators work to provide housing to individuals and families in the BOSS Network as well as those referred to the organization by way of the 211 Coordinated Entry System and Alameda County Behavioral Health Care Services.¹⁸ BOSS also manages Street Outreach teams in Oakland, working in neighborhoods with high rates of violence. BOSS has worked in Berkeley since its inception.

Bonita House, Inc.

Bonita House, Inc. is a non-profit organization that provides an array of services ranging from treatment for psychiatric and substance use disorders, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The organization takes a social rehabilitative approach to assisting people recovering from mental health and substance use disorders.¹⁹

Currently, Bonita House, Inc.'s Creative Wellness Center (CWC) is funded by the City of Berkeley and serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions. Bonita House recently launched a Community Assessment and Transport Team (CATT) to serve as a crisis response system. This program is a joint effort among Alameda County Health Care Services Agency programs, 911 dispatch, the County Sheriff's Office, and others. Through CATT, a mental health provider and an Emergency Medical Technician will be available in a mobile transport unit to assist clients with a medical assessment along with transport to further services.²⁰

Bay Area Community Services (BACS)

Bay Area Community Services (BACS) was established in 1953 to elevate under-served individuals and families by supplying innovative behavioral health and housing assistance in northern California. BACS' philosophy centers on a trauma-informed, person-centric approach.²¹ The organization's North County Housing Resource Center (HRC) connects adults across Alameda County with housing opportunities. Services include housing navigation, financial assistance, legal workshops, and connections to additional resources.²² The HRC is a part of Berkeley's Coordinated Entry System (CES), an initiative which aims to more effectively tackle homelessness.²³

Another major program BACS administers is the Berkeley Pathways STAIR Center. The Berkeley Pathways STAIR Center is a re-housing program that assists individuals experiencing homelessness with transitioning into permanent housing in West Berkeley.²⁴ Open twenty-four hours a day, seven days a week, individuals at the STAIR Center are connected to case managers, supplied with meals and storage, and provided mental health services.²⁵ A critical component of the program is street outreach, in that outreach workers sustain

¹⁷ <https://www.self-sufficiency.org/supportsjcf>

¹⁸ <https://www.self-sufficiency.org/housingnavigation>

¹⁹ <https://bonitahouse.org/about-us/>

²⁰ <https://bonitahouse.org/catt/>

²¹ <http://bayareacs.org/who-we-are/>

²² <http://www.bayareacs.org/wp-content/uploads/2019/07/HS-Flyer-HRC-North-County.pdf>

²³ <https://www.cityofberkeley.info/homeless-entry/>

²⁴ <https://alamedakids.org/resource-directory/view-program.php?id=1223>

²⁵ <https://chancellor.berkeley.edu/sites/default/files/berkeleypathwaysinformation.pdf>

a presence in Berkeley's encampments and build relationships with their residents. During the first year of the STAIR Center, 170 individuals acquired a STAIR bed, with 101 clients exiting the shelter to permanent housing.²⁶

Berkeley Police Department Staffing & Budget Implications with Implementation of Tiered Dispatch & CERN

Implementation of the Community Emergency Response Network (CERN) Pilot:

According to BPD's June 10, 2021 budget presentation to the City Council, the Department is currently holding \$6.4 million in annual salary savings in 30 vacant positions (23 sworn/7 un-sworn) while the Reimagining Public Safety process plays out. These funds more than cover the costs of implementing a CERN pilot, which is estimated to cost \$2.5 million.

Full Implementation of Tiered Dispatch and CERN:

BPD has 164 total sworn officers.²⁷

According to a BPD presentation to the RPSTF, as of March 2021, there were 97 officers assigned to the Patrol Division, not including 16 reserve officers.²⁸

Based on NICJR's assessment of Calls for Service (CFS), it was determined that 50% of CFS could be responsibly responded to by an alternative response program, like CERN. If fully implemented well, in stages to ensure safety and quality, Tiered Dispatch and CERN could result in a 50% reduction in the BPD's Patrol Division.

Reduce BPD Patrol Division by 50%:

- Reducing the Patrol Division by 50% would equate to 49 officer positions.
- We suggest transferring 5 officers to the recommended Quality Assurance and Training Bureau under the new HALO initiative.
- We suggest transferring another 5 officers to investigations to increase the solve rates of serious and violent crime.
- This would leave 39 officer FTEs to eliminate.
- Cost per officer: \$245,656 annually
 - Step 3 Median salary: \$56.24 per hour x 2080 hrs (year of work) + 110% for benefits and other compensation (this fringe rate verified by City Administrator)
 - Does not include equipment costs (car, gun, computer, phone, protective equipment etc.)

Savings:

- Eliminating 39 FTEs in the patrol division would generate an annual savings of \$9,580,584.
- These dollars can be used to fund the CERN as well as increased investment in fundamental cause issues (education, housing, employment, drug treatment, mental health, etc).

²⁶ https://www.cityofberkeley.info/Clerk/City_Council/2019/09_Sep/Documents/2019-09-24_Item_41_Pathways_STAIR_Center__First_Year_Data_Evaluation.aspx

²⁷ Quick Facts - City of Berkeley, CA

²⁸ Berkeley Patrol Operations ([cityofberkeley.info](https://www.cityofberkeley.info))

Time Frame:

- Reallocate funds from current vacant BPD positions to fund the CERN pilot and investment in community based services as identified in the Reinvest section of this report.
 - 23 current sworn vacancies x \$245,656 = \$5,650,088²⁹
- Three CERN teams (which would serve one CERN district for 24 hours) have an estimated annual cost of \$1.26 million (see Example CERN Budget in Appendix B)
 - The proposed pilot includes 6 CERN teams (two districts, one team per shift for three shifts a day) for an estimated annual cost of \$2.52 million
- BPD Annual attrition rate: 17 officers per year at annual savings of \$4,176,152.
- With the annual attrition savings: Expand CERN each year by 6 CERN teams (doubling each district's staff or dividing the city into three districts) at an estimated cost of \$2.52 million and invest the remaining \$1.65 million in community-based services.
- Though the final decision will have to be determined by the outcomes of the pilot, NICJR estimates a fully implemented CERN in Berkeley would have:
 - 3 CERN Districts: 2 teams per shift, per district for a total of 6 teams per shift across the 3 districts, for a total of 18 teams.
 - 18 CERN teams = estimated cost of \$7.59 million.
 - Full implementation can be achieved two years after the pilot is initiated.
 - Two years of attrition equals 34 eliminated positions, 5 positions short of the full 39 identified as able to safely reduce from the Patrol Division. Revaluation after two years can determine the need for those 5 positions or move forward with elimination to increase investment in community-based services.

A Note about Violent Crime: (Update by BPD on 10/19/21)

- In 2020, total Part One crime in Berkeley decreased by 11% overall.
- Part One Violent Crime decreased by 13% (81 crimes), and Part One Property Crimes decreased by 11% (738 crimes).
- In the first six months of 2021, total Part One crime in Berkeley decreased by 12% overall compared to the same timeframe in the prior year. Part One Violent Crime decreased by 10% (29 crimes), and Part One Property Crimes decreased by 12% (362 crimes).
- Homicides increased from zero in 2019, to five murders in 2020. There were no homicides in the first six months of 2021.
- Robberies decreased by 26% with 274 incidents as compared to 369 in 2019.
- In the first half of 2021, robberies decreased by 1% with 148 incidents as compared to 150 in the same timeframe in 2020.
- Shootings: There were 40 confirmed shooting incidents in 2020 versus 28 in 2019. There were 38 confirmed shooting incidents in the first nine months of 2021 versus 26 incidents in the same timeframe in 2020.
 - Confirmed shooting incidents include loud report calls where shell casings or other evidence of gunfire is found. In 2019 and 2020, arrests were made in at least a third of these incidents.

²⁹ Budget (cityofberkeley.info)

End Pretextual Stops

Pretextual or “pretext” traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime, or when officers have made the stop on a low level violation assuming the driver or vehicle occupants are guilty of more serious offenses the officer is trying to find. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.³⁰ However, most of these stops do not actually yield any contraband or weapons.³¹ Because the nature of pretextual stops relies heavily on officer discretion, there is a high likelihood that implicit racial biases come into play. Such stops that end in violence or death disproportionately affect Black and Latino drivers.³²

Despite public concern, elimination of pretextual stops does not increase crime rates. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.³³

Pretextual stops are in the process of being regulated in many states across the country. Oregon’s Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.³⁴ Virginia policymakers recently passed a bill restricting pretextual stops.³⁵ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.³⁶ Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.³⁷ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.³⁸ The City Council also approved the recommendations of the Mayor’s Workgroup on Fair and Impartial Policing, which included the elimination of pretext stops.

BerkDOT

Another element of the George Floyd Act passed by the Berkeley City Council was to create the Berkeley Department of Transportation (BerkDOT), the purpose of which would be to enhance safety and mobility in Berkeley. Although California law does not currently allow for an alternative response to traffic stops, the vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.

30 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

31 <https://www.law.upenn.edu/live/files/7898-rudovskyoslj>

32 <https://www.berkeleyside.org/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

33 <https://inpejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

34 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

35 <https://lis.virginia.gov/cgi-bin/legp604.exe?202+sum+HB5058>

36 <https://theappeal.org/traffic-enforcement-without-police/>

37 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

38 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

- Implementation of HALO
- Creation of Bay Area Progressive Police Academy
- Implement additional police reform measures: Increase diversity of BPD leadership; Increase standards for Field Training Officers; and further amend the BPD Use of Force policy

Highly Accountable Learning Organization

During community listening sessions with Black, LatinX, system-impacted, and unstably housed / food-insecure residents there was a common perception amongst participants that the BPD is racist and classist. They expressed feeling targeted and unsafe with a militarized, aggressive approach to policing by BPD.³⁹ A Highly Accountable Learning Organization (HALO) is one that holds



staff accountable and continues to learn and grow. A HALO police department is one where staff hold each other accountable, where management trains, coaches, and encourages staff and admonishes and disciplines when necessary. A HALO police department continually learns and improves its performance. It immediately responds to poor performance, critical incidents, and problematic staff with accountability, learning, training, and correction. A HALO police department provides significantly more training than the minimum required by the California Peace Officer Standards and Training (POST).

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization. BPD's HALO initiative would include the following:

- Implementation of a peer intervention program like EPIC and ABLE which train officers to intervene when they observe fellow officers engaged in inappropriate behavior.
- In line with recommendations from the Mayor's Task Force on Fair and Impartial Policing which were adopted by the Council, BPD should implement or improve on the Early Intervention System (EIS). The EIS should be designed to catch problematic officers early and provide appropriate training and correction or discipline and dismissal.
- Creation of Quality Assurance and Training Division: Significantly expand the current Training Unit and develop a Quality Assurance and Training Division that provides additional training, reviews body worn camera footage, and reviews critical incidents and complaints to develop officer and squad specific trainings.
- Increase Transparency: Provide regular reports to the public and increase the open data portal.

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and to intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.⁴⁰

³⁹ Page 38 of the Community engagement report

⁴⁰ <http://epic.nola.gov/home/>

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening. These factors include a lack of confidence in their ability to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.⁴¹

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.⁴²

Data has shown that police departments where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.⁴³ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.⁴⁴

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{45 46} The training consists of a minimum of a one-time, eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.⁴⁷ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.⁴⁸

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.⁴⁹ Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers, and growth in officer well-being.⁵⁰ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

41 <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>

42 Id.

43 <https://www.apa.org/monitor/2017/10/police-misconduct>

44 <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

45 <https://www.law.georgetown.edu/cics/able/>

46 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

47 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

48 <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

49 https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

50 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

Early Intervention System

Early intervention systems (EIS) – also known as Early Warning System (EWS) or Early Warning and Intervention System (EWIS) – can be thought of as a personnel management or risk management tool designed to identify potential problematic behavior that puts the individual, organization, and/or community at risk. These systems consolidate a variety of data as well as indicators to analyze for potentially problematic behavior as early as possible. Indicators include but are not limited to: use of force incidents; citizen complaints; and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a “peer officer comparison system” where officers assigned to the same beat are juxtaposed.⁵¹ Once an officer is identified by the EIS for habitual misconduct, training, supports, and services to aid the officer are provided to encourage officer wellbeing and aid in behavioral change that is consistent with organizational and community goals. Continued monitoring of officer progress, as well as frequent reviews of EIS data, is necessary for successful implementation.⁵² The collection and analysis of aggregate data within EIS is also recommended to be utilized to identify problem areas within teams, units, departments, or entire organizations.

Examples of areas that EIS commonly tracks are:

Performance category	Possible considerations
Arrests, especially excessive ‘discretionary’ arrests	May signify underlying bias of officer or over-zealousness; or could be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Traffic Stops	May highlight concern over bias if indicative of profiling, may be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Use of force by type (e.g., baton, pepper spray, gun, etc.)	Limited use of less lethal may indicate underlying fear or lack of confidence in ability to resolve encounters with a minimal amount of force. May uncover bias, overly aggressive tendencies, lack of verbal ability, lack of skill or training in de-escalation.

In February 2021, the Mayor’s Task Force on Fair and Impartial Policing recommended the implementation of an EIS and outlined the following seven areas in which the EIS should focus:

1. Evaluate and assess stop incidents for legality and enforcement yield.
2. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.
3. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates In the risk management process, the responsible

⁵¹ <https://samuelwalker.net/issues/early-intervention-systems/>

⁵² <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>



personnel in the chain of command reviews and discusses the available information about the subject officer and the officer's current behavior.

4. Absent a satisfactory explanation for racially disparate behavior, monitor the officer. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
5. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.
6. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.
7. Report the results of this data analysis quarterly.

In response to the Fair and Impartial Policing recommendations, BPD has indicated it is implementing an EIS for traffic, bike, and pedestrian stops, which is a very good start. NICJR recommends that the EIS should also be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau described below.

Quality Assurance and Training Bureau

In order for BPD to become and maintain a Highly Accountable Learning Organization, it must have an internal accountability and continual improvement process and structure. To this end, as a part of the HALO initiative, **NICJR recommends that BPD either expand its current Personnel and Training Bureau or create a new Quality Assurance and Training (QAT) Bureau.** The QAT Bureau would be responsible for supporting officers and personnel throughout the Department to maintain and increase high standards and professionalism, as well as quickly detect and correct any patterns of misconduct.

The QAT Bureau should examine every complaint filed, every Use of Force, and regularly examine BWC footage to assess where individual officers, squads, and the entire Department need additional training, specialized training, and coaching, to address the specific deficiency discovered through the complaint, incident, or pattern observed.

Unlike current operations, if the QAT Bureau observed discourteous treatment by an officer, they would be authorized and required to pull that officer into a special training and/or coaching session. The QAT Bureau would then review the BWC footage of officers in that squad to determine if there was an issue with the entire squad and sergeant.

The QAT Bureau would also increase the number and quality of trainings currently offered in the Department. POST, which oversees mandated training of officers in California, only requires 40 hours of training per year, but local departments can go beyond that minimum. Under the HALO initiative, BPD officers should receive far more training than the minimum POST requirements. In addition to *more* training, the QAT unit would provide not just one-size fits all training to a group of officers, but specifically tailored training to individual officers and squads based on their needed improvements or after critical incidents.

BPD has conducted a number of good trainings for its officers and non-sworn staff, including: Fair and Impartial Policing; Principled Policing; Bias Based; Communication-Keeping Your Edge; and Implicit Bias (a full listing of the trainings BPD provided to NICJR is in Appendix D). Based on the information BPD provided, there has not been a single Fair and Impartial Policing training in five and a half years, and not one held for all officers for the past seven.

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."⁵³ **Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.**⁵⁴

One of the trainings BPD should add for all officers is a full day Procedural Justice course. According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."⁵⁵

A comprehensive evaluation of procedural justice trainings found that "training increased officer support for all of the procedural justice dimensions. Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."⁵⁶ Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department. In Oakland, CA, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the community teach a portion of the procedural justice training. BPD should increase its use of local community members providing training to officers.

To implement the QAT Bureau, **NICJR recommends that BPD transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau and rename it the Quality Assurance**

53 <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

54 <https://nicjr.org/wp-content/uploads/2021/08/GeneralNewAndEmergingReport.pdf>

55 <https://cops.usdoj.gov/proceduraljustice>

56 <https://www.scholars.northwestern.edu/en/publications/training-police-for-procedural-justice>

and Training Bureau and amend the duties of those officers to achieve the above goals. With the implementation of the Tiered Dispatch model, the patrol division will have significantly less work load and officers can be reassigned to other duties, like the QAT Bureau.

Increased training hours will require negotiation with the union and the City Manager's Office will have to engage with the Meet and Confer process to implement these changes.



Greater Transparency

The issues of accountability and transparency in policing are intertwined and efforts to address each often include both. There are, however, specific efforts that work to daylight information about departmental activities as well as individual officers' behaviors for the purposes of identifying patterns and problems.

BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

The Oakland Police Department (OPD) recently implemented a series of Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.⁵⁷

The dashboards were created with input from OPD staff and leadership, community based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last twenty-four hours.⁵⁸ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.⁵⁹ One necessary improvement with these systems is allowing the public access to the information.

Bay Area Progressive Police Academy

The following section of this report provides detailed research, components, and recommendations to support the development of a Bay Area Progressive Police Academy (BAPPA) to address what has been identified as a significant and stark mismatch between the primary reasons for calls for service and the training that officers receive to appropriately respond to those calls.

A progressive training program like BAPPA understands, values, and reinforces through the appropriate proportion of skill building and practice that first and foremost an officer must create a positive relationship with the community and that relationships are built on communication and personal interaction. BAPPA instructors would teach using guidance, coaching, and feedback, rather than humiliation or demands for

⁵⁷ <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

⁵⁸ <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

⁵⁹ <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

compliance. The approach emphasizes critical thinking, active and engaged learning, and thoughtful, informed, and quick analysis. It also prioritizes a strong understanding of human behavior including behaviors exhibited by individuals experiencing high degrees of stress, shock, trauma, or in more extreme circumstances, a mental health crisis, and integrates real-life scenarios and debriefs that teach which responses are likely to escalate or de-escalate a situation.

The BAPPA structure would be centered on adult learning models and focus on the demonstrated acquisition and application of well-practiced skill as opposed to rote memorization. The content of the curriculum will include honest discussions about civil rights, the Constitution, what it means to connect to, uphold, and exhibit the values inherent in a community guardian, and to serve a community in which you are responding to highly vulnerable, rather than just potentially threatening people. The program's focus is to hold both officer safety and public trust in equal proportions -- not in competition or as mutually exclusive.

Although activists' concerns and complaints dominate the headlines, when asked to reflect on the relevance and utility of their academy experience, much of the criticism has come from officers themselves.^{60 61} Police administrators have also expressed that they do not believe that police academy training is sufficient in preparing officers for the reality of the work they are asked to do.⁶²

The general disconnect between academy training and job preparation tends to revolve around two interrelated topics concerning the content and delivery of academy curriculum: 1) the typical paramilitary format fails to prepare recruits to work in a manner consistent with the community-oriented police services model; and 2) it is delivered in a manner that is inconsistent with basic principles of adult-learning theory and styles. Essentially, in order to produce officers who are able to successfully perform community-oriented policing techniques (e.g., proactive collaboration with community members), **police academies must train recruits to be independent, creative problem solvers who are connected to the human impact of their decisions and see their role as a guardian, not a warrior.**⁶³

According to a resolution authored by Berkeley City Councilmember Ben Bartlett and co-sponsored by Mayor Jesse Arreguin in June 2020:

“Berkeley Police Department recruits currently train at the Contra Costa County Sheriff’s Office Academy Training Center, Sacramento Police Academy, Santa Clara County Sheriff’s Office Justice Training Center, and Alameda County Sheriff’s Office Academy Training Center. Unfortunately, these facilities are paramilitary in structure, potentially instilling the warrior mentality that forces a divide between law enforcement and the public and promotes fear. Additionally, the Alameda County Sheriff’s Office’s history of using military technology, deploying armored vehicles, equipping deputies with automatic rifles, and support for Urban Shield casts doubt on the ability of the Alameda County Sheriff’s Office Regional Training Center in Dublin to train cadets in a progressive, non-paramilitary manner.” The resolution goes on to say:

“Rooting out the paramilitary aspect of policing begins with transforming police training. It necessitates equipping officers with practical and effective decision-making methods that prioritize de-escalation and reserve use of force as a last resort. It necessitates teaching police officers that they have the power and the choice to perpetuate or defeat injustice. It necessitates engaging officers with the history of their profession and challenging their socioeconomic and racial biases.”⁶⁴

60 <https://www.emerald.com/insight/content/doi/10.1108/13639519810206600/full/html>

61 <https://psycnet.apa.org/record/1987-29889-001>

62 <https://heinonline.org/HOL/LandingPage?handle=hein.journals/injposcim4&div=25&id=&page=>

63 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6950698/#B2-ijerph-16-04941>

64 <https://www.cityofberkeley.info/uploadedFiles/Clerk/Progressive%20Police%20Academy%20June%202020.pdf>

Unfortunately, the approach in which most police academies continue to be conducted is in a paramilitary fashion. This means that recruits are held to a high standard of discipline and regimentation seemingly for discipline and regimentation sake. They utilize the mentality of a warrior going to battle and view the police force as being an occupying army. This approach has been referred to as the “warrior mentality” for many years. Instilled or reinforced in police officers at the academy, the warrior concept is saturated throughout police culture. Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). In this way, academy training staff are often indistinguishable from military drill sergeants, who verbally harass and even demean recruits who are not measuring up.⁶⁵ Pushups, extra running, and writing reports are used as punishment for failure to demonstrate skills and/or properly follow directions. Although this type of approach can sometimes build camaraderie, it has not been shown to effectively build recruits’ skill. There are, however, many other ways to build camaraderie while achieving the primary goal of improving the recruit’s skill and ability to do their job. What the paramilitary model has been shown to do is contribute to a fairly high dropout rate. This is especially true in organizations that have implemented newer hiring practices that recruit more mature individuals, with advanced degrees and whose education, training, and life experience has taught them to ask questions, critically analyze, debate, and discuss rather than just follow orders. Which means that the paramilitary training model results in high drop-out or failure rates amongst the very recruits departments are attempting to attract and retain.



The contrast to the warrior mentality is the guardian mentality, which promotes community engagement, the establishment of meaningful relationships, and providing support to residents. The notion of being a guardian or protector of the public is a noble one, one in which trust and respect can replace fear and intimidation. If police agencies are committed to hiring officers who will do things differently and exemplify the guardian qualities, they must create agencies that exhibit those same qualities and train recruits in a manner that reinforces them.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality. In order to leverage resources as well as build a regional approach, BAPPA is proposed as a partnership between area cities that may have similar goals to transform their police departments, which may include: Berkeley, Albany, and potentially Oakland.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality. In order to leverage resources as well as build a regional approach, BAPPA is proposed as a partnership between area cities that may have similar goals to transform their police departments, which may include: Berkeley, Albany, and potentially Oakland.

⁶⁵ Couper, D.C., *Arrested Development: A Veteran Police Chief Sounds Off About Protest, Racism, Corruption and the Seven Steps Necessary to Improve Our Nation’s Police*, Indianapolis, Indiana: Dog Ear Publishing, 2011.

Other Police Reform Measures:

Increase Diversity of BPD Leadership

Overall, BPD has a relatively diverse sworn staff as it relates to Berkeley's demographics in terms of race and ethnicity. But there is a significant disparity in gender, with males making up 86 percent of sworn staff. BPD also only tracks gender as male or female; this should be changed. Another concern is that, of the 13 executive staff in the Department (Lieutenants/Captains/Chief), nine are white, three are Asian, one is Black, and none are Latinx (a chart of BPD personnel by race and rank is in Appendix E). Intentional focus on increasing the racial and gender diversity of BPD line staff and leadership will be important in the near term.

Increase Standards for Field Training Officers

The Minneapolis police officer who murdered George Floyd was a Field Training Officer (FTO) despite having 13 previous complaints leveled against him and he was involved in three previous shootings.

BPD should amend its policy to disallow any officer from becoming a Field Training Officer who has either more than two complaints or any one sustained complaint in any 12 month period.

Further Amend the BPD Use of Force Policy

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.



REINVEST

Berkeley is an affluent city with resources, one of the most well regarded academic institutions in the country, and a progressive electorate that supports social programs. Unfortunately, this combination of assets has not resulted in appropriate and sustained investment in the most vulnerable populations in the city.

The City of Berkeley must increase its investment in communities, families, and individuals who: live in poverty, are unhoused, are unemployed, are underemployed, have mental health challenges, and/or have substance abuse challenges. Particular attention to racial and ethnic intersectionality with respect to these socio-economic demographic characteristics is critically important (especially in relation to Black and Latinx communities). The Community Engagement Report, Appendix J, includes a wealth of input and ideas for investment from many of Berkeley's most vulnerable populations. The information contained in this report can serve an ongoing benefit in addressing the needs of the community and its unique diversity.

When the Tiered Dispatch/CERN model is fully implemented, up to 50 percent of calls for service in the City can be diverted to a non-police response, allowing for BPD staffing to be responsibly and safely reduced and the Department's budget to be significantly reallocated.

Even before the BPD budget can be reduced and reallocated, the City should use General Fund dollars and other revenue sources to increase investment in "fundamental cause" drivers of trauma, crime, and violence. These fundamental causes include, but are not limited to:

- Poverty
- Homelessness
- Education
- Substance Abuse
- Unemployment and underemployment

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

- Launch a Guaranteed Income program to provide monthly stipends to individuals and families living under the poverty level
- Launch a Community Beautification Employment Program
- Increase Funding for Community Based Organizations

Guaranteed Income

The poverty rates from the national to the local level show deepening poverty levels as we get closer to home. In 2019, the national poverty rate was 10.5 percent and in California it was 11.8 percent.⁶⁶ Drilling down, we find that Alameda County's poverty rate was 14.1 percent and that Berkeley's was 19.2 percent.⁶⁷ The 2019 American Community Survey conducted by the U.S. Census Bureau reveals that nearly 36 percent of Black and 24 percent of Latino residents live below the poverty line, compared to only 12 percent of white residents.⁶⁸ Consistent with those findings, immigrant Californians experienced a poverty rate of 21.6 percent, compared to 14.4 percent for non-immigrants, and poverty among undocumented immigrants was 35.7 percent. More

⁶⁶ <https://www.statista.com/statistics/205434/poverty-rate-in-california/>

⁶⁷ <https://www.census.gov/quickfacts/berkeleycitycalifornia>

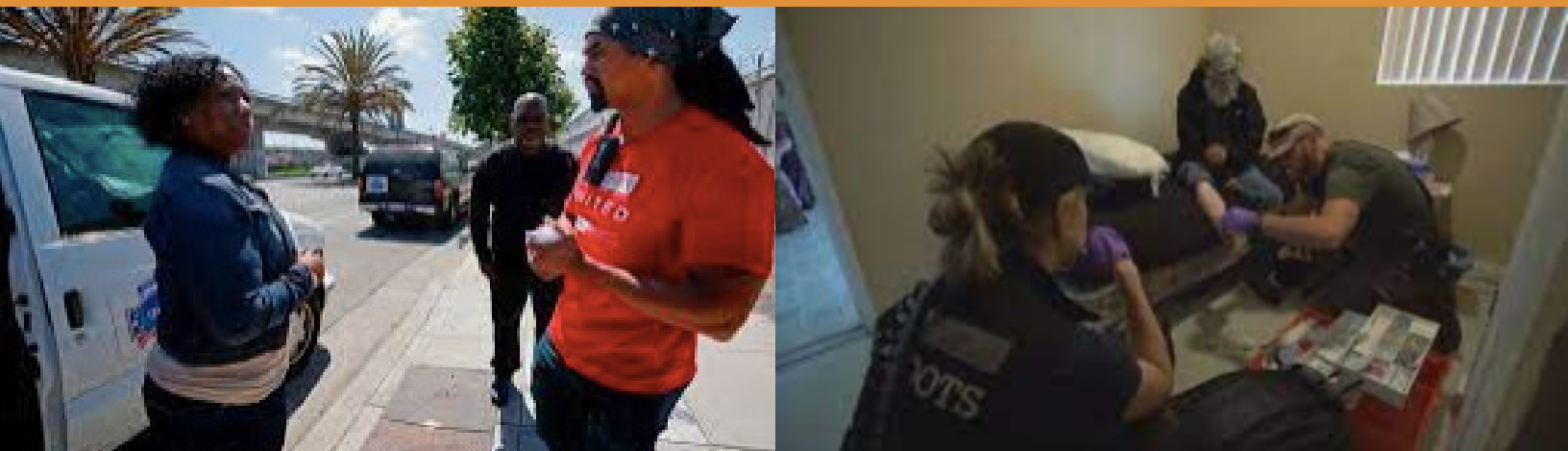
⁶⁸ <https://www.census.gov/programs-surveys/acs>

than one in five (21.4 percent) Latinos lived in poverty, compared to 17.4 percent of African Americans, 14.5 percent of Asian Americans/Pacific Islanders, and 12.1 percent of whites.⁶⁹

While Guaranteed Income or Universal Basic Income (UBI) programs have recently become popular in the United States, the state of Alaska has a program that provides regular unconditional payments to residents. The Eastern Band of Cherokee Indians Casino Dividend in North Carolina has given every tribal member between \$4,000 and \$6,000 per year since 1997. Studies of both efforts have shown a reduction in crime associated with the unconditional cash payments. These findings have been replicated in international studies, including one in Namibia which showed a direct correlation between UBI and crime reduction. There are smaller pilot efforts currently underway in the United States. Oakland recently launched a Guaranteed Income program and San Francisco is starting in 2022. In Jackson, Mississippi, Springboard to Opportunities and the Magnolia Mothers Trust are giving \$1,000 per month to Black mothers.

In Stockton, California, 125 residents have been receiving \$500 per month, since February 2019. Former Stockton mayor Michael Tubbs launched the initiative in the city and championed several Mayors from across the country in coming together to pledge to launch UBI initiatives in their cities through Mayors for a Guaranteed Income. A preliminary study of the Guaranteed Income program in Stockton found several positive outcomes, including that recipients were “healthier, showing less depression and anxiety and enhanced well-being.”⁷⁰

Berkeley should launch a Guaranteed Income pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000. These families should be provided a monthly stipend of \$750 at an annual cost to the City of \$1.8 million, a sum that can be taken from: the General Fund; federal funding already received or forthcoming, or the soon to be passed Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.



Community Beautification Employment Program

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated and unhoused people to help beautify their own neighborhood. Hire and train no less than 100 formerly incarcerated and unhoused Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.” has been changed to

⁶⁹ <https://www.census.gov/programs-surveys/acs>

⁷⁰ [SEED_Preliminary+Analysis-SEEDs+First+Year_Final+Report_Individual+Pages+.pdf \(squarespace.com\)](#)

“blight abatement, tree planting, planting and maintenance of community gardens, making and tracking 311 service requests, and other community beautification projects.

There are many Berkeley and Bay Area CBOs that are capable of implementing this program, including the Center for Employment Opportunity (CEO) that operates a crew-based employment program for people on probation in Alameda County or BOSS, which has also provided similar services. However, this program would be focused on beautifying Berkeley neighborhoods and employing Berkeley residents.

A recent study showed that community beautification efforts in Philadelphia had a direct impact in reducing violence in those neighborhoods.⁷¹

Under AB 109 Criminal Justice Realignment, each year Alameda County receives an allotment of funds from the state to serve adults in the community who are under probation supervision and for other related operations. The Alameda County Board of Supervisors has mandated that half of those funds be allocated to community based services. In fiscal year 2019-2020, Alameda County received more than \$50 million in Realignment funds from the state, with \$25 million of it dispersed to community services.⁷²

According to Alameda County Probation Department data, five percent of probation caseloads are from Berkeley. Of the annual \$25 million in Realignment funds allocated to community services each year, 5%, or \$1.25 million, should be spent on Berkeley residents. CEO also provides a crew based employment program in Oakland, which serves 80 people at an annual cost of \$345,000. If Berkeley receives its fair share of Realignment funding, it would more than cover the cost of the Community Beautification Employment program.

Increase Funding to Community Based Organizations

CBOs that provide services to those who are unhoused, live in poverty, have mental health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ should receive an increase in funding using Reinvest dollars. A list of Berkeley CBOs that provide such services are included as Appendix F.

For FY 2022, the City of Berkeley plans to spend \$20,484,394 to support CBOs; this allocation level represents a 22 percent decrease from the \$26,311,113 amount allocated to these organizations in FY 2021.⁷³ At the same time, BPD’s FY 2022 budget saw an increase, from \$65,460,524 (adopted FY21) to \$73,228,172 (proposed FY22), an 11.9 percent increase.⁷⁴

Increased funding can come from Measure W funds (described below); when the BPD’s budget is gradually reduced; the soon to be passed Infrastructure Bill; and concerted efforts to increase philanthropic dollars. Many Foundations, locally and nationally, are interested and have funded Reimagine Public Safety efforts. If the City of Berkeley adopts the innovative measures in this report and through other efforts being developed from the George Floyd Act, it will attract greater investment from philanthropy.

The City of Berkeley should increase funding to CBOs in one of two ways:

- An across the board 25% increase of grant amounts to currently funded CBOs
- Create a local government agency to be the centralized point of coordination, such as a Department of Community Development to develop a detailed plan to increase the investment in local CBOs that provide services to address fundamental cause issues.

⁷¹ Citywide cluster randomized trial to restore blighted vacant land and its effects on violence, crime, and fear | PNAS

⁷² http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_12_12_19/PUBLIC%20PROTECTION/Regular%20Calendar/item_3_AB_109_rpt_12_12_19.pdf

⁷³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

⁷⁴ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

In Oakland, the Reimagining Public Safety Task Force recommended a \$20 million increase in funding to CBOs to be distributed through the Department of Violence Prevention. In response, the City Council allocated \$17 million to DVP and required the Department to develop a plan on how to disperse the funds to local CBOs. Berkeley could do something similar through the creation of the Department of Community Development.

Measure W

In November of 2020 Alameda County voters passed Measure W, a sales tax measure that is anticipated to generate \$150 million per year to provide housing and services for the unhoused. The funds are to be distributed geographically based on the number and percentage of unhoused individuals in each jurisdiction. The measure will establish a half percent (0.5%) sales tax increase for 10 years to provide essential County services such as housing, mental health services, job training, and other social safety services. Funded housing programs will include rapid rehousing, ongoing rental subsidies, expanded emergency shelters, and permanent supportive housing in certain cases.

As of 2019, there were approximately 1,108 unhoused people living in Berkeley, constituting 13.8 percent of Alameda County's unhoused population.⁷⁵ Berkeley should therefore expect to receive 13.8 percent of the \$150 million annually, which amounts to \$20.7 million for housing and other social services. The measure contemplates annual audits and citizen oversight, program components that Berkeley residents can leverage to ensure adequate spending and care is provided to unhoused people and people experiencing mental health crises in Berkeley in addition to ensuring safe, secure housing.



⁷⁵ [Berkeley+Homeless+Count+2019.pdf \(squarespace.com\)](#)

Implement Advance Peace Program

Berkeley has a relatively low rate of gun violence, but has experienced an increase in the past year. As of December 9, 2021, Berkeley has had 48 confirmed calls regarding gunfire compared to the same time last year when 39 calls were recorded⁷⁶. This represents an increase of approximately 23 percent. When compared with the numbers from 2019 (28 incidents of confirmed gun violence), the increase is further magnified resulting in a 71 percent increase. NICJR recommends the City implement the renowned Advance Peace program.

Advance Peace is a nonprofit organization that focuses on achieving tangible reductions in cyclical and retaliatory firearm-related assaults and deaths. The organization was formed in response to an analysis done by the City Council in Richmond, CA that found gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.⁷⁷ This goal is achieved through the implementation of strategic partnerships and interventions that strengthen neighborhood ties and promote community welfare. Advance Peace works to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in gun violence.

Leveraging their relationships in the community, Advance Peace staff known as Neighborhood Change Agents (NCAs) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. Advance Peace's main program is the Peacemaker Fellowship, which provides transformational opportunities to young men involved in lethal firearm offenses by placing them in a high-touch, personalized fellowship. The Fellowship provides life coaching, mentoring, connection to needed services, and cultural and educational excursions to those deemed to be the very most dangerous individuals in the city. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation. Since the establishment of the ONS, firearm-related homicides have declined in Richmond by more than 70 percent. For individuals enrolled in the Peacemaker Fellowship, 77 percent have not been involved in any gun violence activity.⁷⁸ The Peacemaker Fellowship has been replicated in the cities of Stockton and Sacramento, CA, with promising outcomes.⁷⁹

Implementation of the Advance Peace program will cost the City approximately \$500,000 per year.

⁷⁶ <https://www.berkeleyside.org/2021/05/22/2021-berkeley-gunfire-map>

⁷⁷ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

⁷⁸ <https://www.advancepeace.org/about/the-solution/>

⁷⁹ <https://www.advancepeace.org/about/learning-evaluation-impact/>

CONCLUSION

NICJR is proud to present this Final Report and Implementation Plan to the Mayor, City Council, City Manager and the Reimagining Public Safety Task Force.

The research and experience of NICJR and its partners; the feedback and input from the Task Force and City staff; and the engagement with and input from the community all culminated in the innovative ideas presented in this Final Report. This report and our recommendations provide a blueprint to move toward a public safety model that is community centered. As police reform efforts move forward, the City will have greater resources and additional information on continuing the process of mental health specialists and CBOs taking leadership of responding to the needs of the communities most impacted by the inequities in the current system and provide the necessary supportive resources for those in greatest need.

Through implementing the recommendations in this report and the other parallel processes (SCU, BerkDOT, etc), the City of Berkeley is poised to transform its public safety system, improve the outcomes of Berkeley residents, and become a national model for other cities to emulate.

By safely and responsibly reducing the footprint of law enforcement in Berkeley, vastly improving the quality of policing, and significantly increasing investment into community based services, Berkeley will have truly reimagined public safety.

NICJR would like to thank its partners: Bright Research Group, Pastor Michael Smith, Renne Public Law Group, and Jorge Camacho of the Justice Collaboratory at Yale Law School. NICJR would also like to thank the Task Force, a group of passionate and committed volunteers who spent many hours working to make Berkeley a better city for all its residents. Lastly, NICJR thanks and appreciates all the members of the community who participated in a listening session, completed the survey, attended a community meeting, or in any way participated in this process.

IMPLEMENTATION PLAN

REDUCE

Recommendation	Estimated Cost	Funding Source	Timeline
Establishment of a Tiered Dispatch/CERN Pilot Program.	\$2,532,000, plus some costs associated with training for Dispatch.	Current BPD vacant positions.	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.
Contracting with local Community-Based Organizations (CBOs).			
Full Implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.	\$7,596,000	Reduction of BPD Patrol Division by 50%.	Two years after implementation of the pilot initiative.

IMPROVE

Recommendation	Cost	Funding Source	Timeline
Berkeley Police Department should become a Highly Accountable Learning Organization (HALO).			
BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.	Joining ABLE is free of cost.	N/A	Within six months of approval from City Council.
Expand the Early Intervention System to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.	No additional costs.	N/A	Within six months of approval from City Council.
Transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau. Rename it the Quality Assurance and Training Bureau and amend the duties of those officers to achieve the above goals.	No additional costs.	N/A	Within six months of approval from City Council.
BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.	Internal re-organization can achieve this goal without additional costs.	N/A	First report should be issued July 1, 2022.

Develop a Bay Area Progressive Police Academy (BAPPA).	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies.	Launch two years after City Council approval.
Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.	Training costs.	Savings from eliminating patrol positions through attrition.	Within six months of approval from City Council.

REINVEST

Recommendation	Cost	Funding Source	Timeline
Launch a Guaranteed Income pilot program.	\$1,800,000	General Fund; federal funding already received or forthcoming, from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.	Launch within six months of approval from City Council.
Launch a Community Beautification Employment Program.	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents.	Launch one year after approval from City Council.
Increase Funding for Community-Based Organizations.	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the Infrastructure Bill; and concerted efforts to increase philanthropic dollars.	FY 22-23.
Launch the Advance Peace Program	\$500,000	General fund	Launch in first quarter of FY 2023, on going for at least three years.



APPENDICES

- A. Overview of Duties for CERN Positions**
- B. Example Annual CERN Team Budget**
- C. Tiered Dispatch/CERN Pilot Calls for Service Summaries**
- D. FIP and Related Course Training History**
- E. FY 2020 Year End Workforce Report**
- F. Community Based Organizations and Nonprofits Providing Services in Berkeley**
- G. New and Emerging Models of Community Safety and Policing Report**
- H. Berkeley Calls for Service Analysis**
- I. Alternative Responses Report**
- J. Community Engagement Report**

APPENDIX A

Community Intervention Specialist Position Overview

A Community Intervention Specialist (CIS) responds to non-criminal and low level 911 and other Calls for Service (CFS) in Berkeley as a part of the Community Emergency Response Network (CERN). CISs help to address, mediate, and resolve challenges, emergencies, conflicts, and other causes for CFS.

CISs will respond to a wide array of calls and situations and must engage the community in a thoughtful, patient, serious and compassionate manner.

Although the work of a CIS will evolve as the CERN develops and will always be dynamic and fluid, the following are the general duties of a CIS:

- Respond to emergency and non-emergency calls for services in Berkeley and attempt to resolve the problem, like noise complaints and neighbor disputes.
- Use mediation and de-escalation skills and tactics to ease tensions and mediate conflict
- Help those in need of support, including providing water, food, and encouragement.
- Communicate well with your team and with the CERN dispatcher
- Use compassion and empathy when engaging with the community and those in crisis
- If a situation escalates and proves dangerous and/or a deadly weapon is involved, call for an officer to respond
- Write notes and reports and perform other administrative tasks

Necessary Qualifications

- Experience working in diverse communities
- Experience working in crisis and/or high stressful situations
- Experience with mediation
- Lived experience in the justice system and/or neighborhood groups is welcome and encouraged
- Works in a professional manner
- Is energetic and passionate about serving the community
- Proficient in writing and use of a computer
- Bachelor's degree, preferably in social work or public health field, or no less than five years of experience relevant to this position

APPENDIX B

Example Annual CERN Team Budget

Personnel		FTE %
ED or other Org Manager	25%	\$50,000.00
CERN Supervisor	100%	\$90,000.00
CERN Dispatcher (3)	100%	\$75,000.00
Lead CIS (3)	100%	\$75,000.00
CIS (5)	100%	\$70,000.00
Subtotal		\$ 360,000.00
Fringe (25%)		\$90,000.00
Total Personnel		\$360,010.00
Operations		
Office Rent		\$36,000.00
Supplies		\$6,000.00
Vehicles (3)		\$105,000.00
Fleet gas and maintenance		\$32,400.00
Insurance		\$10,000.00
Radios (6)		\$1,500.00
Cell Phones (10)		\$2,000.00
Cell Phone lines		\$12,000.00
Water & Snacks		\$3,000.00
Uniforms		\$1,000.00
Total Operations		\$208,900.00
Subtotal		\$568,910.00
In-Direct (10%)		\$56,891.00
TOTAL		\$625,801.00

APPENDIX C

Tiered Dispatch/ CERN Pilot Calls for Service Summaries

Vehicle Double Parking, Blocking Driveway or Sidewalk, Inoperable or Abandoned

Calls for service (CFS) BPD receives related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned are call types that lend themselves to having an alternate response. Of the 3,690 CFS in the tier 1 subset of call types that were for the previously mentioned, only 56 percent were handled by BPD Parking Enforcement Division.

Any reason for parking enforcement not handling closer to 100 percent of call types falls short because the aforementioned call types are non-criminal and not likely to necessitate a sworn police response. Examples of CFS related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned, include an array of narratives that summarily and accurately capture the call type.

General Disturbance and Noise Disturbance

CFS BPD receives related to general disturbances or noise disturbances are also call types that may be better served with an alternate response. CERN community responders who are better equipped to mediate conflicts or de-escalate situations through a community centered approach may serve as a better option than dispatching sworn officers. BPD would not be precluded from responding to the call types, but rather a second option if needed.

Disturbance and Noise Disturbance CFS are generally non-violent and non-criminal in nature. In some cases, an argument or heated debates are categorized as disturbances and in other cases petty theft from retail stores are categorized as disturbances. In other cases, by the time an officer arrives to the scene the responsible parties are either unable to locate or gone on arrival. In many of the Noise Disturbance call types, officers were able to make contact with the responsible parties and ask them to cease what they were doing or move along. These types of calls are prime examples of how an alternate response would work in Berkeley.

Found and Lost Property

Found and lost property call types include calls where an individual has either found or lost money, credit cards, their wallets, and other personal property.

Non-Injury Accident

Calls for service (CFS) BPD receives related to certain non-injury collision may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. Unless there are barriers that legally preclude civilian personnel from handling certain types of property, civilian personnel or telephone reporting can serve to address these call types.

Although there may be some cases where major injury collisions occur, most collisions that occur in Berkeley are relatively minor and can be handled by civilian personnel within a traffic unit or the Berkeley Department of Transportation (BerKDOT) that is being developed. In cases where there are no injuries to be reported, civilian personnel or BerKDOT can handle these calls to take reports. Individuals may also call in to a telephone reporting unit to make a report.

Suspicious Person, Vehicle, Circumstances

Calls for service (CFS) BPD receives related to suspicious person, vehicle, or circumstances may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. CERN allows for community responders to request officer assistance if needed. In some cases, an officer is needed, but in many other cases, the suspicious person or vehicle is gone on arrival or unable to be located. Suspicious circumstances call types are usually a suspicious person or vehicle driving around or someone doing something seemingly out of the ordinary leading someone to call 911. Most of the time, the call types do not necessitate the need for a sworn response, even for welfare checks.

911 Call Narratives from Computer Aided Dispatch (CAD) Data

Disturbance Call Narratives:

"2 MALES HEARD IN A 415, CLOSE TO THE CLUBHOUSE, TOO DARK TO GET ANY FURTHER, Dispatch received by unit 4A9, 1194 on 2, 4 people admonished and moved along." (Sworn Officer)

"Refusing to leave for 3 hours .. Smell of marijuana .., nature of call: refuse to leave, rp is front office manager, guest, guest, resp / guest in room 3128; wm mid 50's 507 wild hair grey north face jacket and blue jeans guest has two boxer dogs brown in color aggressive with guest, dispatch received by unit 5a16, dispatch received by unit 5a18, dispatch received by unit 5a16, subject gone on arrival unable to locate from room, no further service requested." (Sworn Officer)

Noise Disturbance Call Narratives:

"4 or 5 people on the sidewalk talking loudly, dispatch received by unit 6a7, quiet on arrival and departure 1008 no paper." (Sworn Officer)

"Very loud music, walls are shaking, dispatch received by unit 4a7, code 4, dispatch received by unit 4a7, secured apt bldg, u/r rp, unable to gain access to complex, no answer on intercom, quite from street." (Sworn Officer)

"Nature of call: loud music, loud music coming from van ifo rp wants quieted, dispatch received by unit 2a7, music was coming from an rv. The driver was a dj and was practicing. Driver agreed to stop." (Sworn Officer)

Found and Lost Property Call Narratives:

"rp at 1630 berkeley way, found credit card, Dispatch received by unit 7A4, The credit card was not active. I destroyed the credit card." (Sworn Officer)

"Found wallet, has dl, rp will leave the wallet on her front steps if she leaves her house, found in front of her garage, dispatch received by unit 1a16, dispatch received by unit 1a16, dispatch received by unit 1a16." (Sworn Officer)

Non-Injury Accident Report Call Narratives:

"UCPD was flagged down, req bpd response, blk toyota highlander vs silver buick sentry, dispatch received by unit 3a6, silver buick, reg valid from: 05/02/14 to 05/02/15 yrmd:05 make:buick btm :4d vin : 1040 jackson st apt 423 city:albany c.c.:01 zip#:94706, 11-82 only. Parties exchanged info." (Sworn Officer)

"Rp driving a "bauer's" company bus, hit a parked a vehicle on the street, victim vehicle is silver volvo rp req'ing pd due to it being a company vehicle - and so the victim doesn't think he is a victim of 20002, dispatch received by unit 7a6, contacted the rp pannell who advised that he hit a parked vehicle causing minor damage. Pannell's vehicle also had minor damage. I stood by while pannell left a company print out with the victim vehicle that contained the insurance information and contact information. No further service was requested." (Sworn Officer)

Suspicious Circumstances Call Narratives:

"On ca between delaware and francisco, 2 males poss working on a car, rp thinks looks sus, 1 of the males shined a green led light on the rp, veh is a red sportscar, poss corvette, hood was up on car, occ: 5 min ago, rp is passerby, walking dog, rp unable to give desc on subjects, dispatch received by unit 6a5, dispatch received by unit 7a2, reg valid from: 09/24/14 to 09/24/15 yrmd:76 make:chev btm: 9405 bass rd city:kelseyville c.c.:17 zip#:95451, proves ok" (Sworn Officer)

"Someone left a bag outside rp's house yesterday, rp is concerned because it has a gang mark on it, bldg is not secure, bag is outside apt #3, dispatch received by unit 5a6, black faux purse with no id and a meth pipe and two baggies of crystalized substance." (Sworn Officer)

"Ladder leaned up against the fence and a bag of potato chips in the backyard, occ: 0830 - 1830 hours, nature of call: 1021, dispatch received by unit 7a12, i contacted rp via telephone. He advised that he did not think that a crime occurred, but rather

someone may have used his backyard as an escape route during a police pursuit. Ladder granted access to the eastern neighbors yard. That neighbor advised nothing was taken. I thanked him for the information and advised that i would pass it on to my supervisors. He did not have cameras in his backyard that would assist pd tho. No further pd service requested. Nfi msc only.” (Sworn Officer)

Suspicious Person Call Narratives:

“2 males out in the area on bikes with flashlights 10 prior both poss bma’s 20’s both tall-- 600 thin build both in dark heavy coats or parkas unknown description pants no bags seen, nature of call: poss casing, nature of call: poss casing -10 prior, reg mens style bikes no further desc last wb stuart then nb college, broadcast, rp at 2745 stuart st in #2 will be leaving in 20 mins for work, dispatch received by unit 5a8, dispatch received by unit 5a10, unable to locate.” (Sworn Officer)

“On grant between parker st and blake, male living in a camper, house is under construction, bma, 50-60 5’8 med build with dark color sweat shirt, occ 2 mins prior tor, camper dark green is parked ifo the vacant house , rp thinks subj is casing the house under construction, dispatch received by unit 4a17, dispatch received by unit 4a5, dispatch received by unit 4a11, vehicle is gone on arrival c4 doing area check, unable to locate, susper is gone on arrival, attempted to contact rp with negative results” (Sworn Officer)

“2 bm’s with ties and clip boards, unknown what they wanted., ls eb on woolsey on ft, no further desc, dispatch received by unit 7a6, dispatch received by unit 6a7, 2nd caller from woolsey, 2 bm’s, 20’s.... #1 whi shirt, a tie and clipboard. #2 red and black jacket, no further desc., gone on arrival unable to locate.” (Sworn Officer)

Suspicious Vehicle Call Narratives:

“White van light off running and creeping around neighborhood for past 30 mins, 2 males in vehicle, wm’s or hm’s, flat bcst, vehicle still in the area, now ifo 2808 garber, gmc van, plate, now headed towards college, 2nd rp, dispatch received by unit 4a15,

dispatch received by unit s11, dispatch received by unit 3a6, dispatch received by unit s11, gone on arrival unable to locate.” (Sworn Officer)

“Ongoing issues with same vehicle driving around the elmwood area at night, rp thinks vehicle is casing, vehicle is now parked at elmwood laundry in parking lot, white gmc, washington plate, unknown if occupied, usually occupied by 2 hm’s aprox late 20’s - 30’s, dispatch received by unit 2a7, unoccupied.” (Sworn Officer)

“Blk chrysler with red rims, 4 yr old child in the car all by herself, rp is a witness just driving by, unknown plate on the chrysler, dispatch received by unit 2a3, rp now says there is an adult asleep in the car still thinks we should check it out, nature of call: 1042, dispatch received by unit 2a5, proves ok mother and daughter waiting for their father, who is a mechanic across the street, to get off work.” (Sworn Officer)

Vehicle Double Parking Call Narratives:

“Vehicle blocking roadway, construction vehicle, near Malcolm x school, double parked, large white work truck. Vehicle moved.” (Parking Enforcement)

“Vehicle double parked / blocking reporting parties vehicle from getting out, blk Audi sedan, hazards are on, reporting party in beige Nissan alt, gone on arrival.” (Parking Enforcement)

Vehicle Blocking Sidewalk Call Narratives:

“Blk Honda accord 8jdt371, no record, neighbor is in wheelchair has not been able to pass by, waiting for lock smith.” (Sworn Officer)

Vehicle Blocking Driveway Call Narratives:

Vehicle: white Honda, information given to parking, vehicle is a Honda clarity, the vehicle is in compliance and is not blocking the driveway homeowner can get into and out of the driveway, i will call and advise the reporting party of this.” (Parking Enforcement)

Abandoned Vehicle Call Narratives:

“Car has been at location for 2 1/2 weeks, vehicle: blk Dodge min van, nothing suspicious about vehicle per reporting party.” (Sworn Officer)

“Nature of call: 1 week, parked on sidewalk, windows down, back full of garbage, white ford pickup (late 80s) Husteads Towing en route.” (Sworn Officer)

Inoperable Vehicle Call Narratives:

“Across from, need flat bed, silver ford titanium sedan (TN), whole front end is smashed, tire is pushed in backwards with rim down to the ground, SVR Notes: BERRY BROS TOW, SILV FORD TITANIUM DWIGHT WY, #821, 19-1967, berry bros tow advised eta 20-30 min.” (Sworn Officer)

“Gold Toyota camry no rear lic plate, nb adeline from stanford seen just prior, rear tire look as if it's about to fly off, rear right, unable to locate, gone on arrival.” (Sworn Officer)

APPENDIX D

FIP and Related Course Training History

Professional Standards Division Personnel and Training Bureau

Fair and Impartial Policing:

Description: The science of human bias indicates that even the best officers might manifest bias and therefore even the best agencies must be proactive to achieve Fair and Impartial Policing. This training presents what is known about human biases and provides guidance to promoting Fair and Impartial Policing in the areas of policy, training, supervision/accountability, leadership, recruitment/hiring, institutional practices/priorities, outreach and measurement.

Keynote Speaker is Dr. Lori Fridell, former Director of PERF and a nationally recognized expert on Racially Biased Policing. BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
8/17/10	Dr. Lori Fridell	12	8 and Community Members
11/5/12	Dr. Lori Fridell	12	10
11/16/13	Dr. Lori Fridell	12	4***Train-the Trainer Course***
4/22/14 to 10/31/14	BPD	8	267
11/18/14	Dr. Lori Fridell	12	11 and Community Members
4/9/16	Dr. Lori Fridell	12	17 and Community Members

Fair and Impartial Policing Policy Training:

Description: The Berkeley Police Department will hold trainings on General Order B-4, Fair and Impartial Policing. The training will cover the purpose, definition, and policy related to Fair and Impartial Policing as well as the responsibility to report misconduct. Statistical dispositions and common questions related to this new policy will also be addressed. Presented by BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/23/14 to 11/25/14	BPD	1	167

Biased Based Policing:

Description: California State Commission on Peace Officers Standards and Training has developed a DVD course, "Bias Based Policing: Remaining Fair and Impartial" (formerly known as racial profiling) to satisfy the Continuing Professional Training requirement. This course is mandated by POST. This course was administered by supervisors and requires group discussion on topic.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/1/14 to 2/27/15	BPD	2	177

Principled Policing:

Description: This course provides a “how to” on teaching policy approaches that emphasize respect, listening, neutrality, and trust, while also addressing the common implicit biases that can be barriers to these approaches (implicit bias). Instructors were certified and trained by the California Department of Justice.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
9/21/16	DOJ	16	3***Train-the-Trainer Course***
5/15/17	CA POST	16	3***Train-the-Trainer Course***
12/28/17 to 1/25/18	BPD	8	64
12/17/20 & 1/14/21	BPD	4	88

Crisis Intervention Training:**36 to 40-hour Crisis Intervention Course:**

Description: Law enforcement personnel will receive information about mental illnesses, crisis and suicide intervention techniques, common psychiatric medications, crisis intervention training for adolescents, cultural competency in the community, post-traumatic stress disorder and officer resiliency, assessing the risk for violence in a mentally ill individual, Welfare & Institution Code 5150 “(mental health hold) procedures, Mobile Crisis information and community resource contacts. CIT trained officers develop an increased understanding of mental illness which enables them to effectively coordinate appropriate interventions for individuals with mental illness.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
7/28/11 to 10/26/18	Various	36-40	75 and counting

8-hour Crisis Intervention Course:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
1/31/13 to 5/13/13	BPD	8	106

2-hour Crisis Intervention Update:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
12/28/15 to 4/21/16	BPD	2	181
12/27/18	Berkeley Mental Health	2	17

Crisis Intervention for Dispatchers:

Description: This course is designed to provide Public Safety Dispatchers with an overview of mental illness, tools to assess suicidal callers, and crisis intervention techniques. Mental health issues unique to the youth, veterans, and senior citizens are discussed. Excited delirium and agitated chaotic events are explained.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
5/21/14 to 8/30/17	Alameda County Behavioral Health	16	17

Crisis Negotiations for Dispatchers:

Description: This course will provide the student with an understanding of hostage negotiations principles, knowledge of the various roles, responsibilities and challenges a Dispatcher may face in such a situation. Students will also learn techniques used by negotiators; field unit response to negotiations incidents; and techniques for dealing with the aftermath and stress management. It will also provide the student with the necessary information to practically apply these principles during critical incidents such as: Hostage situations Barricaded subjects Suicidal subjects when the student may be the call taker. This course also addresses “Swatting”.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/30/16 and 9/21/17	IXII Group	8	2

Communication- Keeping Your Edge:

Description: California State Commission on Peace Officers Standards and Training has developed a web based course, “Communications-Keeping Your Edge” to satisfy the Perishable Skills Continuing Professional Training requirement. This course is available to POST regulated employees at the POST Learning Portal online and its completion is mandated every two years.

The training will include verbal and non-verbal communication techniques, including responding to rude and abusive individuals, active listening, deflection, re-direction, and other communication techniques.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	POST	2	All Sworn

Tactical De-escalation:

Description: ***First POST approved Tactical De-escalation training***

The student will receive instruction designed to educate law enforcement officers in the theory, methodology, and application of tactical de-escalation skills. Course instruction is intended to provide the student with an in-depth understanding of tactics used to handle unarmed non-compliant subjects, subjects armed with weapons other than firearms, and subjects who may attempt suicide by cop. The course consists of lecture, video review and hands-on/practical tactical de-escalation training for in-service officers.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
6/14/16 to 10/27/16	BPD	8	135
8/13/18 to 3/12/20	BPD/Various	8	76

Harassment Prevention Training:

Description: Gov. Code 12950.1 (Amended by **SB 1343**) and the City of Berkeley prohibit harassment on the basis of sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, pregnancy, sexual orientation, gender, gender identity, gender expression, military and veteran status, and any other classifications protected by state or federal law.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	COB/BPD	1 to 2 depending on rank.	All Personnel

LGBT Awareness for Law Enforcement:

Description: This interactive course includes five modules that are designed to address the following learning outcomes:

1. The student will explain the difference between sexual orientation and gender identity and how these two aspects of identity relate to each other and to race, culture and religion.
2. The student will define terminology used to describe sexual orientation and gender identity.
3. The student will identify ways to create an inclusive workplace and to support LGBTQ+ co-workers.
4. The student will identify key moments in the LGBTQ+ civil rights movement.
5. The student will understand how hate crimes and domestic violence impact LGBTQ+ people.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
June – July 2021	Out to Protect	4	All Personnel

Upcoming Trainings:

Personnel and Training are currently in the process of scheduling additional 8 hour Implicit Bias training for the Fall 2021

APPENDIX E

FY 2020 Year End Workforce Report

ATTACHMENT 16: POLICE DEPARTMENT WORKFORCE BY OCCUPATIONAL CATEGORIES, RACE & GENDER

POLICE DEPARTMENT	TOTAL	M	F	WHITE		BLACK OR AFRICAN AMERICAN		HISPANIC OR LATINO		ASIAN		NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER		AMERICAN INDIAN AND ALASKA NATIVE		TWO OR MORE RACES		MINORITIES
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	
DEPARTMENT * REPRESENTATION	160	134 83.8%	26 16.3%	76 47.5%	15 9.4%	19 11.9%	4 2.5%	20 12.5%	3 1.9%	16 10.0%	2 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 1.9%	2 1.3%	69 43.1%
ALAMEDA ACS		85.7%	14.3%	47.7%	7.4%	11.7%	3.8%	9.6%	0.4%	11.8%	2.5%	2.9%	0.0%	0.3%	0.0%	1.8%	0.3%	45.0%
POLICE CHIEF REPRESENTATION	1	1 100.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
CAPTAINS REPRESENTATION	3	2 66.7%	1 33.3%	1 33.3%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
LIEUTENANTS REPRESENTATION	9	8 88.9%	1 11.1%	5 55.6%	1 11.1%	1 11.1%	0 0.0%	0 0.0%	0 0.0%	2 22.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
SERGEANTS REPRESENTATION	31	23 74.2%	8 25.8%	16 51.6%	5 16.1%	3 9.7%	0 0.0%	2 6.5%	1 3.2%	2 6.5%	1 3.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 3.2%	10 32.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
POLICE OFFICERS REPRESENTATION	117	101 86.3%	16 13.7%	54 46.2%	8 6.8%	15 12.8%	4 3.4%	18 15.4%	2 1.7%	11 9.4%	1 0.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.6%	1 0.9%	55 47.0%
ALAMEDA ACS		86.4%	13.6%	47.3%	6.6%	10.4%	4.3%	9.8%	0.4%	13.3%	2.0%	3.3%	0.0%	0.0%	0.0%	2.0%	0.3%	45.8%
NON - SWORN REPRESENTATION	91	30 33.0%	61 67.0%	10 11.0%	13 14.3%	12 13.2%	27 29.7%	3 3.3%	10 11.0%	5 5.5%	6 6.6%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 5.5%	68 75%
ALAMEDA ACS		57.9%	42.1%	19.7%	19.7%	2.0%	10.2%	11.4%	11.0%	19.7%	0.8%	0.0%	0.0%	0.8%	0.0%	2.4%	0.8%	59.1%

APPENDIX F

Community Based Organizations and Nonprofits Providing Services in Berkeley

Youth after-school and recreational programs

Youth Spirit Artworks

Youth Spirit Artworks works to empower homeless and low-income young people in Berkeley by teaching youth-specific vocational skills related to commercial arts and entrepreneurship, providing youth with an income from jobs training and sales of art and teaching budgeting and money management skills, helping youth modeling experiences of healthy family and community relationships, and promoting youth commitment to personal health and wholeness, including a commitment to nonviolence.¹

Currently the City of Berkeley only funds the Youth Spirit Artworks' (YSA) Youths TAY Tiny Homes Management program, which is discussed below, but funding could be expanded to their Fine Arts program that uses art jobs and jobs training to empower and transform the lives of youth, giving young people the skills, experience, and self-confidence needed to meet their full potential, and the Community Arts programs, that centers around public artmaking for community revitalization.²

Berkeley Youth Alternatives

Berkeley Youth Alternatives (BYA) uses a strength-based, holistic, continuum of care approach that emphasizes education, health and well-being, and economic self-sufficiency in order to help children, youth, and their families build capacity to reach their innate potential. BYA uses preventative measures by reaching youth before their problems become crises and uses intervention measures by providing support services to youth engaged in the youth justice system.

The City of Berkeley's fiscal year 2022 budget reflects an allocation of \$30,000 to the BYA After School Program³ and \$30,000 to BYA's Counseling program for children.⁴

Other programs at the BYA that would benefit from City funding are the Environmental Training Center, a youth internship program for youth ages 16-24 that teaches basic work ethic, professionalism and skills necessary for future employment,⁵ the youth and Family Opportunity Hub that focuses on increasing access to health and wellness services for low-income and uninsured children and their families⁶, Career Development Center which administers multiple employment readiness strategies for youth and young adults ages 16-24⁷, and lastly; Sports and Fitness which provides a structured and disciplined environment for participants to learn quality values such as teamwork, confidence building and self-discipline.⁸

Violence Prevention and Restorative Justice Programs

SEEDS Community Resolution Center will expect to see a \$22,553 allocation of City funding to provide facilitation, training, and coaching in restorative justice, community building, conflict resolution, restorative inquiry, verbal de-escalation, harm repair, and positive school culture and climate development. SEEDS School Services help to foster positive relationships among and between educators and students, thereby increasing students' engagement in school, and maximizing the effectiveness of the adults who serve them. SEEDS School Services can serve to strengthen the essential links between students, their peers, their families, and their educators.⁹

SEEDS also offers community mediation services that offer a supportive place where people can talk through their conflict in a productive manner,¹⁰ and conflict coaching to help people process and problem solve specific issues.¹¹

1 <https://youthspiritartworks.org/>

2 <https://youthspiritartworks.org/programs/community-art-program/>

3 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

4 <https://www.byaonline.org/programs/afterschool-center>

5 <https://www.byaonline.org/programs/health-and-environment/environmental-training-center>

6 <https://www.byaonline.org/programs/teen-center/youth-and-family-opportunity-hub>

7 <https://www.byaonline.org/programs/career-development-and-prevent-center>

8 <https://www.byaonline.org/programs/sports-and-fitness/sports-and-fitness>

9 <https://www.seedscrc.org/school-services>

10 <https://www.seedscrc.org/community-mediation>

11 <https://www.seedscrc.org/community-conflict-coaching>

Intimate Partner Violence, Sexual Violence and Sexual Exploitation Prevention and Intervention

The City of Berkeley does not currently fund any CBOs that work explicitly with survivors of intimate partner violence, sexual violence, or sexual exploitation; however, the City does fund two women's specific shelters. The Women's Daytime Drop-In Center's¹² Bridget Transitional House Case Management component will receive \$118,728, the Daytime Drop-In Services will receive \$48,153, and the Homeless Case Management – Housing Retention will receive \$100,190.¹³ Berkeley Food & Housing Project's Women's Shelter receives \$230,644 in City funding.

Organizations identified by members of the Task Force that support these population specifically, but who do not receive City funding include Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth (MISSEY)¹⁴, Bay Area Women Against Rape (BAWAR)¹⁵, and the Family Violence Law Center¹⁶. The City could also be innovative and develop RFPs for CBOs that work directly to support these populations of people. It should be noted that, while a large proportion of women experience these types of issues, men and LGBTQ populations experience them as well, which should be taken into consideration in the creation of RFPs.

Housing and Homeless Services

Building Opportunities for Self-Sufficiency (BOSS)

BOSS, which was summarized previously, currently receives \$932,975 which is the most funding of all the CBOs contracted in the City and centered on homelessness. BOSS current receives funding for their BOSS House Navigation Team that provides needs assessments, housing education, access to listings, advocacy with landlords, help filling out housing applications, connection to subsidies as available, and case management to facilitate a successful transition to housing along with critical time intervention to

¹² <https://www.womensdropin.org/>

¹³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

¹⁴ <https://misssey.org/>

¹⁵ <https://bawar.org/>

¹⁶ <http://fvlc.org/get-help/resources/>

ensure stabilization, Representative Payee Services to individuals who have been designated by Social Security as needing a payee to manage their income, or who have been referred for this assistance, Ursula Sherman Village Families Program and Village Singles Shelter a shelter for homeless disabled adults.

Youth Spirit Artworks (YSA); Tiny House Village

Youth Spirit Artworks' Tiny House Village¹⁷ was built in early 2021 for homeless Transitional Age Youth; age 18-23 in crisis. YSA partnered with a non-profit developer to create a multi-faceted, community-led Village with 26 tiny homes that was designed by the young people it will benefit. The completed Village features on-site communal bathrooms and showers, a kitchen yurt for residents to cook weekly communal meals and securely store their own food, community gathering space for meetings, and on-site Resident Assistants who live in the community. Residents in the Village, are engaged in building a strong and connected community, have opportunities for personal and professional growth, including access to training and mentorship in the following areas: artmaking, art entrepreneurship and sales, nonprofit management, gardening, sewing, medicine, music, biking and exercise, cooking, construction, and more. Residents are supported in developing a responsibility to the community at large, achieved through connections to local faith organizations and active involvement with local social justice projects. Additionally, all residents at the Village take part in YSA's core jobs training program, where they will receive wrap-around case management services and engage in youth-led workshops around healthy interpersonal relationships, restorative practices, and more.¹⁸

YSA is expected to receive an \$117,000 allocation from the City for the case management component¹⁹ of the initiative, however expanding funding to build up the community would be incredibly impactful.

Rebuilding Together

Rebuilding Together works to bring warmth, safety, and independence to Berkeley residents by

¹⁷ <https://youthspiritartworks.org/programs/tiny-house-village/>

¹⁸ <https://youthspiritartworks.org/programs/tiny-house-village>

¹⁹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

revitalizing homes and neighborhood facilities.²⁰ The City is expected to allocate \$98,275, to the Our Safe at Home program, which provides safety assessments and hazard elimination for qualified applicants. By implementing safety modifications such as grab bars in the bathroom, handheld shower heads, elevated toilet seats, exterior handrails, or wheelchair ramps, the Safe at Home program helps prevent accidents or exposure that can cause injury, illness, or even death. The Safe at Home program improves quality of life for its clients by performing upgrades including painting, lead abatement, repairing/installing heating systems, replacing electrical panels, smoke alarm installation, fire extinguishers, and carbon monoxide detectors to address environmental hazards in the home.²¹

City funding could be expanded to the Community Facility Improvement program which provides local nonprofits and community centers with much-needed repairs and upgrades, which will contribute to an organizations' ability to effectively serve the Berkeley community. Rebuilding Together also provides emergency repairs services and energy and efficiency upgrades, reducing the number of residents living in uninhabitable conditions.²²

Food security, increased access to nutritious food

Healthy Black Families Inc.

Healthy Black Families Inc, educates, engages, and advocates for the holistic growth and development of diverse Black individuals and families. They will receive funding for their Sisters Together Empowering Peers (STEP) program; a peer-led support and empowerment group that addresses health and social inequities for African American parenting women in our community, but funding could be expanded to their program; Thirsty for Change (T4C), a healthy eating and nutrition education and advocacy program that engages Black families in South and West Berkeley through a wide array of activities to improve the health of the community.²³

²⁰ <https://rtebn.org/>

²¹ <https://rtebn.org/our-work/#our-programs>

²² <https://rtebn.org/our-work/#our-programs>

²³ <https://www.healthyblackfamiliesinc.org/t4c>

Mental Health and Co-Occurring Conditions

Bonita House

As previously explained, Bonita House provides mental health and addiction treatment, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The City currently allocated \$24,480 to its case management services, which could be increased substantially to build capacity and efficacy of its services.

Bay Area Community Resources; School Based Behavioral Health Services (BACR)

BARC provides school-linked mental health and prevention services for middle and high school children and their families, in high-need. BACRs prevention and early intervention approach draws from evidence-based practices and proven resiliency models utilizing experienced licensed and pre-licensed clinicians.²⁴ BACR offers restorative, culturally humble, and trauma-informed mental health services to help youth cope with challenging life circumstances and develop positive strategies to be successful and healthy in and out of school.

Substance Use and Addiction

New Bridge Foundation

The New Bridge Foundation (NBF) is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. It does not currently receive City funding but is a well-known and respected CBO in the community, and could benefit from expanded funding.

Healthcare Management

Lifelong Medical Care (LMC)

The City will allocate a total of \$304,398 for some treatment services such as geriatric and hypertension care, however LMC also has initiatives such East Bay Community Recovery Project, which supports the self-sufficiency and wellness of individuals and

²⁴ <https://www.bacr.org/behavioral-and-mental-health>

families by providing comprehensive and integrated services for mental health, substance use and related health conditions while addressing housing and employment.²⁵ They also have a program called Heart to Heart which fosters the idea that community connectedness and cohesion through community engagement, building relationships, and trust are critical for improving community health.

Heart 2 Heart works to prevent high blood pressure and heart disease while connecting community members to resources and services they need. The Heart 2 Heart program serves as a bridge between community members and health centers throughout the Heart 2 Heart community.²⁶ Funding can also be increased for their Case Management Tied to Permanent Housing program (\$163,644), Supporting Housing Program (\$55,164), and Street Medicine/ Trust Clinic (\$50,000).²⁷

Berkeley Free Clinic

The Berkeley Free Clinic is a health collective that provides free medication, supplies, dental and medical care, peer counseling, and community referrals. The Clinic relies solely on individual or organizational donations and government support and is one of the only clinics in California offering primary health care free of charge. The clinic maintains that health care should be available at a level and quality sufficient to meet the basic needs of everyone regardless of race, gender, age, immigration status, income level, or any other characteristic, and believes health care is a right, not a privilege. The clinic is expected to receive only \$15,858 for the Free Women and Transgender Health Care Service. Funding for this program could be significantly increased. Funding could additionally be expanded to services such as the Outreach Team which uses volunteers to hand out hot meals, hygiene supplies, and more to people in need, TB Tests, Local, Resource Navigation & Referrals, Health Insurance & Food Benefits, Peer Counseling, STI, Screenings & Treatment, UTI Testing & Treatment, Hepatitis, HIV, and TB Counseling +, Screenings, and Dental Services.²⁸

25 <https://lifelongmedical.org/ebcrp/>

26 <https://lifelongmedical.org/heart-2-heart/>

27 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

28 <https://www.berkeleyfreeclinic.org/servicesupdate>

Economic development and new city jobs

Inner-City Services (ICS)

ICS will receive just \$101,351 of City funding to provide comprehensive employment training and job placement services to thousands of Bay Area residents. ICS combines traditional content-based education with hands-on classroom training and cutting-edge computer technology. ICS's main objective is to instill workplace character values: a sense of pride and professionalism, dignity, respect, integrity, and excellence throughout our diverse student body, in order to help people thrive in society and the business world.²⁹

Multicultural Institute

Multicultural Institute (MI) helps increase access to opportunities for immigrant families to reach economic stability, and their programming uses strategies to enhance economic, educational, and skill opportunities, cultivate leadership development, provide direct services, and stimulate positive transformation of individuals, families, and communities. These programs ultimately, assist individuals in contributing and participating in the civic life and well-being of their community. MI will receive \$68,136 for their Lifeskills Program³⁰ that provides economic development, vocational skill development, learning opportunities, and immigration and health services to people living in Berkeley.³¹ In addition to their Lifeskills program MI will receive \$33,603 in City funding for their Youth Mentoring program.³²

29 <https://www.icsworks.com/about.php>

30 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

31 <https://mionline.org/what-we-do/>

32 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

Parks and open spaces including activities for young people and families

Berkeley Community Gardening Collaborative (BCGC)

Berkeley Community Gardening Collaborative is a diverse group of community garden members who share a commitment to organic, urban agriculture and access to healthy food for all residents of Berkeley. They protect existing gardens, facilitate the formation of new gardens, and advocate for food security initiatives in local schools and within the city. BCGC actively seeks to create a more sustainable society by engaging in urban agriculture, the preservation of open space, habitat restoration, and cultivating community. To broaden its impact and build alliances, BCGC partners with other organizations that share its goals. BCGC will receive \$11,895 in City funding, which could be expanded to strengthen their impact on communities in Berkeley.³³

Moving South Berkeley Forward (MSBF)

Moving South Berkeley Forward is a youth-driven environmental, social justice project focused on community health and educational equity in South Berkeley and is spearheaded by youth of color and the South Berkeley community. This project is a joint effort between the Berkeley Community Gardening Collaborative, UC Berkeley's Environmental Science, Policy & Management Department, Berkeley High School, and the community of South Berkeley. MSBF wants the community to have accessible health resources and a better future.³⁴ MSBF does not currently receive any City funding.

Childcare

BANANA

BANANAS works in partnership with early education providers in order to provide support for families in their parenting journey. BANANAs programs and services include assisting families find and pay for quality childcare, parenting workshops, playgroups, and professional development for all types of early care and education providers. Their services and

³³ <https://ecologycenter.org/bcgc/>

³⁴ <https://movingsouthberkeleyforward.weebly.com/>

support allow working families to thrive and be confident their children are in quality and nurturing learning environments.³⁵ BANANA Currently receives funding for childcare subsidies (\$283,110), playgroups (\$10,527), and Quality Rating and Improvement System services (\$95,000).

The City could additionally, expand funding subsidies to early childcare providers such as Nia House Learning Center in West Berkeley, and Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.). Nia House Learning Center's mission is to bring together children from different socio-economic backgrounds to grow and work in harmony and cooperation, and to actively work toward all of Dr. Maria Montessori's concepts, especially that of peace through education.³⁶ BAHIA Inc. is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁷

Bay Area Hispano Institute for Advancement

Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.) is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁸

LGBTQ Services and Support

Pacific Center for Human Growth (PCHG)

Pacific Center for Human Growth is the oldest LGBTQIA+ center in the Bay Area, the third oldest

³⁵ <https://bananasbunch.org/about/>

³⁶ <http://www.niahouse.org/>

³⁷ <https://www.bahiainc.com/about-us>

³⁸ <https://www.bahiainc.com/about-us>

in the nation, and operates the only sliding scale mental health clinic for LGBTQIA+ and QTBIPOC people and their families in Berkeley.³⁹ PCGH helps enhance the mental health and overall well-being of LGBTQIA+ and QTBIPOC communities by providing culturally responsive therapy, peer to peer support groups, community outreach services, and facilitated workshops. The City will allocate \$23,245 to their Safer Schools Project, but funding could be expanded to their Youth Program that supports young people in feeling connected, supported, and uplifted.⁴⁰

Community Alternative Placement Hub (CAPH)

In order to complement the CERN as it relates to a response to a CFS, certain CBOs should be designated as “community alternative placement hubs” (CAPH) which can serve as an alternative to jail or mental institutions for people in need or immediate shelter or services who have not committed any crime.

BOSS, Bonita House New Bridge Foundation and Bay Area Community Services (BACS) have already been identified above in and previous section and could additionally be well positioned CBOS to build out the CERN and serve as CAPHs. BOSS, which was summarized in an above section, currently receives the most funding of all the homeless CBOs contracted in the City could be best positioned to serve as a general CAPH for people in crisis or experiencing a high need of services or intervention. Bonita House could serve as a hub that specifically handles people with mental health crises and co-occurring conditions cases, and the Newbridge Foundation could be utilized specifically for people experiencing substance abuse crises. BACS can also serve as a candidate for a CAPH for people experiencing crises related to homelessness and behavioral health needs.

Additionally, and specific for youth in need of immediate shelter and services, the **Youth Spirit Artworks**; TAY Tiny Homes could also be utilized. Lastly, the New Bridge Foundation, which does not currently receive City funding could also be utilized as a CAPH, for people with mental health challenges.

³⁹ <https://www.pacificcenter.org/about-us>

⁴⁰ <https://www.pacificcenter.org/youth-programs>

APPENDIX G

Berkeley Calls for Service Analysis

EXECUTIVE SUMMARY

The Berkeley City Auditor conducted an extensive report on Berkeley Police Department (BPD) calls for service (CFS or events) which was published in July of 2021. This report has been prepared to illustrate the application of NICJR's CFS classification methodology to BPD CFS data. To the extent possible, the City Auditor's analyses have not been replicated.

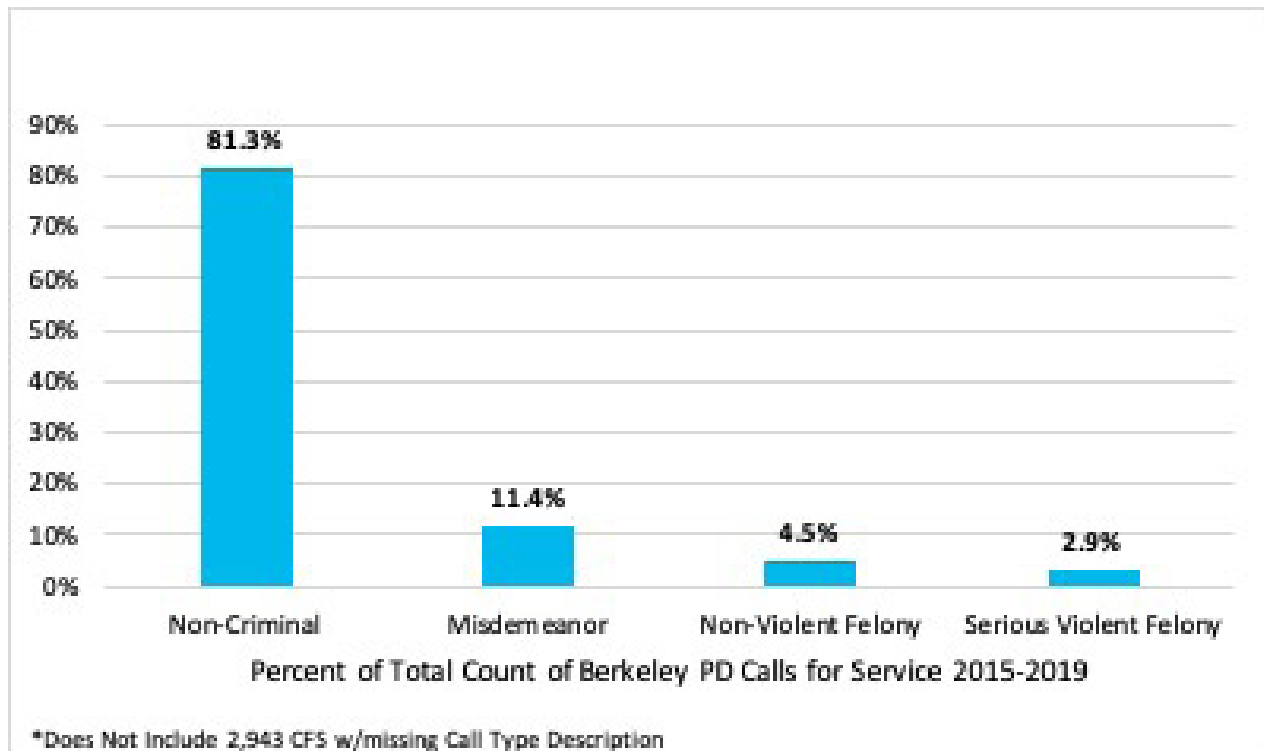
Specific Analysis Objectives

1. Provide an analysis of BPD calls for service according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

Findings

A review of over 358,000 calls for service covering the period 2015-2019 found that over 81 percent of BPD calls were for Non-Criminal events. Only 7.4 percent of calls were associated with felonies of any kind.

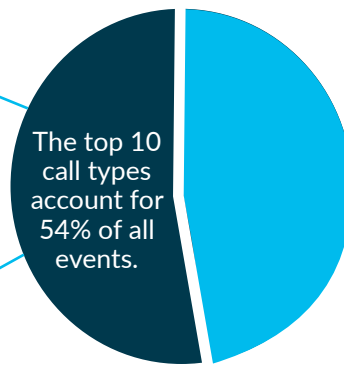
Figure 1. Calls for Service by Crime Category



Although the BPD utilized nearly 200 call types during the study period, just ten comprised over half of all events.

Table 1. Top 10 Call Types, Auditor Report

Call Types	Total Events
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899



NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network. Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

Tier 1: CERN dispatched only

- Event type: Non-Criminal

Tier 2: CERN lead, with officers present

- Event type: Misdemeanor with low potential of violence
- If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.

Tier 3: Officers lead, with CERN present

- Event type: Non-Violent Felony or an arrest is likely
- If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.

Type 4: Officers only

- Event type: Serious Violent Felony or high likelihood of arrest

Default Tier assignments are adjusted based on factors including call type arrest rates and a qualitative assessment of whether specific call types would benefit from an alternate response; the arrest analysis typically results in CFS “moving up” a Tier, whereas the alternate response benefit analysis generally results in CFS moving down a level. In Berkeley, application of the default Tier assignment, adjusted to take into account arrest rates and alternate response benefit, results in 50 percent of BPD events being categorized as Tier 1; CERN would play a lead role in responding to over 64 percent of all CFS.

Table 2. Recommended Tiered Dispatch Model

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Of the top ten call types by call initiation source, 100 percent of On-View, and 80 percent of 911 and Non-Emergency event types are assigned to CERN Tier 1.

Table 3. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

An average of slightly more than 2 officers responds to each CFS, spending an average of .61 hours event, as measured by arrival on-scene to call clearance.

Table 4. Time Spent Responding to Events

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Total	187,644	.61	18.8%

KEY RECOMMENDATIONS

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched per event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR recommends that alternative response options be developed for the 50 percent of CFS that do not require a law enforcement response. This process should involve an assessment of both relevant municipal and community-based resources that can serve as the basis for the Berkeley CERN.

OBJECTIVES, SCOPE, AND METHODOLOGY

This report is designed to:

1. Provide an analysis of BPD CFS according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

NICJR has developed a tailored approach to the analysis of CAD (Computer Aided Dispatch) calls for service data based on hands-on experience in multiple cities nationwide. NICJR CFS analyses use the following categorization of *final disposition* CAD events: Non-Criminal (NC), Misdemeanor (MISD), Non-Violent Felony (NV FEL), and Serious Violent Felony (SV FEL). NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

NICJR uses this method of categorizing events because it affords the most linear correlation between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

NICJR's methodology was informed by an assessment of the limitations of other approaches to categorizing CAD data. Alternative approaches include matching CFS to Federal Bureau of Investigation (FBI) Uniform Crime Report (UCR) categories or to the newer National Incident Based Reporting System (NIBRS) categories. Both options have serious limitations. The UCR data set only includes violent and property crimes, while the more expansive NIBRS platform has not been widely adopted by policing agencies. In 2018, for example, UCR data was submitted for 16,659 (out of 18,000) law enforcement agencies across the country, while only 7,283 reported crime data via NIBRS.¹

With respect to the present analysis, the BPD provided NICJR with a comprehensive CFS data set for calendar years 2015-2019, representing 358,269 unique calls for service.

Each year's worth of data included the call type descriptions for the respective reporting period. There were 183 available call type descriptions for each year. The data set included 18 non-traffic related disposition codes by which calls were cleared or disposed. There were also numerous Racial Identity and Profiling Advisory (RIPA) Board disposition codes as required by Assembly Bill 953, which requires law enforcement agencies to collect "perceived demographic and other detailed data regarding pedestrian and traffic stops."

NICJR consolidated these call types into four descriptive Crime Categories for reporting purposes: Non-Criminal, Misdemeanor, Non-Violent Felony, and Serious Violent Felony. Call types were assigned to Crime Categories based on mapping to the California Penal Code Part 1, Title 1-15. A crosswalk of BPD call types used during the 2015-2019 period, and Crime Categories, is provided in [Appendix A](#).

¹ [dd_number_of_leas_enrolled_part_status_and_method_of_data_sub_by_pop_group-2018_final.pdf \(fbi.gov\)](#)

Table 5. NICJR Crime Categories

Crime Category	Description
Non-Criminal (NC)	Any event not identified in the California State Penal Code
Misdemeanor (MISD)	Any event identified in the California State Penal Code as a Misdemeanor
Non-Violent Felony (NV FEL)	Any event identified in the California State Penal Code as a Non-Violent Felony
Serious Violent Felony (SV FEL)	Any event identified in the California State Penal Code as a Serious Violent Felony

Call type description variables also allowed NICJR to determine CFS initiation source – BPD Public Safety Communications Center, officer-initiated activity or On-View, CHP transfer, telephone, VOIP, or other source.

In addition, CFS response time data was used to determine how long it takes BPD officers to respond to CFS and how much time officers spend on CFS by incident type once they arrive on-scene. There were five-time variables provided in the data. To determine how long it took officers to respond to CFS, NICJR assessed the length of time between call dispatch and an officer arriving on-scene. To determine how long officers spent responding to events, NICJR analyzed the length of time between an officer arriving on-scene and clearing the call. NICJR was also able to use CAD data to determine the mean number of officers responding to each type of call by Crime Category.

Table 6. Berkeley CAD Data Time Variable Descriptions

CAD Data Variable Label	CAD Translation
CreateDateTime	Time call first came into the Communications Center
DispatchTime	Time call was first dispatched to an officer
EnRouteTime	Time officer is enroute to the scene of a call
OnSceneTime	Time officer arrived on-scene
ClearTime	Time officer is back in service to take new calls

CHARACTERISTICS OF CALLS

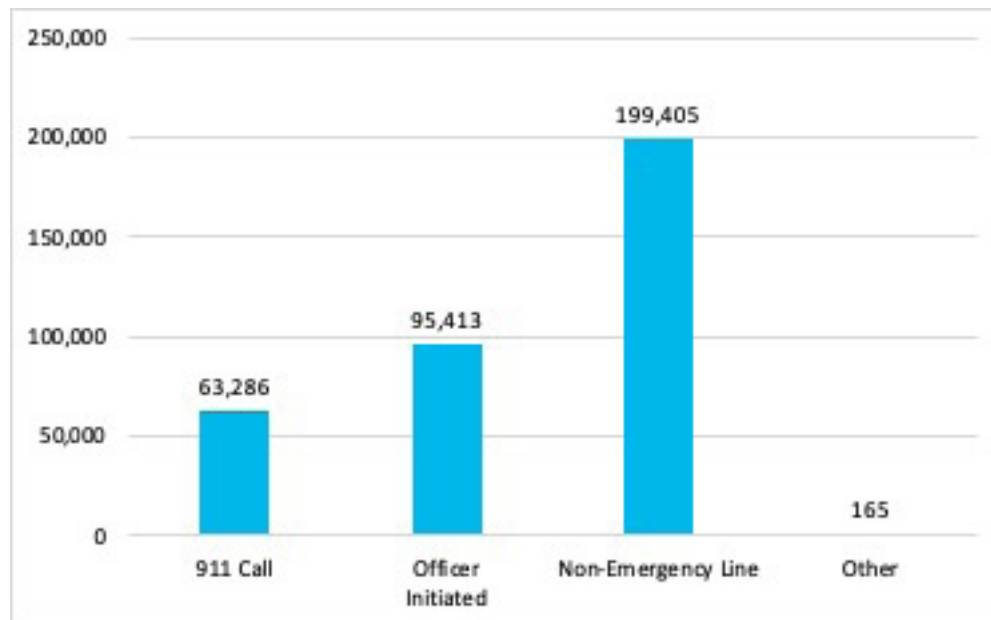
Analysis of 358,269 events from 2015-2019

NICJR analyzed the CFS data set across a number of metrics including overall call type frequency, call initiation source, and call Crime Category. Figures and tables in this section draw from a sample of 358,269 unique calls for service covering the period 2015-2019 within the CAD files NICJR obtained from BPD. As noted in the Objectives, Scope, and Methodology, section above, BPD used 183 unique call types during the reviewed period. This section provides various analyses of this data.

Event Initiation

Calls for service may be initiated in three primary ways: by calling 911, by calling the BPD non-emergency line, or by officer-initiated call. The other ways in which a CFS may be initiated are through a CHP transfer, telephone, VOIP, alarm, cell phone, on view, traffic stop, or other means. Figure 1 shows the proportion of events by initiation source. Over 55 percent of all calls during the 2015-2019 period were initiated through the non-emergency line.

Figure 2. Events by Initiation Source



* Does not include calls with missing values

Top Ten Events

Table 7 provides the top ten events by Initiation Source. Together, these call types comprised 68 percent of all BPD events over the study period.

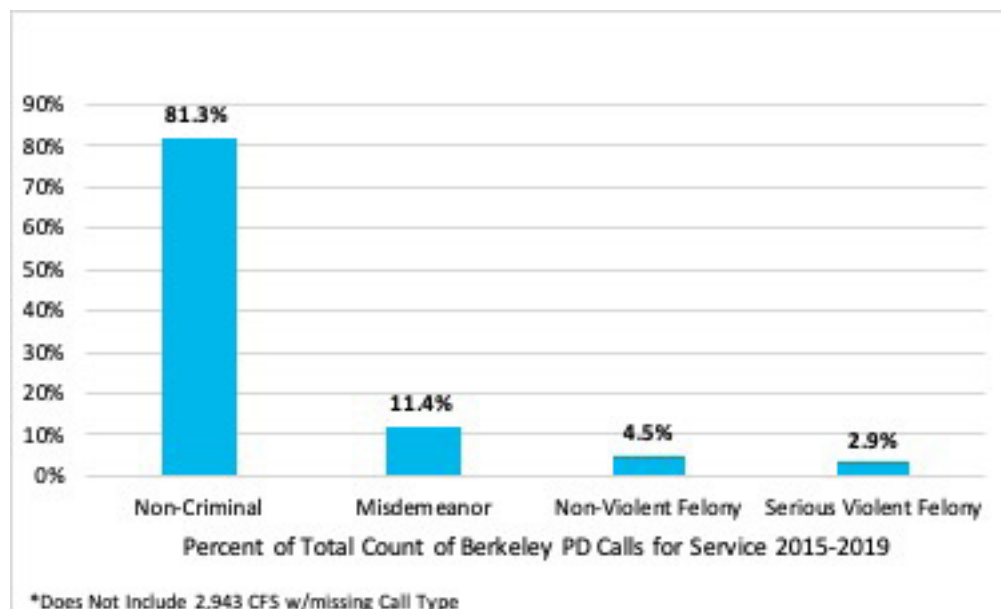
Table 7. Top 10 Calls by Initiation Source

Officer Initiated	911 Emergency	Non-Emergency Line
Traffic	Disturbance	Disturbance
Security Check	Wireless 911	Audible Alarm
Pedestrian Stop	Ascertain 911	Noise Disturbance
Officer Flagged Down	Welfare Check	Welfare Check
Suspicious Vehicle	Suspicious Circumstances	Trespassing
Parking Violation	Battery	Petty Theft
Bike Stop	Suspicious Person	Advice
Abandoned Vehicle	Family Disturbance	Suspicious Circumstances
Found Property	Petty Theft	Parking Violation
Disturbance	Mental Illness	Suspicious Person

Events by Crime Category

Figure 2 shows the frequency of call types by Crime Category. BPD averaged 71,654 events per year during the analysis period. The vast majority of these CFS, 81.3 percent, are classified as Non-Criminal; as reflected in [Appendix B](#), Non-Criminal CFS consistently comprised a majority of events during the 2015 to 2019 period.

Figure 3. Percent of Events by Crime Category



*Does Not Include 2,943 CFS w/missing Call Type Description

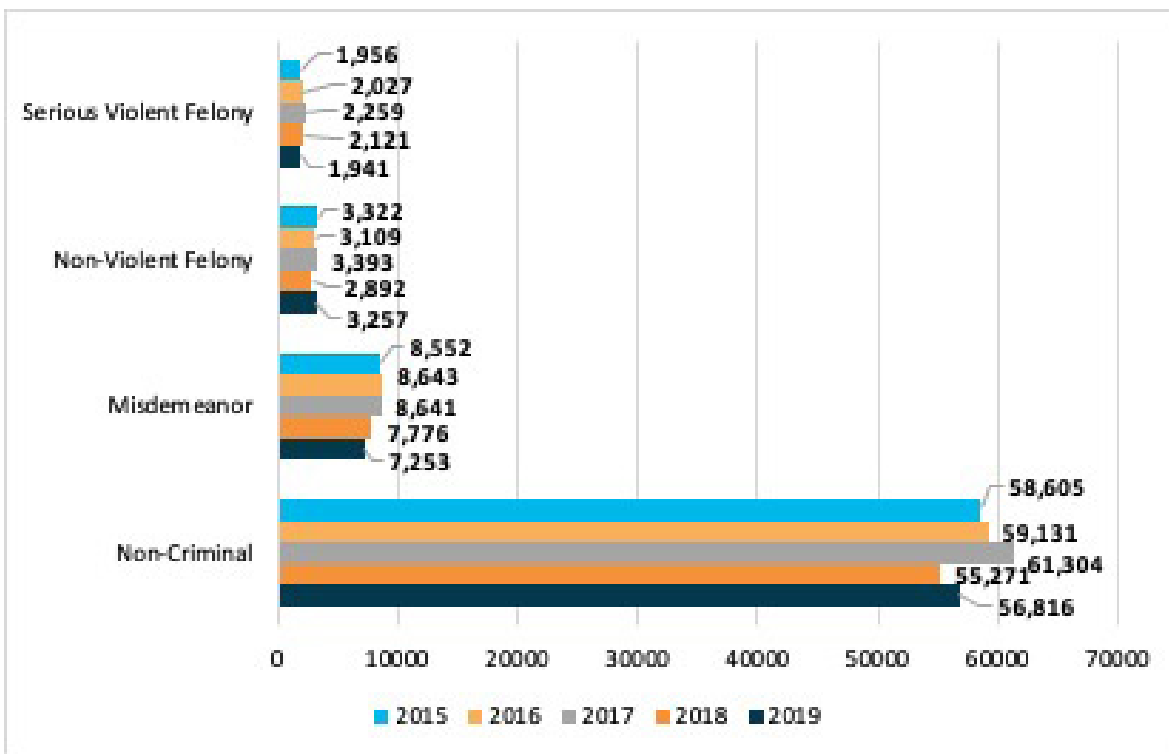
During the five-year period reviewed, at least 96.7 percent of On-View events were Non-Criminal and over 76 percent of 911 calls comprised Non-Criminal events. Interestingly, Officer-Initiated calls were the most likely to be Non-Criminal.

Table 8. Percent of Non-Criminal Events by Initiation Source

Event Initiation Source	Year				
	2015	2016	2017	2018	2019
911 Calls	77.5%	76.6%	76.6%	76.7%	72.7%
Non-Emergency Calls	72.3%	72.7%	72.8%	73.5%	71.1%
Officer-Initiated	98%	98.3%	98.1%	96.7%	96.9%

Figure 3 identifies the number of events by Crime Category over the review period. The total number of events across all categories declined between 2015 and 2019.

Figure 4. Number of Events by Crime Category



NUMBER OF RESPONDING PERSONNEL

The number of personnel who responded to CFS varied depending on the event type. Table 9 shows the average number of personnel who responded to a CFS by Crime Category. As expected, when dealing with a call that is more serious in nature, the average number of responding officers was higher than for a less serious event. The average number of responding personnel across all event types was 2.4.

Table 9. Responding Personnel by Crime Category

	Non-Criminal	Misdemeanor	Non-Violent Felony	Serious Violent Felony
2015	1.8	1.7	1.9	4.2
2016	1.8	1.7	1.7	4.5
2017	1.8	1.7	1.9	4.4
2018	1.7	1.7	1.8	3.7
2019	1.7	1.7	1.9	3.8

Time Spent Responding to Calls

Tables 10 and 11 outline the total amount of time spent on CFS by Crime Category. In determining the time spent on event response, NICJR analyzed two time periods. First, the time period beginning when an officer arrived on-scene to when the officer closed or “cleared” the call and was back “in-service” and able to take other calls. Using this methodology, NICJR was able to identify how much time officers actually spent handling a specific call. An alternate and more comprehensive view of officer response time accounts for the time from event initiation to close.

Table 10. Time Spent Responding to Events, On-Scene to Close

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Grand Total	187,644	.61	100.0%

Note* Excludes calls with missing on-scene or clear times.

Table 11. Time Spent Responding to Events, Initiation to Close

Crime Category	Total Hours Initiation to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	266,832	1.0	42.1%
Misdemeanor	120,063	2.9	18.9%
Non-Violent Felony	161,656	4.8	25.5%
Serious Violent Felony	85,703	2.5	13.5%
Grand Total	634,254	3.4	100.0%

Note* Excludes calls with missing on-scene or clear times.

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response. This model, the Community Emergency Response Network (CERN), builds upon NICJR's CFS classification structure.

Once each call type is associated with one of NICJR's four CFS Categories, an additional step is taken to do a default assignment of CFS to CERN Tiers as follows:

Figure 5. Tiered Dispatch



CERN default Tier assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 12. CERN Tier Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Figure 6. Total Arrest Rate Count Dispersion Scatterplot

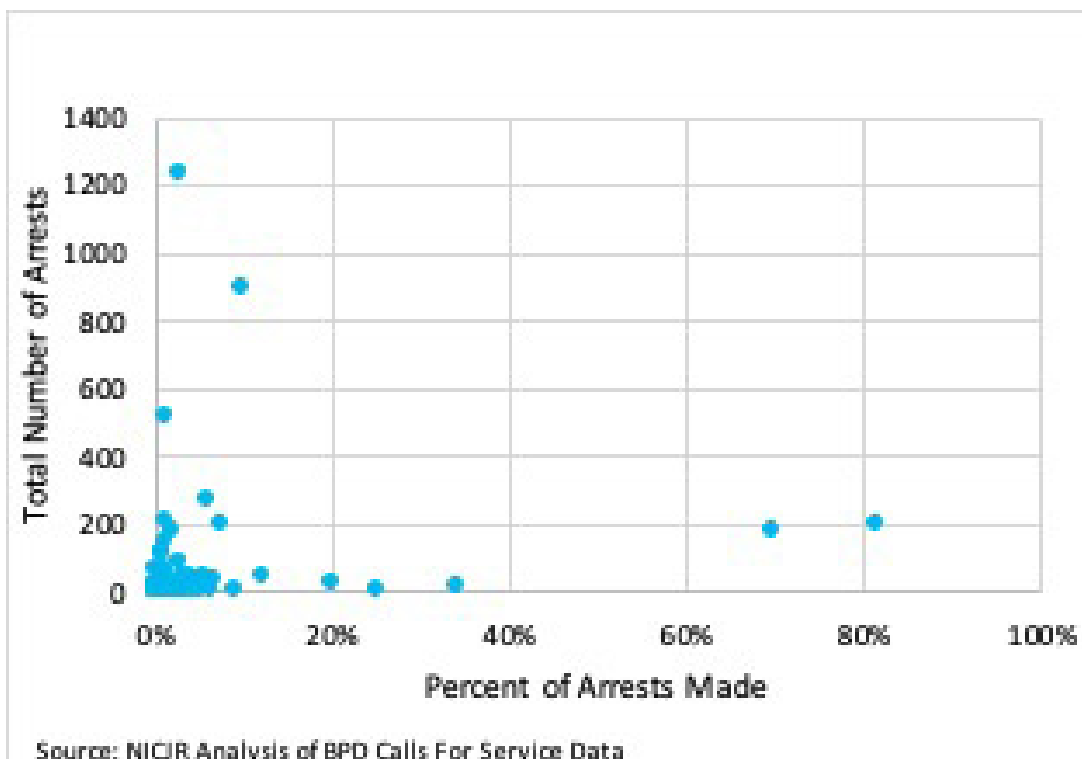


Table 13. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR's assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. Conversely, some call types moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement agency, for example, a BPD response is required.

Table 14. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 14, 50 percent of BPD CFS could be handled solely by a community-response, reflecting 76 percent of BPD calls for service.

NICJR appreciates that there may be questions about the assignment of certain call types to Tier 1. Selected Tier 1 event types have been tagged for additional explanation of Tier assignment in that vein; the explanations can be found following in [Appendix C](#).

As a final cut of the data, Table 15 depicts the top ten call types by initiation source and CERN Tier. One hundred percent of the top ten On-View event types, and 80 percent of top ten 911 and Non-Emergency event types, are assigned to CERN Tier 1.

Table 15. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

RECOMMENDATIONS AND CONCLUSION

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched for event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS types, representing 76 percent of all calls for service, can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR offers the following recommendations:

Key Recommendations

1. Alternative response options should be developed for the 50 percent of CFS that do not require a law enforcement response or are appropriate for a dual response by law enforcement and a community-based/non law enforcement service provider.

Data-Specific Recommendations

2. Develop a mechanism for clear identification of mental health related calls within the data including ones that overlap with homelessness.
3. Provide a coding element in the data that allows a researcher or analyst to identify those types of calls that result in a use of force including the type of use of force.
4. Create a publicly accessible data key for all of the variable code types in BPD data.

APPENDIX H

Berkeley Calls for Service Analysis

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INTRODUCTION

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing. The New and Emerging Models of Community Safety and Policing report has been prepared in response to that charge. NICJR submits this report to the Reimagining Public Safety Taskforce (RPSTF) to inform the RPSTF's development of recommendations for submission to the Berkeley City Council (Council) on alternative responses and police reforms.

The report comprises a brief overview of several examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. As hundreds of cities across the country engage in reimagining public safety processes and launching new programs or altering existing models, this report could not possibly be universally comprehensive; it does however provide the RPSTF and the Council with illustrative examples of key options to consider as the City of Berkeley (City) reimagines its public safety system. The programs and strategies featured in this report were selected based on a number of factors including relationship to the core pillars of NICJR's reimagining framework: **Reduce, Improve, Reinvest**; level of institutionalization and track record; City of Berkeley staff and RPSTF request; and relevance to particular reform efforts underway or likely to be underway in Berkeley.

Note that one aspect of police reform, relating specifically to police oversight, is not directly addressed in this report. Review of these bodies was not included due to the City's new Police Accountability Board, approved overwhelmingly by the voters in November 2020. The Berkeley Police Accountability Board will be one of the most expansive and progressive of its kind in the country when launched in the summer of 2021.

NICJR's second commissioned report for the City, *Alternative Responses to Law Enforcement*, will draw from and build upon several of the new and emerging models outlined herein.

This report last updated October 2021. Due to the evolving nature of these models, information may be outdated.

EMERGING NON-ENFORCEMENT MODELS OF COMMUNITY RESPONSE



Police departments receive a large volume of 911 calls or other Calls for Service (CFS) requesting emergency response. In the past several decades policing has evolved from officers walking beats to departments primarily responding to CFS with patrol officers in squad cars. A number of new assessments of these CFS have revealed that a majority are low-level or even non-criminal in nature, like noise complaints, abandoned cars, and petty theft. Multiple analyses have estimated that less than 2 percent of CFS are for violent incidents.^{1,2} Retired Chicago police officer David Franco explains “We spend entire shifts dealing with noncriminal matters from disturbance and suspicious person calls...With so many low-level issues put on our shoulders, police cannot prioritize the serious crimes.”³

In addition to responding to a high volume of low-level and non-criminal 911 CFS, police have also been increasingly asked to respond to people experiencing mental health crises. Many of these encounters have resulted in uses of force by police, including deadly officer involved shootings. A number of the emerging examples of effective community driven crime reduction and emergency response models focus specifically on mental health incidents.

Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS)

Crisis Assistance Helping Out on The Streets, or CAHOOTS, is a mobile emergency intervention

service established in 1989 in Eugene, Oregon.⁴ This program is free and readily available twenty-four hours a day for mental health and other non-violent related calls.⁵ CAHOOTS is directed by the White Bird Clinic, a regional health center in partnership with the City of Eugene. Each CAHOOTS unit is comprised of an emergency medical technician (EMT) and a mental health service provider.⁶

CAHOOTS staff are required to go through 40 hours of classroom education and over 500 hours of field work that is supervised by a qualified guide. Their education consists of de-escalation methods and emergency response services. CAHOOTS personnel are able to perform wellness checks, offer mental health services and substance use resources, administer medical aid, and provide mediation assistance.⁷

More than 60 percent of CAHOOTS clients are experiencing homelessness and nearly 30 percent have serious mental illness. CAHOOTS had some level of involvement in nearly 21,000 public-initiated CFS in 2019, with the number of calls having steadily increased since the program’s inception. Among all adults involved with CAHOOTS, the average age was 45.5 years.

Numerous evaluations have shown consistent, robust results for the CAHOOTS program. Approximately 5-8 percent of calls are diverted from the police to CAHOOTS, comprising nearly 14,000 calls annually that CAHOOTS alone responds to annually, according

1 <https://www.vera.org/downloads/publications/understanding-police-enforcement-911-analysis.pdf#page=134>

2 <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>

3 <https://chicago.suntimes.com/2020/12/9/22166229/chicago-police-department-911-calls-civilian-community-responders-cpd>

4 Id.

5 <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhood-strengthening-public-safety-community-empowerment/>

6 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

7 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

to an analysis of 2019 CFS. Of these, only 2.2 percent necessitated backup or police involvement.⁸ The program costs approximately \$2 million annually and generates an estimated \$8.5 million in savings for the Eugene Police Department along with an additional \$2.9 million in savings for other city government agencies.^{9,10}

Several cities have explored or are currently implementing replications of CAHOOTS. In Oakland, the city is preparing to launch the Mobile Assistance Community Responders of Oakland (MACRO) initiative.¹¹ The pilot program will be managed by the Oakland Fire Department and will be available twenty-four hours per day, seven days per week in two-person teams.¹² The City of Oakland has allocated \$4.5 million for the year 2022-2023 along with \$10 million in other funding. The program is projected to pilot in East Oakland neighborhoods anywhere from November 2021 to February 2022.¹³

Denver Support Team Assisted Response (STAR)

Based on the CAHOOTS program in Eugene, Oregon, STAR is a community responder model created in 2020. STAR is a joint effort between many stakeholders, including the Denver Police Department (DPD), Denver's Paramedic Division, Mental Health Center of Denver, and community-based organizations. STAR provides direct, emergency response to residents of the community who are experiencing difficulties connected to mental health, poverty, homelessness, or substance use. The STAR transport vehicle operates seven days a week from 6 AM to 10 PM.¹⁴ The time frame of operation was

chosen based on an analysis of CFS data.¹⁵ STAR unit staff are made up of unarmed personnel, with each team including a mental health service provider and a paramedic.¹⁶

Before the implementation of STAR, calls to 911 were either transmitted to the DPD or the hospital system. The majority of calls (68 percent) routed to STAR concerned individuals that were experiencing homelessness. Around 41 percent of individuals who STAR had been involved with were referred to additional services by the STAR unit staff.¹⁷

In just half a year after the program was established, the STAR unit had addressed 748 calls. The DPD was never called to support the unit in responding to these CFS. Moreover, there were no arrests made in any of the calls evaluated during the initial six months of program operation. To expand the program, the City of Denver has approved \$1 million from the City's supplemental fund to go along with the already allocated \$1.4 million in the original 2021 budget.¹⁸

Olympia Crisis Response Unit (CRU)

Incorporating both CAHOOTS principles and crisis intervention teams, the Crisis Response Unit (CRU) was implemented in Olympia, Washington in April 2019, as a result of a 2017 citywide safety measure that allocated an initial half million dollars for an improved crisis response model. The Olympia Police Department (OPD) contracted with a community-based organization to serve as a new option for behavioral health calls for service. The CRU team consists of six mental health professionals that operate in pairs. Along with a state certification in behavioral health, CRU staff must undergo training that includes police patrol exposure, community engagement, and education about available community support.¹⁹

8 <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>

9 <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

10 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

11 https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf

12 <https://abc7news.com/macro-oakland-civilian-crisis-response-team-mental-health-police-dept/10430680/>

13 <https://www.ktvu.com/news/oakland-leaders-push-to-start-urgently-needed-macro-program-create-oversight>

14 <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

15 https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

16 <https://www.9news.com/article/news/denver-star-program-results-police/73-90e50e08-94c5-474d-8e94-926d42f8f41d>

17 Id.

18 <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

19 <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>



CRU operates from 7 AM to 8:40 PM Monday through Thursday and 10 AM to 8:40 PM Friday through Sunday, supplying clients with supports such as mediation, housing assistance, and referrals to additional services.²⁰ Police lines of communication are utilized by CRU staff to identify situations that necessitate CRU response. The City's 911 operations hub and law enforcement personnel can also refer callers directly to CRU. Often, 911 callers request CRU assistance specifically, as the team has fostered strong community ties. Moreover, a significant portion of calls for service referred to CRU originate from community-based service providers, as opposed to the 911 system itself. When CRU staff encounter an individual the team has been called on to support multiple times, they refer the individual to Familiar Faces, a peer navigation program.²¹

Most individuals who were assisted by CRU were experiencing homelessness or mental health issues at the time of service. Out of the 511 calls CRU engaged with from April to June of 2020, OPD was

only needed 86 times. Establishing and maintaining trust between CRU and residents is an essential part of the initiative.²² Post-implementation surveys show that many police officers became advocates of the model after seeing the program in action for six months.

San Francisco Street Crisis Response Team (SCRT)

The City and County of San Francisco has implemented a pilot alternative response program for individuals experiencing a behavioral health crisis. The San Francisco Fire Department, in conjunction with the Department of Public Health and the Department of Emergency Management, responds to 911 calls related to these issues via Street Crisis Response Teams (SCRT). Street Crisis Response Teams include a community paramedic, behavioral clinician, and peer specialist.²³ Currently, there are six teams that provide an around-the-clock response.²⁴

²⁰ https://www.olympiawa.gov/services/police_department/crisis_response___peer_navigators.php

²¹ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

²² <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

²³ <https://sf.gov/street-crisis-response-team>

²⁴ <https://sf.gov/sites/default/files/2021-10/SCRT%20September%20Update%20%281%29.pdf>

SCRT collaborated with community-based organizations including RAMS, Inc. (Richmond Area Multi-Services) and HealthRIGHT360 to ensure that community providers and local residents would be able to provide feedback and input about the new program.²⁵ The proposed SCRT budget for fiscal year 2021-2022 is approximately \$13.5 million, which includes staff training and team expansion. An evaluation of the pilot program place is currently underway.²⁶

When 911 calls come into the dispatch center that are determined to be appropriate for SCRT, SCRT is dispatched; a team responds on average in fifteen minutes. No calls for service routed to SCRT required police action or backup in the first two months of the pilot. Approximately 74 percent of individuals assisted by SCRT had their issues resolved, whether it be through transfers to additional supports or de-escalation techniques.²⁷ Initial analyses show that SCRT could respond to up to 17,000 behavioral health calls each year. Because of the small scope of the initial pilot, only 20 percent of behavioral health calls received during the first two months of implementation were able to be responded to by the SCRT.

Austin Expanded Mobile Crisis Outreach Team (EMCOT)

In order to reduce the burden on the Austin Police Department (APD) associated with mental health calls, the City of Austin, Texas established the Expanded Mobile Crisis Outreach Team (EMCOT) in conjunction with Integral Care, the City's community-based mental health service provider. EMCOT assists individuals undergoing a behavioral or mental health crisis. Agencies such as APD or the Sheriff's Office are able to call for EMCOT services by way of the 911 dispatch hub. EMCOT provides its clients with supports in the form of therapy, life coaching, rehabilitation, and other services.²⁸

Since its establishment in 2013, EMCOT has assisted 6,859 clients. The most recently available data is

²⁵ <https://sf.gov/street-crisis-response-team>

²⁶ https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf

²⁷ Id.

²⁸ <https://www.austintexas.gov/edims/document.cfm?id=302634>

from FY2017, which shows that EMCOT responded to 3,244 CFS, at a rate of approximately 9 times per day. Each client was served for an average of 21 days and provided three different types of supports. In general, post-crisis services are available for up to 3 months after initial contact.²⁹ Integral Care reported that 86 percent of calls routed to a mental health response did not require police backup.³⁰

EMCOT is currently available from 8AM to 12AM Monday through Friday and 10AM to 8PM on Saturday and Sunday.³¹ With the additional funding, EMCOT is now projected to provide around-the-clock availability for calls for service. Expansion of telehealth services for the program is also included in the new funding.³² For all CFS involving EMCOT, 85.4 percent were handled without police officers.³³

In 2020, a new dispatch system was established in Austin and a mental health paraprofessional was permanently stationed in the 911 dispatch center. Callers to 911 now have the option to request mental health services instead of police.³⁴ If the operator determines the caller would benefit from these supports, the call is handed over to a mental health professional. If a clinician is unavailable at the time, an EMCOT staff member is deployed. Currently, the clinicians are present all week for a set number of hours each day. This initiative was funded by the reallocation of \$11 million from the Austin Police Department's budget. The EMCOT budget itself was also recently increased to \$3.15 million, a 75 percent increase in funding for the program.³⁵⁺

²⁹ Id.

³⁰ <https://www.kxan.com/news/local/austin/new-911-call-option-offers-direct-mental-health-help-that-one-attorney-says-may-have-saved-one-familys-son/>

³¹ <https://www.fox7austin.com/news/crisis-counselors-responding-to-more-mental-health-calls-in-austin>

³² <http://www.austintexas.gov/edims/pio/document.cfm?id=320044>

³³ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

³⁴ <https://www.kvue.com/article/news/health/apd-adds-mental-health-services-to-911-answering-script/269-e7dde2e6-4a65-4d5c-a2a7-a26e57110a81>

³⁵ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

Houston Crisis Call Diversion (CCD)

The Crisis Call Diversion (CCD) program in Houston, Texas is a joint effort between the fire department, police department, emergency center, and mental health service providers in the area. In 2017, the Houston Police Department (HPD) received 37,032 calls for service that involved behavior or mental health problems. When calls for service come in, dispatchers flag any that would necessitate CCD response-- non-emergency behavioral and mental health calls. Once flagged, these callers are connected to CCD counselors. The CCD counselor evaluates the situation and the mental health of the caller and attempts to provide assistance over the phone.³⁶

If additional community response or police presence is needed, the dispatcher can request that as well. The call is taken off the police dispatch line when the CCD dispatcher verifies that the CCD team is on the way to the scene. CCD teams can contact the caller while traveling to the specified location in order to collect as much relevant information as possible. Upon examination of the data, each rerouted call generates savings of nearly \$4,500. The CCD costs approximately \$460,000 annually and is estimated to generate over \$860,000 in annual savings.³⁷

City of Albuquerque Community Safety Department (ACS)

The City of Albuquerque's recently created Community Safety Department (ACS) serves as the third branch of Albuquerque's first responder system. The ACS responds to non-violent and non-medical Calls for Service (CFS) related to mental health, substance use, and homelessness as well as non-behavioral issues such as abandoned vehicles and needle pickups.³⁸ Once a call is received through 911, it is routed to the Albuquerque Police Department (APD) Dispatch Center, who will then facilitate the deployment of ACS responders.

ACS' Field Response Unit is made up of four types of responders: Behavioral Health Responders,

Community Responders, Street Outreach and Resource Coordinators, and Mobile Crisis Team (MCT) Licensed Clinicians.

Each responder's role is as follows³⁹:

- Community Responders: provide support to community members related to inebriation, homelessness, addiction, mental health as well as minor injuries, incapacitation, abandoned vehicles, non-injury accidents, and needle pickups
- Behavioral Health Responders: respond in pairs to requests for assistance regarding mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness, etc.
- Street Outreach and Resource Coordinators: provide street outreach to individuals experiencing homelessness in encampments
- Mobile Crisis Team (MCT) Licensed Clinicians: co-respond to high acuity mental and behavioral health emergencies

In its first operational month (August 30- October 1, 2021), ACS responders addressed an average of nine calls daily, for a total of 212 CFS. 50% of those CFS were provided with either resources, direct services, or transportation. The average response time for ACS responders is slightly over 14 minutes.⁴⁰ Once ACS is fully scaled, as many as 3,000 calls could be diverted per month.⁴¹

Los Angeles County Alternative Crisis Response (ACR)

The LA County Alternative Crisis Response is a collaboration between the Department of Mental Health (DMH) and the Chief Executive Office's (CEO) Alternatives to Incarceration Initiative to address gaps within LA County's current crisis response system.⁴² Set to rollout in July of 2022, preliminary recommendations put forth to the Los Angeles County Board of Supervisors include designing and implementing a Regional Crisis Call Network,

³⁶ <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

³⁷ <https://www.houstoncit.org/ccd/>

³⁸ <https://www.cabq.gov/acs/our-role>

³⁹ <https://www.cabq.gov/acs/our-response>

⁴⁰ <https://www.cabq.gov/mayor/news/albuquerque-community-safety-responders-hit-the-streets>

⁴¹ <https://www.abqjournal.com/2428380/abqs-community-safety-department-launches-patrols.html>

⁴² <https://ceo.lacounty.gov/ati/alternative-crisis-response/>

instituting a crisis mobile response team, and increasing behavioral health bed capacity.⁴³

In accordance with recent ACR recommendations, the Los Angeles Police Department (LAPD) expanded its Didi Hirsch Pilot, which diverts 911 behavioral health CFS to the Didi Hirsch Suicide Prevention Center. The ACR will utilize a 988 number for behavioral health emergency needs also overseen by the Didi Hirsch Suicide Prevention Center.⁴⁴

Seattle Department of Community Safety & Violence Prevention

The Seattle City Council passed Resolution 31962 in August of 2020, which lays the foundation for a civilian led Department of Community Safety & Violence Prevention. This Department, which is expected to be up and running by the fourth quarter of 2021, will assume responsibility for manning 911 call lines, replacing police operators with “civilian-controlled systems.”⁴⁵

Ithaca Department of Community Solutions and Public Safety

In February 2021, the Mayor of Ithaca, New York, proposed the creation of a new Department of Community Solutions and Public Safety that would replace the Ithaca Police Department.⁴⁶ This new department would include both armed officers and unarmed workers who focus on crime and neighborhood service. The department would work with a new alternative service provider that provides non-law enforcement crisis intervention and support. All current police officers would have to reapply to be employed by the new department.

The proposal is a part of the Ithaca Reimagining Public Safety Collaborative and a response to the New York State Governor’s Executive Order mandating every

police department in the state to submit a reform plan by April 1, 2021.⁴⁷

The new Department of Community Solutions and Public Safety would be charged with implementing an alternative to the police response system and establishing a pilot program for non-emergency calls, implementing a culturally responsive training program that includes de-escalation techniques, and developing a comprehensive community healing plan.

Other initiatives proposed under this strategy include standardizing a data review process on traffic stops as well as consistent reviews of officers’ body camera footage. Minor grievances would be outsourced to neighborhood mediation centers. Adolescent engagement support programs would be broadened in order to reach those at high risk of violence. The new personnel of the Department would be recruited from a more varied body of applicants as well to reflect the residents of the city in which they operate.⁴⁸

In order to oversee the recommendations made by the Mayor and Ithaca Reimagining Public Safety Collaborative, the City of Ithaca has arranged for the creation of an operations hub known as the Community Justice Center (CJC). The CJC will have its own full-time staff including but not limited to a project manager and a data analyst. The CJC is set to give progress updates to the Tompkins County Legislature and the City of Ithaca Mayor to ensure each recommendation is properly addressed.⁴⁹

Tiered Dispatch & Community Emergency Response Network

NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network (CERN). Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

43 <https://file.lacounty.gov/SDSInter/bos/supdocs/149254.pdf>

44 <https://file.lacounty.gov/SDSInter/bos/supdocs/149282.pdf>

45 <https://www.washingtonpolicy.org/publications/detail/seattle-city-council-passes-cuts-to-police-budget-and-resolution-to-establish-civilian-led-department-of-community-safety-violence-prevention>

46 <https://www.gq.com/story/ithaca-mayor-svante-myrick-police-reform>

47 <https://www.governor.ny.gov/news/governor-cuomo-announces-new-guidance-police-reform-collaborative-reinvent-and-modernize>

48 <https://drive.google.com/drive/u/0/folders/1NTZ6j6WRze75m5fTuf-wC4BgC-1ddJnO>

49 Id.



**Tier 1:
CERN dispatched only**

- › Event type: Non-Criminal



**Tier 2:
CERN lead, with officers present**

- › Event type: Misdemeanor with low potential of violence
- › If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.



**Tier 3:
Officers lead, with CERN present**

- › Event type: Non-Violent Felony or an arrest is likely
- › If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.



**Type 4:
Officers only**

- › Event type: Serious Violent Felony or high likelihood of arrest

NON-LAW ENFORCEMENT CRIME REDUCTION STRATEGIES



New York City Mayor's Action Plan (MAP) for Neighborhood Safety

The Mayor's Action Plan for Neighborhood Safety (MAP) was launched in 2014 in fifteen New York City Housing Authority (NYCHA) properties. MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. Disorganized neighborhoods are characterized by dense poverty, a lack of social mobility, and underdeveloped community connections. These factors contribute to circumstances that make a given neighborhood more vulnerable to crime and violence.⁵⁰ The 15 housing developments chosen for the program account for approximately 20 percent of violence in NYCHA housing.⁵¹

MAP's focal point is NeighborhoodStat, a process that allows local officials and residents to communicate directly with each other. Issues in each particular housing development are addressed in local meetings which involve multiple stakeholders, including residents, community-based organizations, law enforcement, and government officials. NeighborhoodStat allows residents to have a say in the way New York City (NYC) allocates its public safety resources. The process is facilitated by a team of 15 community members who conduct polls and interviews to determine what the residents feel are the biggest issues in their neighborhoods. NeighborhoodStat also utilizes data analyses regarding employment, physical structure, access to resources, and other metrics in developing its recommendations for key areas of focus. At

⁵⁰ http://www.children.gov.on.ca/htdocs/English/professionals/oyap/roots/volume5/chapter04_social_disorganization.aspx

⁵¹ <https://criminaljustice.cityofnewyork.us/programs/map/>

community meetings, this data and other benchmarks for performance are presented by community-based partners, allowing for full transparency. Residents and law enforcement also put forward their concerns and ideas. Once problems are pinpointed through meaningful dialogue, residents and NYC officials come together to generate solutions, which are then implemented by the Mayor's Office and assessed over time.⁵²

Other initiatives MAP has undertaken include providing employment and life coaching services to youth who are at most risk for violence. MAP also focuses on addressing major chronic disease determinants, including low physical activity levels and nutrient-poor diets. Programs such as NYPD Anti-Violence basketball games and pop-up healthy food stands have been established. In addition, public infrastructure has been improved through enhanced lighting, green spaces, and park improvements.⁵³

Early evaluations of MAP show promising results for a reduction in various crimes as well as increased perception of healthier neighborhoods. Significantly, misdemeanor offenses against individuals decreased in developments where residents expressed a positive change in their neighborhood's condition.⁵⁴ Furthermore, shootings in MAP sites decreased by 17.1 percent in 2015 and 2016 when compared with non-MAP sites.⁵⁵

⁵² <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

⁵³ <https://criminaljustice.cityofnewyork.us/programs/map/>

⁵⁴ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

⁵⁵ https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/mayors_action_plan_for_neighborhood_safety.pdf

Domestic Violence

Every year, an estimated 10 million people in the US experience domestic and family violence. Often a cycle of abuse is perpetuated in these situations, as experience with previous violence is a strong predictor for future abuse.⁵⁶ The financial expense of domestic and family violence is projected to be \$12 billion each year. In Berkeley, approximately 2,000 reports related to domestic violence are registered annually; the actual number of incidents is probably much higher.⁵⁷

Domestic violence is a difficult and complex problem. Laws have been established that mandate arrests even for minor incidents; these same laws have generated a growing movement of survivors calling for non-enforcement responses. The challenges here are significant, as a lack of intervention can lead to serious injury and death, primarily of women and transgender women.

An additional complication in domestic violence work is the retraumatization of survivors that occurs in the judicial system. When survivors of domestic violence endeavor to obtain recourse through the courts, they are often blamed for the abuse and undergo a disparagement of their character. Moreover, testimony is often given in an open court setting, which requires that a survivor recount the abuse they have undergone while simultaneously appearing composed in order to credibly convey their trauma, often in the presence of their abuser.⁵⁸ Reliving one's trauma and facing an abuser can cause feelings of helplessness, anxiety, and PTSD to surface in the survivor. Unfortunately, retraumatization often results in a major roadblock for survivors to pursue justice in domestic violence cases.⁵⁹

There is a significant overlap in addressing domestic violence incidence and anti-poverty work, as intimate partner violence is correlated with devastating monetary effects on survivors who seek to leave their abusive situations. Interventions such as economic education and employment training can both reduce

56 <https://www.ncbi.nlm.nih.gov/books/NBK499891/>

57 https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_General/dvfactsheet.pdf

58 <https://www.seattletimes.com/opinion/a-justice-system-that-re-traumatizes-assault-survivors/>

59 <https://arizonalawreview.org/pdf/62-1/62arizrev81.pdf>

violence and provide critically necessary financial support.

Major domestic violence support programs implemented by the Centers for Disease Control (CDC) include STOP Sexual Violence (SV) and the Preventing Intimate Partner Violence (IPV).⁶⁰ According to the CDC, these strategies focus on promoting social norms that protect against violence; teaching skills to prevent SV; providing opportunities, both economic and social, to empower and support girls and women; creating protective environments; and supporting victims/survivors to reduce harms. Research indicates that IPV is most prevalent in adolescence and young adulthood and then begins to decline with age, demonstrating the critical importance of early prevention efforts.⁶¹ Analyses of these financial support programs have demonstrated results including increased confidence for survivors as well as decreases in domestic assault incidences.⁶²

Another area of focus has been to revisit the mandatory arrest policies for domestic violence calls in place in many jurisdictions.⁶³ Alternatives to this approach emphasize coordinated community response teams that maximize the role of community. An effective model integrates other providers, including faith leaders and the courts.⁶⁴

Commercial Sexual Exploitation

Sexual exploitation of minors has historically been difficult to adequately address. This is due to a plethora of factors, ranging from difficulty in identifying adolescents who experience sexual exploitation to a limited understanding of the various methods used to traffic children and the best approaches to engage the victims.⁶⁵ Too often, sexually exploited minors have faced arrest and incarceration instead of

60 <http://www.preventconnect.org/2019/08/addressing-poverty-to-prevent-violence/>

61 <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

62 <https://vawnet.org/material/economic-empowerment-domestic-violence-survivors>

63 <https://opdv.ny.gov/help/fss/part22.html>

64 <https://www.bwjp.org/our-work/topics/ccr-models.html>

65 <https://ojjdp.ojp.gov/mpg/literature-review/csec-sex-trafficking.pdf>

intervention and support.⁶⁶ More than 1,000 children are arrested for “prostitution” annually. However, anywhere from 57,000 to 63,000 individuals are estimated to be involved in commercial sexual exploitation in the United States, a disproportionate number being youth of color.⁶⁷

The Vera Institute has produced a screening procedure for service providers to follow when encountering an individual who could potentially be a survivor of sexual exploitation. Consisting of a thirty-subject questionnaire, the Trafficking Victim Identification Tool (TVIT), serves to aid in trafficking victim identification. Evaluations have proven that the tool has high accuracy and validity rates.⁶⁸ Health care providers, social workers, legal aid personnel, and others can use the screening tool to better identify those who have experienced commercial sexual exploitation.⁶⁹

Jurisdictions have also begun to halt prosecution of prostitution. In April of 2021, the District Attorney’s Office of Manhattan, New York, announced it would dismiss all open cases with a prostitution charge. Prostitution adjacent crimes such as sex trafficking and soliciting sex workers would still be charged. The cities of Baltimore, Maryland, and Philadelphia, Pennsylvania, have stopped any prosecution of sex workers as well.⁷⁰

Many community-based organizations have established programs that outreach, support, and provide services to minors who have been sexually exploited. It is critical that community-based service providers have the requisite training and education to provide appropriate services and interventions to this population who have experienced abuse, trauma, and exploitation. The training should be trauma-informed, and screeners should be focused on



establishing trust with their clients.⁷¹ Organizations like FAIR Girls (Washington, D.C.) and MISSEY (Oakland, CA) have initiatives that intervene directly with girls who have been exploited. At MISSEY, case workers engage at-risk youth in the Alameda County foster system and offer them support and services in the form of financial resources, life coaching, and housing.⁷² In Washington DC, young girls that stayed at the FAIR Girls group home had a 58 percent higher likelihood of permanently withdrawing from commercial sexual exploitation when compared with those who were not provided housing.⁷³

Traffic Enforcement

Data from The Stanford Open Policing Project shows that Black men and women are stopped at a higher rate than white drivers and are more likely to be

⁶⁶ <https://www.washingtonpost.com/posteverything/wp/2014/12/05/child-prostitutes-arent-criminals-so-why-do-we-keep-putting-them-in-jail/>

⁶⁷ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁶⁸ <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-summary-v2.pdf>

⁶⁹ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁷⁰ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷¹ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷² <https://missey.org/foster-youth-program/>

⁷³ <https://fairgirls.org/vida-home/>

fatally shot during the course of that traffic stop.⁷⁴ To significantly lessen the exposure of the general public to the police and instead address transportation violations without law enforcement involvement, a number of strategies have been employed including: reallocation of certain traffic services to non-law enforcement organizations; the implementation of automation; and decriminalization.

In the City of Berkeley, the Berkeley Police Department (BPD) performed approximately 11,000 traffic stops in 2019. Black people were stopped by BPD at a rate 4.3 times than their representative population in the City.⁷⁵ This disproportionate traffic enforcement highlights the need to change policies and practices regarding traffic stops.

Reducing the use of police officers in traffic enforcement is one potential solution; this approach can be greatly enabled by technology. Speeding and red-light violations are two areas that constitute a large portion of traffic enforcement. There are 19 states that allow speed cameras, and 21 states that allow red-light camera usage.⁷⁶ Implementing automatic speed citations along with red-light cameras could allow for a reduction of up to 20 percent of police interactions. It is important to note that although this technology is successful at reducing the need for police, it can generate other issues such as enforcement problems and privacy concerns.⁷⁷

As Berkeley is considering through the Berkeley Department of Transportation (BerKDOT) initiative, transferring traffic enforcement duties to an agency of unarmed staff can limit problematic police contact with motorists. Analogous programs have been proposed in Cambridge, Massachusetts; St. Louis Park, Minnesota; and Montgomery County, Maryland.⁷⁸ In 2019, automation-based traffic enforcement capabilities were transferred to the

Department of Transportation in Washington, D.C.⁷⁹ New York's Attorney General proposed the end of the NYPD's involvement with traffic enforcement in September of 2020.⁸⁰

Another potential strategy can be illustrated by a pilot program in Staten Island, New York, aimed at reducing the number of calls for service related to minor collision.⁸¹ When a call comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If a collision is deemed to be minor, all individuals involved in the crash simply complete a collision report and then exchange contact and identification information.⁸²

Lastly, ending pre-textual stops for minor traffic infractions, as proposed by the Berkeley Mayor's Fair and Impartial Policing Workgroup and approved by the City Council in March 2021, could significantly reduce traffic stops. This issue is addressed in more detail in the Policing section of this report.

Neighbor Disputes

Police officers are frequently the first personnel called in when there is a dispute, even a minor one, between neighbors. These events can encompass a broad array of issues, from property damage, blocking a driveway, to noise complaints. Even if police do intervene, the solution is often only temporarily, rather than resolving the root problems that caused the conflict. Police response wastes time and resources and can lead to escalation and violence. Furthermore, neighbor conflicts in low-income and communities of color have a higher likelihood of resulting in an arrest.⁸³

⁷⁴ <https://openpolicing.stanford.edu/findings/>

⁷⁵ <https://sites.google.com/view/saferstreetsberkeley/home>

⁷⁶ <https://www.ghsa.org/state-laws/issues/speed%20and%20red%20light%20cameras>

⁷⁷ <https://www.governing.com/archive/gov-cities-hit-brakes-red-light-cameras.html>

⁷⁸ <https://theappeal.org/traffic-enforcement-without-police/>

⁷⁹ <https://www.washingtonpost.com/transportation/2019/10/01/bowser-does-an-end-run-around-dc-council-transfers-speed-red-light-camera-program-ddot/>

⁸⁰ <https://apnews.com/article/bronx-arrests-traffic-archive-new-york-c93fa5fc03f25c2b625d36e4c75d1691>

⁸¹ <https://www.silive.com/news/2019/03/nypd-dont-call-911-for-crashes-without-injuries.html>

⁸² <https://abc7ny.com/traffic/nypd-rolls-out-pilot-program-wont-respond-to-every-accident/5205383/>

⁸³ https://mdmediation.org/wp-content/uploads/2019/10/Giving_Police_and_Courts_a_Break.pdf

Community mediation is a strategy that has proven to reduce police calls for service and decrease the burden on police for nuisance complaints. Several cities have implemented community mediation programs to utilize non-enforcement options to resolve neighbor disputes. In areas where community mediation is prioritized, neighborhood social ties are strengthened, and communities are more harmonious. Moreover, residents who participate in community mediation use less court and police resources. In a study analyzing mediation's effect in Baltimore, Maryland, for example, researchers found that community mediation for neighbor disputes decreased calls for service to the Baltimore Police Department. For a single mediation session, the Baltimore Police Department produced cost savings between \$208 and \$1,649. Among individuals who went through a mediation, the likelihood of arrest and prosecution was lower when compared to those who did not participate.⁸⁴

Neighbor disputes can also be triaged through a 311 system. Priority is given to complaints based on frequency and the potential to escalate into violence. Outsourcing responses to neighborhood organizations and associations that can operate in conjunction with police officers can be valuable in order to promote a peaceful resolution to violent disputes. These organizations can also conduct sweeps through neighborhoods in order to gain valuable information regarding any disputes.⁸⁵

Substance Use

In 2016, 25 percent of lethal law enforcement shootings in the US affected individuals undergoing behavioral health or substance use crises.⁸⁶ Data regarding drug-related charges demonstrates that Black and LGBTQIA+ individuals are disproportionately charged and experience lower rates of treatment.^{87,88} In addition, calls for service

stemming from substance use place an undue strain on emergency departments as well as jails, both of which are often ill-equipped to handle substance use crises. Amid the COVID-19 pandemic, increases in drug and opioid related overdoses have been observed across California, underscoring the need for adequate substance use response.⁸⁹

It is important to note that this “adequate response” must reflect the reality that successfully addressing substance use is about management, not halting usage.

The establishment of safe injection facilities (SIF) is a potential avenue for reduction of drug-related deaths. These facilities are supervised areas that allow the uptake of drugs in a safe and hygienic setting.

There are a plethora of positive impacts that stem from SIF implementation. SIF have prevented thousands of overdoses with most reporting zero overdose fatalities.⁹⁰ Studies have noted a significant decrease in transference of blood-borne diseases such as HIV and Hepatitis B/C at SIFs due to their clinical standards.⁹¹ An increase in uptake of treatment for substance use disorder was also observed after SIF involvement. An evaluation done by the Vancouver Mental Health and Addiction Services demonstrated a significant curtailment of drug injection in public areas as well as a reduction in associated litter post-SIF implementation.⁹² SIFs have also been shown to reduce emergency ambulatory calls for service while open.⁹³

San Francisco recently approved a bill that would implement safe injection facilities in the City.⁹⁴ The Department of Public Health would oversee the establishment of two pilot SIFs. The City estimates that cost savings generated by reducing HIV and Hepatitis C caseload would be approximately \$3.5 million annually.⁹⁵

89 <https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf>

90 <https://www.ohtn.on.ca/rapid-response-83-supervised-injection/>

91 Id.

92 <http://www.healthyalamedacounty.org/promiseppractice/index/view?pid=3840c>

93 https://kingcounty.gov/~media/depts/community-human-services/behavioral-health-recovery/documents/herointf/Safe_Consumption_Facilities_Evidence_Models.ashx?la=en

94 <https://www.ktvu.com/news/san-francisco-supervisors-unanimously-approve-legislation-for-safe-injection-sites>

95 <https://www.glide.org/safe-injection-sites-are-coming-to-san-francisco/>

84 Id.

85 https://popcenter.asu.edu/sites/default/files/2020-spi_spotlight_series-retailiatoryviolentdisputes_final.pdf

86 <https://www.washingtonpost.com/graphics/national/police-shootings-2016/>

87 <https://www.americanprogress.org/press/release/2016/02/23/131547/release-broken-criminal-justice-system-disproportionately-targets-and-harms-lgbt-people/>

88 <https://www.marylandaddictionrecovery.com/impact-of-addiction-african-american-community/>

Syringe services programs (SSPs), also known as Needle Exchange Programs (NEPs), are a harm reduction mechanism that offer individuals with hygienic and safe needles and syringes along with referrals to other services. These services can include further medical care, treatment programs, and therapy access. SSPs also provide testing for diseases, vaccinations, and naloxone dispensation. A critical component of SSPs is the communication of education regarding overdose signs and proper injection technique. They are typically overseen by local public health departments that work in conjunction with community-based organizations.⁹⁶

Numerous benefits have been linked to proper SSP implementation including decreases in the rate of drug use frequency when compared with individuals who have never utilized an SSP.⁹⁷ Sterile equipment provided by SSPs is also associated with a reduction in bloodborne infections, sexually transmitted diseases, and other health issues. When an SSP is instituted in a community, there is no corresponding increase in drug usage or crime in the area.⁹⁸

The Needle Exchange Program in Baltimore, Maryland provides clean needles to intravenous drug users in order to reduce related health issues. There are currently 16 locations across Baltimore, with plans for expansion.⁹⁹ An evaluation of the intervention program found that participation in the program was correlated with a 33 percent increase in the likelihood of entering treatment.¹⁰⁰

Berkeley's Needle Exchange Emergency Distribution (NEED) is an SSP operating out of a mobile van created in 1990. Naloxone training, fentanyl testing strips, and screening for HIV/ AIDS are all offered via one of NEED's three sites.¹⁰¹ Berkeley's NEED program is currently funded by grants from the City of Berkeley and Alameda County.¹⁰²

⁹⁶ <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>

⁹⁷ <https://pubmed.ncbi.nlm.nih.gov/11027894/>

⁹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446444/>

⁹⁹ <https://health.baltimorecity.gov/hiv-std-services/community-risk-reduction>

¹⁰⁰ <https://pubmed.ncbi.nlm.nih.gov/16364566/>

¹⁰¹ <https://www.berkeleyneed.org/sp/index.php>

¹⁰² <https://pha.berkeley.edu/2019/12/01/the-needle-exchange-program-crisis/>

Street outreach programs that connect intravenous drug users and individuals suffering from substance use disorder to services are also beneficial.

The City of San Francisco is launching a sobering site for individuals using methamphetamines. In non-emergent cases, clients will be transported to the sobering site and offered medication such as antipsychotics or sedatives. This site will reduce the burden on emergency departments and free up psychiatric services in hospitals.¹⁰³ HealthRIGHT 360, a community-based organization, will oversee the sobering site after it is opened.¹⁰⁴ In order to recruit clients to the sobering center, the site will collaborate with San Francisco's Street Crisis Response Team (SCRT), referenced in detail in the Emerging Non-Enforcement Models of Community Response section of this report.

The Arlington Opiate Outreach Initiative was created in 2015 in Arlington, Massachusetts. The partnership brings together social workers, community-based organizations, health workers, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.¹⁰⁵ Public health clinicians will then attempt to engage the identified community member through home visits, contact with family/ friends, and provision of naloxone kits.

Conversations for Change, a program based in Dayton, Ohio, is marked by its emphasis on meetings that serve to engage the community and offer residents education regarding potential treatment choices and services. The program is a partnership between the Dayton Police Department and East End Community Services, a non-profit, community-based organization. Individuals are recruited through an array of avenues, from parole officers to community-based organizations that are involved

¹⁰³ https://www.sfdph.org/dph/files/MethTaskForce/Meth%20Task%20Force%20Final%20Report_FULL.pdf

¹⁰⁴ <https://www.sfexaminer.com/news-columnists/new-search-launched-for-meth-sobering-center-site/>

¹⁰⁵ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn44>

with substance use disorders. Monetary benefits in the form of grocery store gift cards are used to incentivize individuals to attend meetings. Meetings first involve a direct, one-on-one conversation with a motivational mediator from the Dayton Mediation Center about a client's current status and goals. After this initial conversation, presentations from health officials and residents with similar lived experiences are given. Providers finally offer naloxone training to the clients at the meetings.¹⁰⁶ The Conversations for Change program also includes an SSP.¹⁰⁷

A more direct approach to curbing the impact of substance use disorders on the demand for policing is decriminalization.

Oregon became the first state in the United States to decriminalize the possession of all drugs effective February 2021. Possessing heroin, cocaine, methamphetamine and other drugs for personal use is no longer a criminal offense in Oregon.¹⁰⁸

Those drugs are still against the law, as is selling them. But possession is now a civil – not criminal – violation that may result in a fine or court-ordered therapy, not jail.

There are three main arguments for decriminalization:

1 Criminalization has failed

The reason for punishing drug users is to deter drug use. But decades of research have found the deterrent effect of strict criminal punishment to be small, if it exists at all. This is especially true among young people.

Because criminalizing drugs does not really prevent drug use, **decriminalizing has not been found to increase it**. Portugal, **which decriminalized the personal possession of all drugs in 2001** in response to high illicit drug use, has much lower rates of drug use than the European average. Use of cocaine among young adults age 15 to 34, for example, is 0.3 percent in Portugal, compared to 2.1 percent across the EU.

2 Decriminalization allows reinvestment in treatment

Arresting, prosecuting and imprisoning people for drug-related crimes is expensive.

The Harvard economist Jeffrey Miron estimates that all government drug prohibition-related expenditures were \$47.8 billion in 2016. Money spent arresting, prosecuting and incarcerating individuals for drug-related offenses can be more effectively, from both outcomes and cost perspectives, reinvested in treatment services.

3 The drug war disproportionately impacts people of color

Another aim of decriminalization is to mitigate the significant **racial and ethnic disparities associated with drug enforcement**.

Illegal drug use is roughly comparable across races in the U.S. But people of color are significantly more likely to be **searched, arrested and imprisoned for a drug-related offense**.

¹⁰⁶ Id.

¹⁰⁷ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn46>

¹⁰⁸ Oregon discussion draws heavily from: <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>

COMMUNITY DRIVEN VIOLENCE REDUCTION STRATEGIES



Crime is often concentrated in low-income neighborhoods, with Black and Latinx individuals disproportionately experiencing higher rates of violence. These 'hot spots' of violent crime experience a complex array of challenges, ranging from high rates of poverty and incarceration to poor quality education and a lack of trust in government institutions. Unfortunately, the effects of exposure to violence are widespread, affecting the health and development of not only those directly involved but also that of their families and communities. Neighborhoods with these characteristics necessitate immediate intervention to disrupt the cycle of interpersonal violence and its devastating consequences.¹⁰⁹

There has however been consistent success in a small number of effective strategies summarized briefly below and described more comprehensively in a 2021 NICJR publication, *Four Proven Violence Reduction Strategies*. When implemented with fidelity, these interventions have been successful at reducing violence, with many initiatives showing improvements in the first six to twelve months of implementation.

The four highlighted strategies, Gun Violence Reduction Strategy, Hospital-Based Violence Intervention, Office of Neighborhood Safety/Advance Peace, and Street Outreach – all incorporate similar best practices:

- Identifying and focusing on individuals, groups, and communities at the highest risk of being involved in violence;
- Employing Credible Messengers/community outreach workers to engage those individuals/groups in a positive and trusting manner; and

- Providing ongoing services, supports, and opportunities to high-risk individuals.

These core elements are essential to the success of any violence intervention strategy.

Gun Violence Reduction Strategy

Gun Violence Reduction Strategy (GVRs) is known by many other names: Ceasefire, Focused Deterrence, and Group Violence Intervention. GVRs is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions with these individuals. Initially developed in Boston, where it was referred to as the “Boston Miracle”, GVRs has evolved as it has been implemented in cities including **Oakland** and Stockton, California, to include more in-depth and intensive services and supports.¹¹⁰

Identification of Program Participants

GVRs employs a data-driven process to identify the individual and groups who are at the very highest risk of being involved in a shooting. This involves an initial Gun Violence Problem Analysis, which provides a thorough examination of the shootings and homicides in a given city over the past two to three years in order to produce information about victim and suspect demographics, group conflicts in the area, prior history of violence, and general trends.

¹⁰⁹ <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>

¹¹⁰ <https://www.theguardian.com/cities/2018/dec/06/bostons-miracle-how-free-nappies-and-a-little-mentoring-are-curbing>



Engagement: Direct and Respectful Communication

Once high-risk individuals and groups are identified, the GVRS strategy requires immediate engagement. This engagement involves direct and respectful communication to inform identified individuals of their risk and offering them services. There are two primary formats for these discussions: Group meetings, referred to as “Call-Ins” and individual meetings, sometimes referred to as “Customized Notifications”. At Call-Ins, the recently identified very high-risk individuals are invited to attend a meeting with community leaders, law enforcement officials, formerly incarcerated individuals, survivors of violence, and service providers. Custom Notifications convey similar messages about the risk of violence and the availability of services. However, Custom Notifications are individual meetings where a high-ranking police officer and a community leader directly make contact with an individual at their home or community.

Provision of Services

Subsequent to a Call-In or a Custom Notification, individuals identified as being at very high risk of gun violence are directly connected to available services, supports, and opportunities. The first and primary service is a positive and trusting relationship with a Life Coach or Violence Intervention worker, someone with similar lived experiences as the people they are serving. These individuals are often known as Credible Messengers. The Life Coach or Intervention Worker is an intensive and personal relationship – which is the most important aspect of the services. Unlike service brokering based case management, contact between the Life Coach and the client must be frequent, flexible, consistent, and on-going for a long period of time.

In Oakland’s GVRS, clients are also eligible to receive monthly, modest financial incentive stipends for achieving certain milestones.

Focused Enforcement

One of the overt goals of GVRs is to reduce the footprint of police by focusing enforcement on serious and violent crime. For those individuals and groups who do not respond to the GVRs message and continue to engage in violence, this means that there is follow-up supervision and focused enforcement by police, probation, parole, and prosecutors; enforcement action is not taken simply for failure to participate in GVRs programming.

Hospital-Based Violence Intervention Programs (HVIPs)

Hospital-Based Violence Intervention Programs (HVIP), view violence through a public health-centered lens. Analogous to the spread of an illness, violence has been shown to proliferate with increased proximity and exposure to others.¹¹¹ That is, contact with violence itself increases the probability that those exposed will be directly involved in violence.¹¹²

Identification of Program Participants

Under the HVIP model, the physical location of a trauma center or emergency room is seen as valuable in the fight against violence. One of the major risk factors for future violence is a history of previous violence. With this in mind, the HVIP model places the responsibility for identifying clients with hospital workers who pinpoint patients that are at highest likelihood for future victimization.

Engagement Strategy

HVIPs make use of the distinct cross-section of time—known as a “teachable moment”—in which after an injury an individual is open to making changes in their behavior and circumstances. During this time period, specialized hospital staff and community-based partners come together in support of the patient in order to diminish the chance of retaliation and further violence. HVIPs are especially important right now in the fight against violence, as injury recidivism

rates have been shown to be as high as 60 percent in certain areas.¹¹³

Provision of Services

Once this initial bond is created, Intervention Specialists construct a comprehensive plan with their clients to spur on meaningful change. These plans typically include non-violent crisis management methods, counseling for both the client and their family, information on risks and outcomes associated with violence, as well as access to community services including employment assistance, mentoring, education, and court assistance. Consultation with family and health providers is necessary to develop a plan that is feasible and trauma-informed.

Office of Neighborhood Safety/ Advance Peace

In 2007, the City of Richmond, CA launched the Office of Neighborhood Safety (ONS), amid escalating homicide rates and increasing numbers of firearm cases. Prior to the establishment of the ONS, the Richmond City Council analyzed violence in Richmond and found that gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.¹¹⁴ This finding served as the basis for the creation of the Office of Neighborhood Safety.

Identification of Program Participants

The ONS employs a data-driven approach in identification of individuals at highest risk. Leveraging their relationships in the community, ONS Neighborhood Change Agents (NCA) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. NCAs are able to gather information regarding those individuals that are most prone to violence, current conflicts or family issues that may result in violence, and other information that is used to directly inform subsequent intervention activity.

¹¹¹ <https://www.cdc.gov/injury/wisqars/fatal.html>

¹¹² <https://www.ncbi.nlm.nih.gov/books/NBK207245/>

¹¹³ https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

¹¹⁴ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

In addition, ONS obtains data from the Richmond Police Department (RPD) to support identification of those individuals at highest risk based on the data from law enforcement.

Provision of Services

ONS’s main program is the Peacemaker Fellowship.® The Peacemaker Fellowship interrupts gun violence by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship.

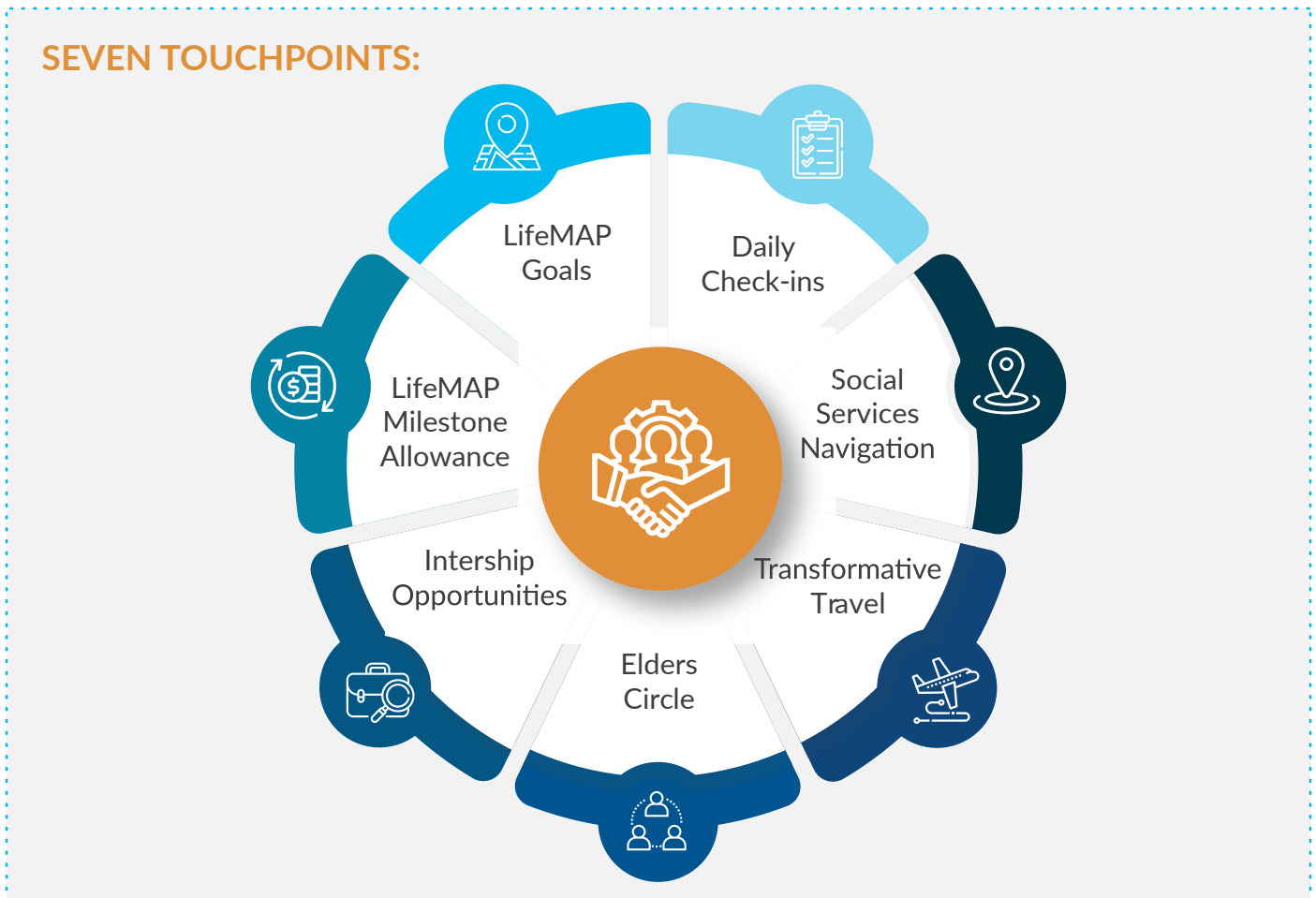
The Fellowship provides life coaching, mentoring, connection to needed services and cultural and educational excursions, known as Transformative Travel, to those deemed to be the most dangerous individuals in the city. Fellows travel across the country and to several international destinations. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

Street Outreach

Referred to by a variety of names and long seen as the primary entry point for violence reduction programs, Street Outreach can be an effective intervention when implemented correctly. A number of organizations and programs throughout the country have successfully operated Street Outreach initiatives, including **Urban Peace Initiative** in Los Angeles, who also provide a Street Outreach training academy; the **Newark Community Street Team**; and the **Professional Community Intervention Training Institute**.

Identification of Program Participants

Street Outreach programs are designed to address the manner in which violence spreads from person to person. Studies show that those who have been continually in contact with violence can be thirty times more likely to commit a violent act in the



future.¹¹⁵ Moreover, violence often has ripple effects in the community, whether it be in the form of retaliation or further escalation of conflict.¹¹⁶

Because of this pattern in violence, Street Outreach programs recognize potentially lethal conflicts in the community by utilizing trained Violence Interrupters. These Violence Interrupters identify ongoing conflicts by speaking to key members of the community about ongoing disputes. Information regarding arrests, prison releases, and prior criminal history are also utilized to pinpoint violent outbreaks.¹¹⁷

Engagement and Services Strategy

Engagement is primarily facilitated by the work of trained Violence Interrupters. Following a shooting, these individuals immediately operate in the community and at hospitals to pacify heightened emotions and prevent retaliations. This involves coordination with local groups and business owners to hold constructive dialogue around community violence and the appropriate actions to take in response. Events are then organized by Violence Interrupters to promote a change in overall neighborhood attitudes towards violence.

115 <https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/09/Infographic-Top-10-v1.pdf>

116 <https://www.lagryd.org/mission-comprehensive-strategy>

117 <https://cvg.org/what-we-do/>



POLICE TRAINING

The following strategies have shown to be effective in reducing crime, resolving incidents, and improving the quality of policing without a focus on heavy-handed enforcement.

SARA Problem Solving Model

The Scanning, Analysis, Response, and Assessment (SARA) model was created in Virginia in 1987 to facilitate the problem-oriented policing procedure.¹¹⁸ The cornerstone of this model is a priority on outcomes; the model outlines four steps that are necessary for a proper police response to problems within their jurisdictions. To ensure proper implementation, a significant facet of this method is that officers must be ready to build trust between the community and the police department through the establishment of interpersonal relationships.¹¹⁹

Scanning. This step consists of pinpointing and then triaging repeated issues that necessitate a response from the police department.¹²⁰ Frequent problems that occur in the community are given priority. Relevant outcomes of the problem are matched to their corresponding cause. For example, examining which properties in a given area have the highest number of calls for service in a year or given time period is an important initial step in the SARA model.

Analysis. Here, law enforcement officers examine the root causes of the issue, community sentiment regarding the problem, and gather needed contextual data.⁴⁸ This step also involves assessing the status quo response to the problem and identifying the shortcomings of that strategy. Ultimately, the cause of the problem and potential solutions are determined during this phase.

Response. Officers utilize collected data to ascertain potential intervention strategies. When determining

strategies, a thorough review of implemented interventions in different areas with comparable issues is critical. Once a strategy is selected, clear goals must also be established. Execution of the chosen plan is the last part of this step.

Assess. After a plan is implemented and officers have attempted to address a problem, the police department must analyze the efficacy of their strategy. Continued evaluation of the intervention is necessary to guarantee lasting success. Alternatives or additions to the strategy are considered as well.¹²¹

Many police departments have incorporated the SARA model into their interventions. In San Diego, the police department reported that a trolley station was the location of gang fights, violent crimes, and narcotic activity. A squad of officers collected information to show the local transit board that the design of the station contributed to crime. Based on the information provided by the officers, the transit board agreed to provide funds to redesign the station.¹²²

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.¹²³

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening.

118 https://www.researchgate.net/publication/297556988_Police_innovation_Contrasting_perspectives

119 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

120 <https://www.evidence-basedpolicing.org/refresher-sara-model-and-problem-oriented-policing/>

121 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

122 <https://www.sandiego.gov/department/problem-oriented-policing>

123 <http://epic.nola.gov/home/>



These factors include a lack of confidence in their skills to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.¹²⁴

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.¹²⁵

Areas where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.¹²⁶ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.¹²⁷

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program

and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{128,129} The training consists of a minimum of a one-time eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.¹³⁰ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE’s aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.¹³¹

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.¹³² Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers,

124 <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>
 125 Id.
 126 <https://www.apa.org/monitor/2017/10/police-misconduct>
 127 <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

128 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/>
 129 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>
 130 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>
 131 <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>
 132 https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

and growth in officer well-being.¹³³ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

Community Safety Partnership (Watts)

Established in November 2011, the Community Safety Partnership (CSP) is a joint effort between the Los Angeles Police Department (LAPD), the Housing Authority of the City of LA (HACLA), and local residents.¹³⁴ The program was created in order to address the high violence levels in housing developments in the Watts area and offer residents there supports and services. The broader goal of the CSP is to implement “relationship-based policing.” This process involves police officers creating legitimate relationships with residents of their precinct in order to meaningfully benefit community wellness for the long-term.¹³⁵ One of the major stakeholders in the project is the Watts Gang Task Force, a team of neighborhood residents, local faith leaders, and other community-based organizations.

Along with high violence rates, the community was also grappling with concentrated poverty, low education quality, and deteriorating physical infrastructure. Community engagement initiatives the CSP implemented in response include a football team coached by police officers, Fun Runs, health fairs, and organized walks for residents to interact with officers in a non-confrontational setting.^{136,137}

In 2020, the CSP Bureau was formed within LAPD to expand the work that was achieved in Watts citywide. The LAPD also consolidated CSP programs creating a centralized point of contact and engagement for the community. The main objectives of the CSP Bureau

133 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

134 <https://www.lamayor.org/mayor-garcetti-announces-new-expansion-community-safety-partnership>

135 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

136 <https://lasentinel.net/hundreds-of-south-la-residents-attend-launch-of-community-safety-partnership-in-harvard-park.html>

137 <https://empowerla.org/lapds-community-relationship-division/>

were to serve as a resource for officer--community interaction and promotion of neighborhood safety.¹³⁸

The CSP Bureau is also responsible for certifying and training officers for 5-year terms. CSP officers undergo over 100 hours of education from the nonprofit Urban Peace Institute. The training centers on cultural competency, de-escalation skills, and understanding community data.¹³⁹

Originally formed for one housing site, CSP has spread to ten additional developments. In 2017, the program was broadened to the Harvard Park area due to its efficacy. During the initial three years after the CSP’s formation, both violent offenses and arrest rates decreased by over 50 percent in the Watts housing developments. One Watts location even had three consecutive years without a homicide. Residents of these Watts developments have even reported increased perceptions of safety along with greater trust in the police.¹⁴⁰ An evaluation of CSP by UCLA found that this effort reduced crime, arrest rates, and use of force grievances from residents.¹⁴¹

Focused Deterrence

Focused Deterrence strategies involve the communication of risks, ramifications, and avenues of support to individuals involved in gun violence. This strategy is based on the fact that a very small number of people are responsible for a large portion of gun violence.

One of the most prominent implementations of focused deterrence is Boston, Massachusetts’s Operation Ceasefire. Experiencing an increase in violence, Boston police identified and communicated with individuals and groups that were pinpointed as most at risk of engaging in violence.¹⁴² Boston police also partnered with the Boston Ten Point Coalition, a group of faith and community leaders,

138 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

139 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

140 *Id.*

141 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

142 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

in order to provide support and services to these targeted individuals and groups. Oakland has also implemented a version of Focused Deterrence that is profiled in the Gun Violence Reduction section of this report.

Focused Deterrence strategies are often tailored to the location in which they are being implemented. Project Safe Neighborhoods in Lowell, Massachusetts, instituted this strategy in areas of high crime. Lowell dealt with a significant Asian gang presence largely comprising youth involved in illicit gambling operations. In order to address the youth violence, the City of Lowell worked with older Asian males in charge of the gambling. The older Asians intervened in youth violence in order to prevent their gambling enterprise from being destroyed. Lowell experienced a major decline in adolescent violence following the implementation of this Focused Deterrence strategy.¹⁴³

After Ceasefire was implemented in Boston, evaluations found a 63 percent drop in youth homicides and a 32 percent decline in calls for service related to gun violence.¹⁴⁴ A meta-analysis of several Focused Deterrence strategies found steady reductions in violent crime of up to 60 percent, particularly for group and gang related violence.¹⁴⁵

Elimination of Pretextual Stops

Pretextual or pretext traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.¹⁴⁶ However, most of these stops do not actually yield any contraband or weapons.¹⁴⁷ Because the nature of pretextual stops relies heavily on officer discretion, there is high likelihood that implicit racial biases come into play. Such stops that end in violence

143 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

144 <https://www.ojp.gov/pdffiles1/nij/188741.pdf>

145 <https://prohic.nl/wp-content/uploads/2020/11/2020-03-31-FocusedDeterrenceBraga.September2019.pdf>

146 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

147 <https://www.law.upenn.edu/live/files/7898-rudovskyslj>

or death disproportionately affect Black and Latino drivers.¹⁴⁸

Elimination of pretextual stops does not negatively affect crime. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.¹⁴⁹

Pretextual stops are in the process of being regulated in many states across the country. Oregon's Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.¹⁵⁰ Virginia policy makers are also considering restricting pretextual stops.¹⁵¹ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.¹⁵² Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.¹⁵³ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.¹⁵⁴ The City Council also approved the Mayor's Fair and Impartial Policing Workgroup's recommendations, which includes elimination of pretextual stops.

Ethical Society of Police (ESOP)

Instituted in 1972 by Black St. Louis Metropolitan Police Department officers, the Ethical Society of Police (ESOP) is a police union that was created in order to combat systemic racism within the

148 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

149 <https://injepijournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

150 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

151 <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/09/03/police-pretext-traffic-stops-need-to-end-some-lawmakers-say>

152 <https://theappeal.org/traffic-enforcement-without-police/>
153 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

154 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

department and greater community. The group is comprised of 220 members, who are either police officers or civilian contractors.¹⁵⁵ The organization recently scaled up to include the St. Louis County Police Department. ESOP has been particularly outspoken in cases of police wrongdoing. The group places a higher premium on ethical decision making, even though openly criticizing actions of their fellow police officers can be difficult.

Most recently, ESOP condemned the actions of a police officer in Brooklyn Center, Minnesota that resulted in the death of Daunte Wright, expressing that the officer was irresponsible in upholding her duties.¹⁵⁶ ESOP has also sponsored many events in order to improve relationships between police officers and their community including Pizza with a Cop, community clean-up days, and basketball games. In August of 2020, ESOP also released a groundbreaking report that details systemic racism throughout the St. Louis Metropolitan Police Department.

Chicago PD Black Public Safety Alliance (BPSA)

A group of Black Chicago Police Department (CPD) officers created the Black Public Safety Alliance (BPSA) in 2021.¹⁵⁷ The organization serves to give Black police officers a voice amidst the deep-rooted issues between communities of color and the CPD. The BPSA was created in response to concerns with the broader Fraternal Order of Police (FOP).¹⁵⁸ Officers in the BPSA have explained they “...do not feel supported or comfortable at the FOP,” especially after the local police union refused to undergo mandated precinct reform to promote trust in the community.¹⁵⁹

155 https://img1.wsimg.com/blobby/go/64ce42b7-f768-43ed-9590-dbd611afb7b6/downloads/1c6lj3b8j_482336.pdf?ver=1618276018416

156 <https://www.nytimes.com/2021/04/14/opinion/police-officer-unions.html?action=click&module=Opinion&pgtype=Homepage>

157 <https://www.wbez.org/stories/black-chicago-police-officers-form-new-group/abb12a96-1103-4ced-a068-0ffb158da9>

158 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

159 <https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvzbzcs4z3feqvix4sumhcbgru-story.html>

The formation of the alliance is a reflection of the national conversation that was ignited by George Floyd’s death. The members of BPSA have expressed that advocating for the Black community is one of their main goals, even if that involves challenging the status quo. Currently operating as a nonprofit, the BPSA has established working groups on diversity policies, adolescent coaching, and police reform.¹⁶⁰

Police Diversity

With the recent demands for law enforcement to address racial injustice and the disparate impact of policing on communities of color, diversity in the ranks of officers has emerged as a potential area of reform. In a New York Times analysis of federal Bureau of Justice Statistics data on nearly 500 police departments across the country, more than 66 percent of the departments experienced a reduction in diversity and became more white from 2007 to 2016. Although the share of police officers of color has risen in that time period as well, the demographics of police departments do not reflect the demographics of communities they serve.¹⁶¹ Black officers are twice as likely than their white counterparts to espouse the belief that the deaths of people of color at the hands of police officers are a legitimate problem.¹⁶²

Diversity in law enforcement is correlated with stronger bonds between a department and the community they serve, particularly communities of color. Use of force grievances have also been shown to decrease when there are more non-white officers in leadership positions.¹⁶³ A new comprehensive study of police diversity in Chicago, Illinois was conducted by a group of academics from Princeton University, Columbia University, the Wharton School of Business, and the University of California at Irvine. Their research concluded that, “Relative to white officers, Black and Hispanic officers make far fewer stops and arrests, and they use force less often, especially against Black civilians. These effects are

160 Id.

161 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

162 <https://www.pewresearch.org/fact-tank/2017/01/12/black-and-white-officers-see-many-key-aspects-of-policing-differently/>

163 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

largest in majority-Black areas of Chicago and stem from reduced focus on enforcing low-level offenses, with greatest impact on Black civilians. Female officers also use less force than males, a result that holds within all racial groups.”¹⁶⁴

Warrior vs. Guardian Mentality

The mentality of a warrior going to battle and the police force being an occupying army has been referred to as the “warrior mentality” for many years. Instilled, or reinforced, in police officers at the academy, the warrior concept is saturated throughout police culture. The guardian mentality is a newer idea that promotes community engagement, the establishment of meaningful relationships, and providing support to residents.¹⁶⁵

“From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals,” a report by the Harvard University Kennedy School of Government and the National Institute of Justice, directly addresses the problems of the warrior culture in policing. The report states: “In some communities, the friendly neighborhood beat cop – community guardian – has been replaced with the urban warrior, trained for battle and equipped with the accouterments and weaponry of modern warfare.”¹⁶⁶

The report goes on to highlight problems with police academies and the aggressive, warrior type manner in which new recruits are trained: “Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). Rule violations are addressed by verbal abuse or physical punishment in the form of pushups and extra laps.”¹⁶⁷

A novel initiative has been implemented at the Washington State Criminal Justice Training Commission (WSCJTC) to try to instill the guardian culture in police departments in the state. The WSCJTC

conducts and implements training of over 10,000 police officers annually. Curricular and approach changes include the removal of salute requirements for recruits, motivating instead of criticizing recruits during training, and the incorporation of behavioral education into the curriculum. Early longitudinal evaluations of the WSCJTC program show that the officers that participated in the training felt more comfortable responding to behavioral and mental health crises when compared with officers that did not receive the training.¹⁶⁸ Gains in emotional intelligence and peer support were observed as well.

Accountability

Current police accountability mechanisms are largely perceived to be ineffective. While the challenges in this area are myriad, there are two particularly critical areas of focus in the police accountability conversation, the Law Enforcement Officers’ Bill of Rights and Qualified Immunity.

Law Enforcement Officers’ Bill of Rights

Sixteen states currently employ some sort of police officer bill of rights, including California. These bills provide workplace safeguards for police officers, including but not limited to erasing misconduct complaints after a time period, a bar against civilian investigation, and a waiting period before any investigation can begin.¹⁶⁹ They have been consistently cited as a central barrier to police accountability in jurisdictions across the country.

Maryland, the state which enacted the first police officer bill of rights and had what many consider the most draconian, recently repealed its Law Enforcement Officers’ Bill of Rights in April 2021 in order to increase police accountability drastically.¹⁷⁰ Maryland’s replacement legislation involves a stringent use-of-force measure, incorporation of

¹⁶⁴ <https://scholar.princeton.edu/sites/default/files/bkmr.pdf>

¹⁶⁵ <https://www.sciencedaily.com/releases/2019/02/190226155011.htm>

¹⁶⁶ <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁶⁷ <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁶⁸ https://www.seattleu.edu/media/college-of-arts-and-sciences/departments/criminaljustice/crimeandjusticeresearchcenter/documents/Helfgott-and-Hickman-2021_Longitudinal-Study-of-the-Effect-of-Guardian-Training-for-LE.pdf

¹⁶⁹ <http://www.cato.org/blog/police-misconduct-law-enforcement-officers-bill-rights>

¹⁷⁰ <https://www.washingtonpost.com/history/2020/08/29/police-bill-of-rights-officers-discipline-maryland/>

civilian panels for discipline, and an emphasis on de-escalation tactics.¹⁷¹

Qualified Immunity

Qualified immunity, established by the Supreme Court in 1967, effectively protects state and local officials, including police officers, from personal liability unless they are determined to have violated what the court defines as an individual's "clearly established statutory or constitutional rights." The doctrine can be used only in civil cases, not criminal, and allows victims to sue officials for damages only under those circumstances.

Critics and reform advocates say that the doctrine gives officers free rein to use excessive force with impunity and argue that what it defines as "clearly established" law remains largely elusive and difficult to prove, as it requires the victim to present a previous case with nearly identical circumstances that a court ruled as unconstitutional. They also assert the law helps officers escape accountability and prevents victims from achieving justice.

Elimination of qualified immunity is thus another component of increasing police accountability. Colorado and New Mexico¹⁷² have recently passed legislation modifying their respective qualified immunity provisions; similar legislation in California is pending.

The George Floyd Justice in Policing Act of 2020 calls for the national elimination of qualified immunity.¹⁷³

Additional Accountability Measures of Note

A routine check of officers' social media can also be a powerful tool to address potentially racist or other problematic posts. After a 2019 analysis of approximately 4 million stops by police in California, the Racial and Identity Profiling Advisory Board has recommended that police departments perform

checks on assigned department software as well as social media accounts in order to identify and hold accountable officers who are actively biased and reflect that bias on the job.¹⁷⁴

Early intervention systems (EIS) are an additional mechanism by which police accountability can be fostered. These systems analyze a variety of indicators for potentially problematic behavior including use of force incidents, citizen grievances, and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a 'peer officer comparison system,' where officers assigned to the same beat are juxtaposed.¹⁷⁵ Once an officer is identified by the EIS for habitual misconduct, supports, and services to aid the officer are provided in order to encourage officer well-being and aid in

behavioral change. Continued monitoring of officer progress as well as frequent reviews of EIS data are necessary for successful implementation.¹⁷⁶

¹⁷¹ Id.

¹⁷² https://custom.statenet.com/public/resources.cgi?id=ID:bill:NM2021000H4&ciq=ncsl&client_md=562236734bdbcb53a3148c2e8d11ebbd&mode=current_text

¹⁷³ <https://www.congress.gov/bill/116th-congress/house-bill/7120/text>

¹⁷⁴ <https://www.policemag.com/589521/advisory-board-recommends-ca-agencies-check-officers-social-media-activity-for-r>

¹⁷⁵ <https://samuelwalker.net/issues/early-intervention-systems/>

¹⁷⁶ <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>



POLICE TRAINING

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."¹⁷⁷ Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.

Procedural Justice

Procedural Justice in policing improves police-community relations and emphasizes police departments and officers being transparent in their actions, fair in their processes, allowing community voice, and using impartiality in decision making.

According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve

¹⁷⁷ <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."¹⁷⁸

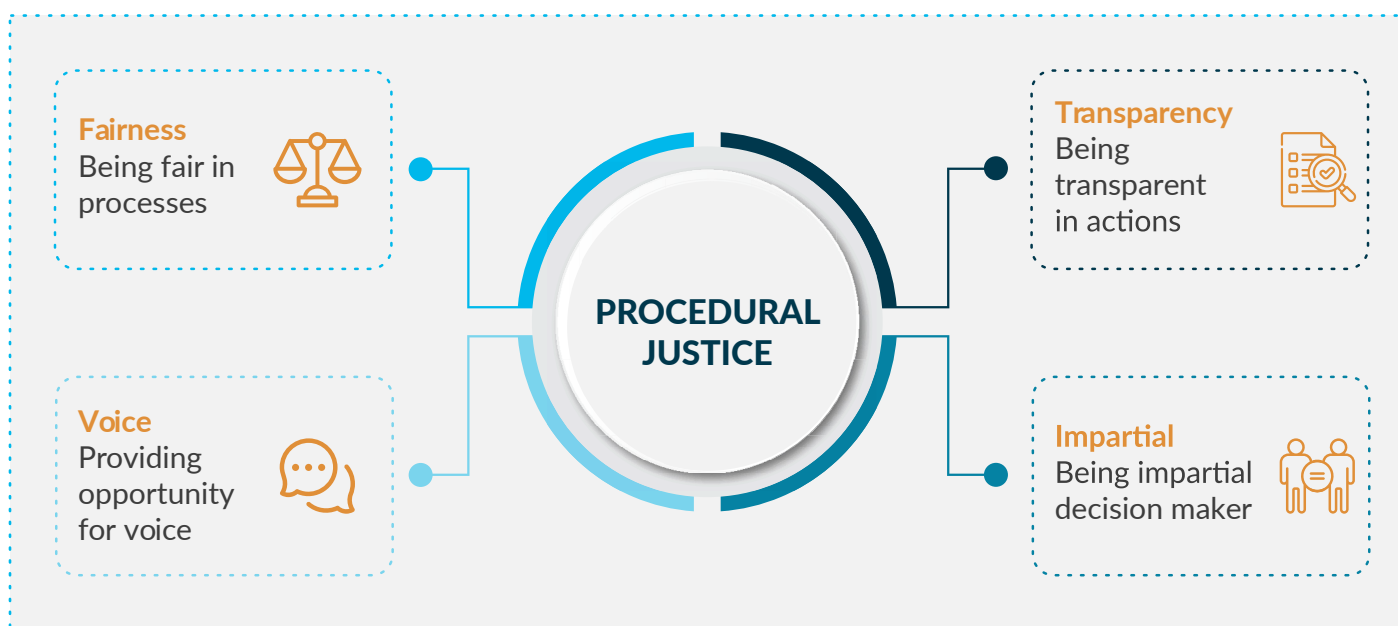
A comprehensive evaluation of procedural justice training found that "training increased officer support for all of the procedural justice dimensions. . . Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."¹⁷⁹

Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department.¹⁸⁰ In Oakland, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the

¹⁷⁸ <https://cops.usdoj.gov/procdceduraljustice>

¹⁷⁹ https://www.researchgate.net/publication/269723704_Training_police_for_procedural_justice

¹⁸⁰ https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/Principled%20Policing_outline.pdf



community teach a portion of the procedural justice training.

To aid in procedural justice incorporation into police departments, the Justice Collaboratory at Yale Law School has created a compilation of procedural justice training guides, departments who have implemented procedural justice training, and other pertinent resources.¹⁸¹

While also suggesting procedural justice training as a way to combat the “warrior mentality” in police departments, a Harvard University Kennedy School of Government report advises that “Police leaders dedicated to establishing practices in their agencies based on procedural justice principles must ensure that their organizational culture is not in conflict with these same principles.”¹⁸²

Implicit Bias

Implicit bias, as the name denotes, is an unconscious belief, attitude or bias against another race, ethnicity, or group. When Stanford University psychologist Jennifer Eberhardt conducted a large-scale study of policing, she discovered that the unconscious link between Black individuals and criminality is so high that even contemplating lawlessness can cause someone to fixate on Black people.¹⁸³ These societal biases end up affecting the judgment of police officers whether they are aware of it or not.

In Oakland, Professor Eberhardt and her team reviewed body camera footage from 1,000 traffic stops to elucidate the difference in officer language in encounters with Black versus white drivers. The research found that Oakland Police Department (OPD) officers consistently communicated with Black drivers in a less civil manner when compared with white drivers they addressed.¹⁸⁴ Various programs to address implicit bias were then recommended for implementation in OPD in response to these findings. Short, repeated education sessions were found to be associated with higher levels of officer

comprehension and knowledge.¹⁸⁵ The training was accompanied by more community engagement and data transparency in order to allow officers to start the process of unlearning implicit biases.

A novel approach to implicit bias training is the Counter Bias Training Simulation (CBTSim). This strategy utilizes shooting automation and video sequences to demonstrate the risks of implicit bias in a realistic setting.¹⁸⁶ In the curriculum, officers are forced to deal with potentially explosive situations without reacting in a way that reflects preconceived notions.¹⁸⁷

De-escalation

With an increase in the number of deadly interactions between police and unarmed civilians going viral, there has been an on-going call for officers to be required to utilize effective verbal de-escalation strategies. Law enforcement officers in the United States kill nearly 1,000 civilians annually, many of whom are unarmed.¹⁸⁸ However, many law enforcement agencies provide little to no de-escalation training to officers, and 34 states have no mandate for de-escalation training.

Successful de-escalation programs operate to assist law enforcement personnel in relaxing the situation in order to gain valuable time in a crisis. Ideal guidance for officers suggests that 40 hours of de-escalation instruction is needed. The Police Executive Research Forum (PERF) de-escalation training is a program that has seen substantial reductions in use of force complaints and civilian injury. The training includes active listening, forming physical space between the individual and officer, and education regarding mental illness and well-being.¹⁸⁹

When the Dallas Police Department implemented a training curriculum involving de-escalation tactics,

181 <https://law.yale.edu/justice-collaboratory/procedural-justice/guides-practitioners>

182 <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

183 <https://psychology.stanford.edu/news/we-understand-implicit-bias-now-what-conversation-stanford-psychologist-jennifer-eberhardt>

184 Id.

185 <https://news.stanford.edu/2016/06/15/stanford-big-data-study-finds-racial-disparities-oakland-calif-police-behavior-offers-solutions/>

186 <https://www.npr.org/2020/09/10/909380525/nypd-study-implicit-bias-training-changes-minds-not-necessarily-behavior>

187 <https://www.faac.com/milo/cognitive/cbtsim/>

188 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

189 Id.

use of force grievances declined by 18 percent the following year. After the San Francisco Police Department incorporated de-escalation training into their curriculum, use of force incidents dropped by 24 percent annually.¹⁹⁰

Community Engagement

A tense relationship between police and the community, especially communities of color, has been a long, intractable problem. Mistrust of law enforcement is not just theoretically problematic; it has also been proven to be linked to an increase in crime and violence.¹⁹¹ Police officers should work to develop meaningful and positive relationships with members of the community by taking measures including regularly and actively attending community meetings, special events, neighborhood gatherings, positively communicating with area youth, and participating or hosting local sporting events. By doing so law enforcement conveys the message that residents have a voice and that their input matters. Police should also connect with individuals in the community who advocate for greater social cohesion, such as faith leaders, in order to successfully engage a broad swath of the community.¹⁹²

Crime Prevention Through Community Engagement (CPTCE), an extensive training guide for improving relations between police departments and the community, was recently developed by The American Crime Prevention Institute (ACPI). The training consists of strategies to engage communities of color, employ social media to interact with residents, coordinate with faith-based leaders, and partner with community-based organizations.¹⁹³

In New Haven, Connecticut, the police department implemented 40-hours of community engagement education for its recruits, including education about the area's history as well as continuous outreach activities. Officers overwhelmingly supported the initiative and reported having positive interactions.

190 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

191 <https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-In-Pursuit-of-Peace.pdf>

192 <https://courses.acpionline.com/community-engagement/>

193 <http://acpionline.com/seminars/cptcelou/>

After the pilot, the police department expanded the program to partner with the local community-based organization, Leadership, Education, & Athletics in Partnership (LEAP).¹⁹⁴ Community engagement training for law enforcement in general is correlated with increased trust and stronger social ties in neighborhoods.

Open Policing is a research-based strategy that incorporates elements of procedural justice to improve police-community relations. Residents of communities are able to offer their comments and observations regarding their exchanges with police officers anonymously. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁵ In addition to the Open Policing policy, some departments have initiated CFS reviews. After any call for service, community members are able to give details about their interaction in a three-minute review without any fear of consequence.¹⁹⁶

The four main components of procedural justice have been assimilated into Open Policing, including promotion of vocalization from the community, serving individuals with respect, objectivity in decision-making, and credibility with the community. The main goals of the strategy are to improve officer-civilian relations and responses to incidents as well as promoting accountability within the department. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁷ Open Policing has been correlated with a 35 percent decrease in resident grievances and increased trust in police departments.¹⁹⁸

Data Driven Risk Management

The Oakland Police Department (OPD) recently implemented a series of 15 Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data

194 https://www.policefoundation.org/wp-content/uploads/2017/08/IAP_Outside-the-Academy-Learning-Community-Policing-through-Community-Engagement.pdf

195 https://www.policylink.org/sites/default/files/pl_police_commun%20engage_121714_c.pdf

196 <https://www.openpolicing.org/how-open-policing-works/>

197 Id.

198 <https://www.openpolicing.org/try-open-policing/>

analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.¹⁹⁹

The dashboards were created with input from OPD staff and leadership, community-based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last 24 hours.²⁰⁰ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.²⁰¹ Early Intervention Systems (EIS) such as these dashboards have been correlated with increased personnel safety, improved officer welfare, and an increase in police accountability.²⁰² One necessary improvement to these systems and their deployment is to universally allow the public to have access to the information they capture.

199 <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

200 <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

201 <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

202 <https://www.emerald.com/insight/content/doi/10.1108/PIJPSM-02-2020-0027/full/html>

APPENDIX I

Alternative Responses Report

INTRODUCTION AND REPORT OVERVIEW

In the effort to provide meaningful information and recommendations to the Berkeley Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was tasked by the City Manager's Office to conduct research and analysis to produce a series of reports for the Taskforce, City of Berkeley (City) leadership, and the public. NICJR reviewed the City Auditor's Calls for Services assessment, conducted further analysis of Berkeley Police Department Calls for Service (CFS), used the previously submitted New and Emerging Models of Public Safety report, and drew upon our team's experience and expertise, to develop this Alternatives Responses report.

This report provides an actionable roadmap for providing community and other non-law enforcement alternatives to a police response for 50 percent of CFS types to which the Berkeley Police Department (BPD) currently responds.

The initial section of this report presents the NICJR analysis of BPD's CFS and compares that analysis to the Berkeley City Auditor's report. The next section provides an overview of NICJR's alternative response model – Tiered Dispatch, which includes the Community Emergency Response Network (CERN) – and describes how specific call types are assigned to CERN tiers.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources. The specific parameters and scope of the Specialized Care Unit (SCU) have not yet been defined. The present analysis assumes that the SCU's role will be focused on mental-health and substance abuse related call responses.

CALLS FOR SERVICE ANALYSIS

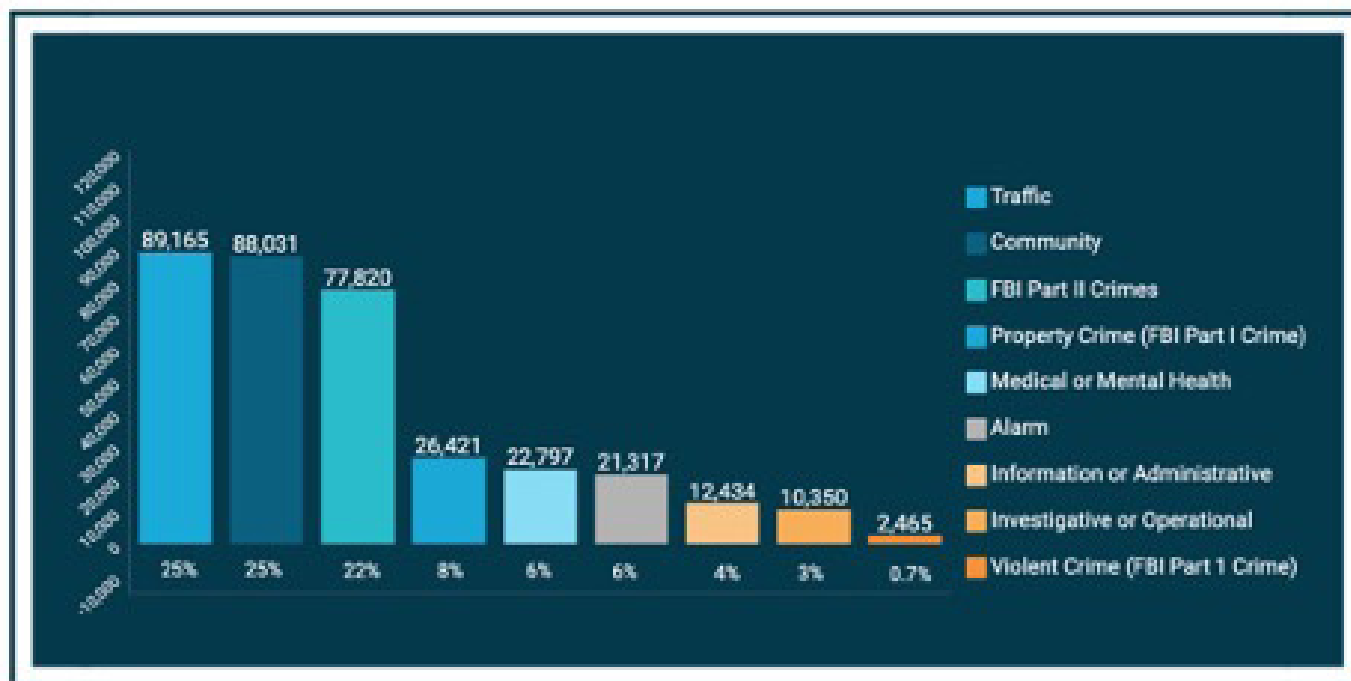
Summary of City Auditor Findings, NICJR Category Assignment and Crosswalk

The Berkeley City Auditor (Auditor) recently conducted an analysis of over 350,000 BPD calls for service covering calendar years 2015-2019. The BPD CFS audit, which can be found [here](#), focused on the following questions:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

The Auditor categorized over 130+ call types into 9 categories in an effort to answer these questions: Violent Crime (FBI Part 1), Property Crime (FBI Part I), FBI Part II Crimes, Investigative or Operational, Medical or Mental Health, Information or Administrative, Community, Traffic, and Alarm.

Figure 1. BPD Calls by Auditor Call Categories



Between 2015 and 2019 the Auditor found that BPD responded to an average of 70,160 CFS annually, and that ten call types accounted for 54 percent of all CFS.

Table 1. Top Ten Call Types, Auditor Report

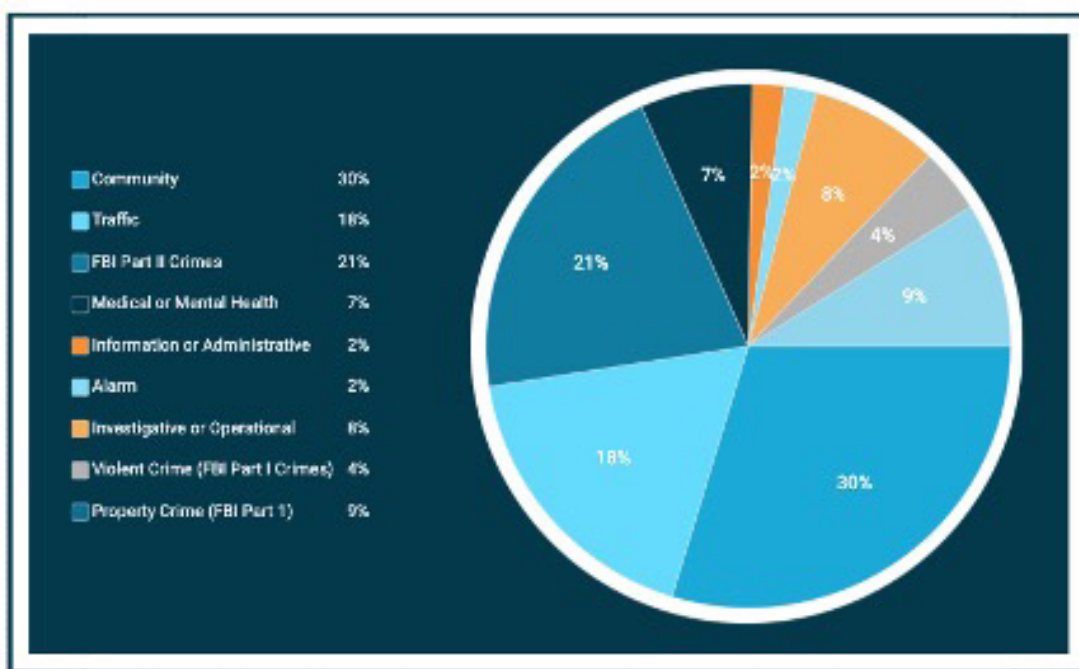
Call Types	Total Count
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899

Top 10 call types account for 54% of all events

The top ten call types fell into four categories: Traffic, Community, Alarm, and Property Crime. Mental health related CFS accounted for approximately 12 percent of all call types, while homelessness CFS accounted for 6.2 percent of all events. These types of CFS were identified by looking at keywords in narrative reports, disposition codes, call types, and/or Mobile Crisis Team response.

During the period reviewed, BPD officers spent most of their time (69 percent) responding to CFS that were categorized as Traffic (18 percent), Community (30 percent), or FBI Part II crimes (21 percent). Seven percent of BPD officers' time was spent handling Medical Mental Health CFS, another 9 percent on Property Crime CFS, and 2 percent on Alarms. The remainder of BPD officer time (14 percent) was spent on Information or Administrative, Investigative or Operational, and Violent Crime CFS.

Figure 2. BPD Officer Time Allocation, Auditor Report



NICJR EXPANDS UPON AUDITOR'S ANALYSIS

As a first step in developing this Alternative Response Report, NICJR reviewed the CFS analysis completed by the Auditor and compared the results of that analysis to its own CFS classification results.

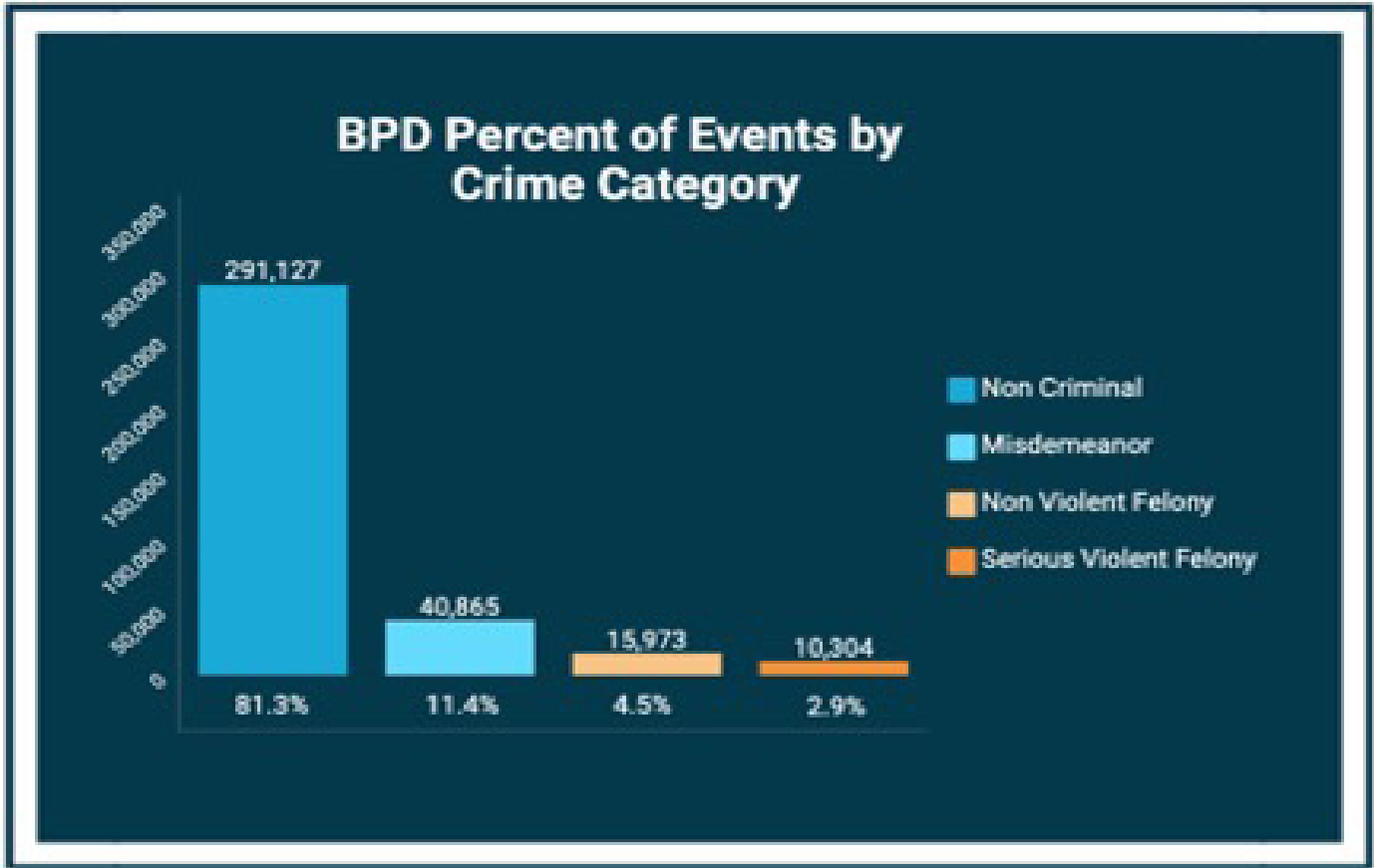
As outlined above, the Berkeley City Auditor aggregated all BPD call types into 9 categories, while NICJR uses 4 Categories to organize the same events. A crosswalk between the Auditor's 9 and NICJR's 4 CFS Categories is outlined in Table 2. NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

Table 2. Crosswalk, Berkeley City Auditor and NICJR Call Type Categories

Berkeley Auditor Categories	NICJR Categories
Violent Crimes (FBI Part I)	Serious Violent Felony: Any event identified in the California Penal Code as a Serious Violent Felony
Property Crimes (FBI Part I)	Non-Violent Felony: Any event identified in the California Penal Code as a Non-Violent Felony
FBI Part II Crimes	Misdemeanor: Any event identified in the California Penal Code as a Misdemeanor
Community	Non-Criminal: Any event not identified in the Penal Code
Medical or Mental Health	
Traffic	
Informational or Administrative	
Investigative or Operational	
Alarm Calls	

NICJR uses this method of categorizing events because it affords the most linear association between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

Figure 3. BPD Events by NICJR Crime Category¹



There were 22 call types² (11 percent) that differed in assignment when comparing the Auditor’s report to NICJR results. A summary of these variances is outlined in Table 3 and described below.

Table 3. Key Variances, NICJR vs. Auditor Call Type Categorization

NICJR Classification	Auditor Classification	# of Impacted Call Types
Non-Criminal	FBI Part II Crimes	7
Serious Violent Felony	Traffic, Property Crimes (FBI Part I, FBI Part II Crimes)	10
Non-Violent Felony	Investigative/Operational	1
Misdemeanor	Traffic, Informational or Administrative	4

Of the 22 call types, 7 (31.8 percent) were assigned to NICJR’s Non-Criminal Category whereas the Auditor classified the same 7 as FBI Part II Crimes. For example, *family disturbance* is classified by the Auditor as an FBI Part II Crime while NICJR places it in the Non-Criminal Category. The largest source of variance between

¹ Figure excludes null or missing values in the dataset.

² There is a discrepancy in the number of call types evaluated by the Auditor versus NICJR. The Auditor evaluated approximately 130 CFS types; NICJR, 183. Part of this discrepancy is due to the fact that the Auditor and NICJR reviewed slightly different data sets. Additionally, NICJR reviewed all CAD data while the Auditor only reviewed those CFS resulting in a sworn response.

NICJR's Non-Criminal Category and the Auditor's classifications relates to the call type disturbance, which the Auditor classifies as an FBI Part II Crime while NICJR categorizes it as Non-Criminal. The *disturbance* call type accounted for nearly 10 percent of the 360,242 CFS reviewed in the Auditor's analysis.

Four out of the 22 (18.1 percent) differing call types were assigned to NICJR's Misdemeanor Category while the Auditor assigned them as Traffic and Informational or Administrative. These call types include *reckless driver*, *hit and run with injuries*, and *exhibition of speed*. Both *reckless driver* and *hit and run with injuries* were assigned as Traffic by the Auditor while NICJR assigns them as Misdemeanors. *Property Damage* was classified by the City Auditor as Informational or Administrative. NICJR classifies this call type as a Misdemeanor.

One out of the 22 (4.5 percent) differing call types, lo jack stolen vehicle, was assigned to NICJR's Non-Violent Felony Category while the Auditor assigned it as Investigative or Operational.

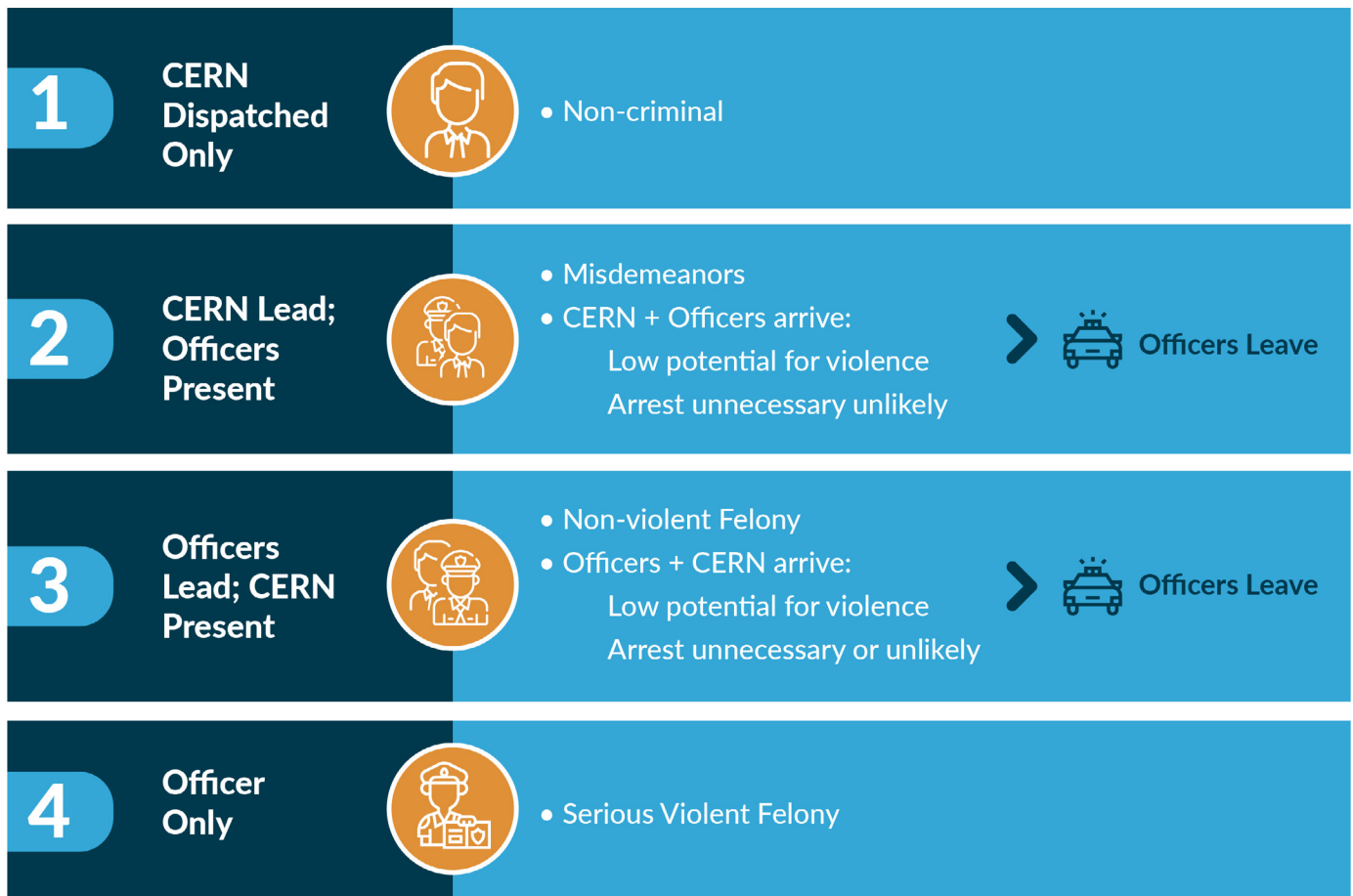
A final source of the variation in call type categorization between the Auditor and NICJR stems from NICJR's Serious Violent Felony assignment. The auditor used FBI UCR categories while NICJR used the California Penal Code to determine the penalty associated with the qualifying offense. Ten out of the 22 (45.4 percent) differing call types were assigned to NICJR's Serious Violent Felony Category. Out of the total 360,242 calls for service analyzed, NICJR classified 2.9 percent in the Serious Violent Felony Category. The Auditor only classified 0.7 percent of CFS in its Violent Felony Category. The variance is due to the fact that 9 call types classified by the Auditor as Traffic, Property Crime (FBI Part I), and FBI Part II Crimes fall into NICJR's Serious Violent Felony Category. This scenario is illustrated by the call types *hit and run with injuries* and *vehicle pursuit*. Both are classified by the Auditor as Traffic. NICJR classifies both calls in its Serious Violent Felony Category. Another example is arson, which is classified by the Auditor as Property Crime (Part I) while NICJR classifies arson as a Serious Violent Felony. Other call types generating this variance include battery, bomb threats, kidnapping, spousal or domestic abuse, child abuse, and sexual molestation.

The complete crosswalk is provided as [Appendix A](#).

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response.³ This model includes the CERN, which builds upon NICJR's CFS classification structure.

Once each call type is associated with one of NICJR's four CFS Categories, they are given a default assignment on the Tiered Dispatch depicted in Figure 4:



The Tiered Dispatch assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 4. Tiered Dispatch Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Table 5. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR’s assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. These call types would be led by police only, but members of the CERN would be present to provide family members with information and support. Conversely, some call types have been moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement

agency, for example, a BPD response is required. Additionally, traffic-related calls are in Tier 3 or 4 due to current state law requiring sworn officers, but in the event that state law is amended as envisioned in some of the discussion related to BerkDOT, the calls would move to Tier 1. Appendix D includes calculations of calls and expenses with traffic calls shifted to Tier 1.

Table 6. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 6, 50 percent of BPD CFS could be handled by a community-response, only. A detailed breakdown of Berkeley CFS by CERN Tiers can be found in [Appendix B](#).

FISCAL IMPLICATIONS OF CERN ASSIGNMENT

A major driver of the police reform conversation has been the desire to shift resources from traditional law enforcement to alternative, more appropriate, responses for specific types of calls for service. As Table 6 illustrates, the City can realistically expect to divert nearly 50 percent of call types from the BPD to an alternate response that requires no law enforcement involvement. In order to understand the potential fiscal impact of the adoption of this type of alternate response model, various analyses of the BPD budget were conducted.

As outlined in Table 7, the BPD budget grew from approximately \$61 million to \$69 million during the period of CFS review, reflecting a nearly 15 percent increase; CFS remained steady during the same period, experiencing a slight decline of approximately 4 percent. The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.

Table 7. BPD and Patrol Operations Division Budget, 2015-2019

	FY15	FY16	FY17	FY18	FY19
Total Budget	\$60,832,054	\$63,115,430	\$66,428,530	\$66,351,534	\$69,567,103
General Fund (GF)	\$57,057,838	\$59,074,465	\$62,156,096	\$62,628,518	\$65,493,664
Police Operations (OPS) Division	\$34,781,350	\$37,050,106	\$39,867,224	\$39,673,087	\$36,284,878
OPS Division % of Total Budget	57.2%	58.7%	60.0%	59.8%	52.2%

In order to determine the proportion of Operations Division expenses that are directly attributable to responding to CFS, NICJR undertook several analyses:

Calculating Officer Time:

- **Responding to CFS: On-Scene to Close.** The time between when an officer arrives on-scene to a particular CFS and closes the call. This time frame is used to measure the actual time officers spend on calls for service. This calculation does not include travel time; the time officers take to write incident reports is only accounted for if the officer does this before a particular CFS is closed.
- **Responding to CFS: Event Creation to Close.** The time between when a call comes in and is created in the Computer Aided Dispatch (CAD) system and when an officer closes the call. This time period is used to capture the total amount of time from when a caller calls into the Communications Center to when an officer closes the call, accounting for the totality of time it takes to complete a CFS.
- **Officer Time.** Under either the On-Scene to Close or Event Creation to Close approaches, officer time is calculated based on the number of responding officers to a unique call multiplied by the amount of time spent on the call.

Identifying Median Officer Hourly Rates:

- Median hourly rates were generated from the City of Berkeley's **Salary List** for benefited employees. The minimum salary (step 1) in that schedule is \$49.73/hr and the maximum, (step 7), \$61.90/hr. The median salary is \$56.24 (step 4).

Applying Applicable Overhead Rate to Median Officer Hourly Rate:

- As of the City's 2021 **Benefits and Compensation Matrix**, this rate was 110 percent.

The results of this analysis are provided in Table 8.

Table 8. Cost of Responding to CFS: On-Scene to Close and Create to Close

Officer Costs Associated with Responding to CFS: On-Scene to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	98,119
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	89,525
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$11,587,854
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$10,572,903
Average Annual CERN Tier 1 Officer Costs, On-Scene to Close	\$2,317,571
Average Annual Officer Costs Tiers 2-4	\$2,114,581

Officer Costs Associated with Responding to CFS: Create to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	266,832
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	367,422
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$31,512,859
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$43,392,538
Average Annual CERN Tier 1 Officer Costs, Create to Close	\$6,302,572
Average Annual Officer Costs Tiers 2-4	\$8,678,508

*Note: Berkeley PD salaries used for this analysis are based on the MOU which expired June 30, 2021. A new MOU has resulted in a salary increase not reflected in this report.

Depending on the officer time calculation used, and using 2019 budget data alone, the costs associated with responding to Tier 1 CFS range from between **approximately 7 (On-Scene to Close) and 19 (Create to**

Close) percent of the Police Operations Division budget, and **4 and 10** percent of the total BPD budget. Costs associated with responding to CFS Tiers 2-4 comprise between approximately **5 (On-Scene to Close) and 23 (Create to Close)** percent of the Police Operations Division budget and **3 and 12** percent of the total BPD budget.

Table 9. Tier 1 CFS as % of Operations Division and BPD Overall Budget

Implementation converts the estimated number of officer hours saved into FTEs as reflected in Table 10 on the following page.

Table 10. CFS FTE Analysis

CERN Tier	Total Hours (Create to Close) (Avg Annual)	Average Hours ⁴ , 1 FTE Officer	Estimated # of FTE Per Tier
1	53,366	2080	25.7
2	24,012	2080	11.5
3	32,331	2080	15.5
4	17,140	2080	8.2

Redirection of Tier 1 CFS to a CERN would thus generate approximately \$6.8 million in annual BPD savings annually, equating to slightly less than 26 FTE.

⁴ 2080 is the standard number of working hours per year for a full-time equivalent position; BPD actual annual hours/FTE may vary.

BUILDING THE ALTERNATIVE RESPONSE INFRASTRUCTURE

In order to facilitate the development of Berkeley's own alternate response network or CERN, NICJR further analyzed the 92 CFS in CERN Tier 1. Although an alternate response is also contemplated in response to CFS in Tiers 2 and 3, as the CFS category which contemplates no corresponding police response, Tier 1, is an appropriate focal point for initial alternate response analyses.

To facilitate this assessment, Tier 1 CFS were divided into 11 topical/activity-based sub-categories as outlined in Table 11.

Table 11. CERN Sub-Category

CERN Category	Definition	Example Call Type(s)
Administrative	Calls that involve administrative duties	subpoena service; VIN verification; information bulletins, test call, report writing
Alarm	Calls that involve activation of alarms	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm
Animal	Calls that involve animals	stray animals, barking dogs, cat in a tree
Investigation	Calls that require some form of investigation to ensure all is in order	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)
Medical or Mental Health	Calls that require or involve medical or mental health assistance	mutual aid medical support, gunshot victim, suicide, 5150 transport
Municipal	Calls that involve municipal issues	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations
Other	Call types that do not fit into any of the other CERN categories	create new call; no longer used, wireless 911 call got dropped
Public Order	Calls that interfere with the normal flow of society	demonstrations, civil unrest
Quality of Life	Calls that create physical disorder or reflect social decay	loitering (homeless), panhandling, noise, trash/dumping, urinating in public

CERN Category	Definition	Example Call Type(s)
Substance Use	Calls that involve substance use	open air drug use and distribution, overdose related, down and out, public intoxication
Traffic	Calls that involve traffic or vehicle related concerns	abandoned vehicles

Leveraging Existing and Planned City Resources and Ideas from New and Emerging Models Report

CERN Team Types

The Community Emergency Response Network may need to have different types of teams that respond to certain calls.

- **SCU:** Respond to Mental Health & Drug issue calls
- **Mediation Team:** Respond to Disturbance and Noise calls
 - Possibly include specialists in Family Disturbance calls
- **Report Takers/Technicians:** Take crime reports
 - Specialists for evidence collection as the City has now
- **Outreach:** Respond to non-MH homeless calls, welfare checks, etc.
- **BerkDOT:** Respond to traffic calls
 - Including technology

In an effort to identify existing and planned resources by Tier 1 Category, NICJR reviewed:

- The list of City-funded community-based organizations (CBOs) provided in the City Manager's Proposed Annual Budget Fiscal Year 2022, submitted to the City Council on May 25, 2021
- City Boards, Commissions, and Departments, as identified on the City's website
- Relevant examples of potential programs or approaches as provided in the [New and Emerging Models of Community Safety and Policing Report](#)
- Other relevant local CBOs/resources

Table 12, which can be found on the next several pages, summarizes the results of NICJR's services scan; a list of the specific CBOs identified by Tier 1 sub-category can be found in [Appendix C](#). A detailed description of each Table 12 organizing category follows.

Table 12. CERN Build Out: CBO’s, City Departments, Other Resources

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Administrative	subpoena service; VIN verification; information bulletins, test call, report writing			BerkDOT (VIN verification)	Private subpoena servers		
Alarm	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm	The Downtown Berkeley Association/ Downtown Ambassadors Street Team provides alarm assistance services			UCPD Community Service Officers provides alarm assistance services		
Animal	stray animals, barking dogs, cat in a tree etc.	Animal Rescue	City Manager’s Office: Berkeley Animal Care Services			Animal Care Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Investigation	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)	Downtown Berkeley Association/ Downtown Ambassadors Street Team: investigating open doors, residential welfare checks, business premise checks			UCPD Community Service Officer (CSO) Program: investigating open doors, residential welfare checks, business premise checks		

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Medical or Mental Health	mutual aid medical support, gunshot victim, 5150 transport, mental illness, suicide attempt, threat of suicide, mental health	4 CBOs contracted for health services; 1 CBO contracted for mental health services (Alameda County Network of Mental Health Clinics); several homeless oriented CBOs include a mental health component	Fire Department; Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); Health, Housing, and Community Services Department	SCU	Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment	Community Health Commission; Mental Health Commission	Crisis Response Unit (CRU), Olympia, Washington
Municipal	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations		City Manager's Office: Code Enforcement, Public Works			Public Works Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Other	create new call; no longer used, wireless 911 call got dropped	NA	NA	NA	NA	NA	NA
Public Order	Demonstrations, civil unrest	Downtown Berkeley Association's Safety Ambassadors Program: provides public order services/ assistance			UCPD Community Service Officer (CSO) Program: provides public order services/ assistance		
Quality of Life	loitering (homeless), panhandling, noise, trash/dumping, urinating in public	16 CBOs contracted for homeless services, approximately 50% with case management component. These resources could be leveraged to address loitering, panhandling, and public urination/intoxication complaints. Other CBOs (Eden Information and Referral as well Telegraph Business Improvement District) assist with quality of life calls as well. Downtown Berkeley Association's Safety Ambassadors Program: all Quality of Life CFS	Mental Health Division, Mobile Crisis, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); City Manager's Office: Code Enforcement (trash/dumping)		UCPD Community Service Officer (CSO) Program: all Quality of Life CFS	Homeless Commission; Human Welfare and Community Action Commission	Mayor's Action Plan (MAP) for New York City

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Substance Use	open air drug use and distribution, overdose related, down and out, public intoxication	1 CBO directly contracted for substance abuse services (Options Recovery Services); other homeless-oriented CBO's provide various substance abuse related services	Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public)		New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program	Health Commission, Community; Homeless Commission; Mental Health Commission	Arlington Opiate Outreach Initiative
Traffic	abandoned vehicles, speeding, reckless driving		City Manager's Office: Code Enforcement (abandoned vehicles)	BerkDOT		Transportation Commission	NYPD Staten Island's Motor Vehicle Accident Program

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Weapon	person with a gun				Building Opportunities for Self-Sufficiency appears to be only City-contracted CBO with significant experience with and focus on incarcerated/ formerly incarcerated. May be a resource for this particular CFS and others in that vein.	Peace and Justice Commission	

Existing City-Contracted Community Based Organizations

NICJR reviewed all City-contracted CBOs and, where possible, aligned CERN Tier 1 sub-categories with community-based organizations; identified organizations are those that could potentially be leveraged to build out the CERN approach. Although the City has contracts with a number of CBOs, there is a significant concentration in homeless services, with few contracted providers in many of the other CERN Tier 1 sub-categories. Where able to identify, NICJR has lifted up those CBOs working in any area that appear to be doing some type of case management or street outreach work, as well as those that have experience with a criminal justice population. These organizations are likely best positioned to serve as the starting point for the development of the CERN infrastructure. There is at least one City-contracted CBO that NICJR is aware of that engages in case management and outreach work *and* has extensive experience with justice-involved community members; that organization, Building Opportunities for Self Sufficiency (BOSS), is an obvious candidate to serve as one of the City's anchors and foundational CERN partners. BOSS is an example of a capable organization, but there are others in Berkeley as well. The City would need to conduct a Request for Proposals process to select the most appropriate service provider(s).

The Downtown Berkeley Association (DBA), an independent non-profit organization that has recently contracted with the City, provides a variety of services including but not limited to cleaning and beautification, hospital and outreach, marketing and business support, and prevention of crime and other threats to merchants.⁵ Positions encompass hospitality workers, cleaners, social workers, and trained guards, known as Safety Ambassadors. Safety Ambassadors carry batons, pepper spray, and handcuffs and are outfitted with neon vests.

Safety Ambassadors often have backgrounds in law enforcement and are required to undergo an 8-hour general training along with additional trainings covering topics such as sexual harassment, mental illness, and de-escalation tactics. The stated objective of this program is to increase the quality of life in downtown Berkeley and ensure that any potential disturbances are curtailed.⁶ Low-level municipal or quality of life violations, open use of illicit drugs, and threats to businesses are all addressed by the Safety Ambassadors. As such, the DBA itself may serve as an important CERN resource. However, it is important to note that many community members and organizations have expressed concerns with the enforcement-type equipment that Safety Ambassadors carry.

Lastly, the Mental Health Division's (MHD) Mobile Crisis Team provides immediate crisis intervention services for the community and supports BPD in capacities including co-responding to calls for service upon BPD request. This Team, as well as the MHD's Crisis, Assessment, and Triage Team, are obvious foundations for the SCU which is currently under development. The Mobile Crisis Team has very limited resources and available hours. At the time of this report, the Team only has two members. In Listening Sessions held with BPD officers, many expressed the need to expand the work of the Mobile Crisis Team.⁷

Existing City Departments

There are a number of City Departments that are either currently deployed, or could be deployed to address CERN Tier 1 sub-categories. For example, the BPD currently partners with the Mental Health Division's Mobile Crisis Team, and the Code Enforcement Unit within the City Manager's Office is responsible for addressing illegal dumping. The roles and responsibilities of existing City Departments could be expanded to support absorption of specific Tier 1 CFS. BPD also employs civilian technicians who could be used to take reports or collect evidence in cold CFS that may not need an officer present.

⁵ <https://www.downtownberkeley.com>

⁶ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Safety-Ambassador-Pilot-Program-2-Month-Report.pdf>

⁷ Community members have expressed concerns about the Mobile Crisis Team's ability to properly assist with calls for service.

Existing Berkeley Commissions, Boards and Departments

NICJR reviewed the City's Boards and Commissions to identify those that might be most appropriate for supporting the development and oversight of various components of the CERN. While ultimately the effort is likely most effectively administered by a single oversight body, the development of various components of the alternate response model may lend itself to disaggregation by topic, although an effective coordination and overall project management approach should be employed from the outset.

Planned City Resources

The City has two significant alternative response initiatives currently underway: the Berkeley Department of Transportation (BerkDOT) and the Specialized Care Unit (SCU). While the scope of these efforts is unclear, NICJR has assigned Tier 1 sub-categories to these City-initiated alternate responses as follows:

- **BerkDOT:** All traffic CFS
- **SCU:** All mental health and drug use CFS

The following relevant excerpts from the City Manager's *Proposed Annual Budget Fiscal Year 2022* suggest that the 2021-2022 budget year is a planning period for BerkDOT, while the SCU is on more accelerated implementation timeline:

BerkDOT

"The Public Works Department is evaluating the potential to create a Berkeley Department of Transportation to ensure a racial justice lens in traffic and parking enforcement and the development of transportation policy, programs, and infrastructure.⁸

- **Estimated Budget:** \$75,000
- **Description:** Develop plans for establishing a Berkeley Department of Transportation to ensure racial justice and equity in Transportation policies, programs, services, capital projects, maintenance, and enforcement. Coordinate this with the Reimagining Public Safety effort."

Current state law does not allow non-law enforcement to conduct traffic stops. Given the City's decision to establish BerkDOT, in Appendix D we have assigned all traffic CFS to CERN Tier 1.

SCU

"The Health, Housing and Community Services Department is working with a steering committee to develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit."⁹

- \$8 million is currently allocated for programs addressing community safety and crisis response.¹⁰
- Before the SCU is deployed, community safety concerns have been proposed to be addressed through:
 - Expanding prevention and outreach
 - Leverage existing teams and CBOs
 - Address basic needs (i.e., wellness checks, food, shelter)
 - Equipment and supplies

⁸ Page 24, *Proposed Annual Budget Fiscal Year 2022*

⁹ Page 24, *Proposed Annual Budget Fiscal Year 2022*

¹⁰ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/FY%202022%20CM%20Proposed%20Budget%20Recommendations.pdf

- Estimated budget: \$1.2 million
- Crime prevention and data analysis to support data driven policing and identify areas of community need
 - Establish data analysis team (2 non-sworn positions)
 - Deploy Problem Oriented Policing Team (overtime)
 - Estimated budget: \$1.0 million

Other Relevant Resources

NICJR has identified three non-City funded CBOs as potential alternate response providers related to Tier 1 sub-categories: the New Bridge Foundation (NBF); Bonita House's Community Assessment and Transport Team (CATT) and Bridges to Recovery In-Home Outreach Team (IHOT); and the University of California's Community Service Officer Program. Again, these are examples, the City would need to conduct a Request for Proposals process to select the most appropriate service providers.

Members of the RPSTF have compiled a master list of local community-based organizations to assist in the CERN build-out process as well. This list can be found in Appendix E.

New Bridge Foundation

NBF was identified as a possible alternative solution by Berkeley Reimagining Public Safety Task Force Members. NBF is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. NBF was assigned to the Tier 1 sub-category, substance use.

Bonita House

While Bonita House receives City funding for its Creative Wellness Center (CWC) which serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions, it does not currently receive financial support for its *Community Assessment and Transport Team (CATT)*; a crisis response system to get clients "to the right service at the right time", or its *Bridges to Recovery In-Home Outreach Team (IHOT)*; a short-term outreach, engagement and linkage to community services program for individuals with severe mental illness. Both of these teams could potentially play important roles in a new alternate response network.

University of California Police Departments (UCPD)

Most University of California Police Departments (UCPD) have some type of Community Service Officer (CSO) Program.¹¹ CSOs are uniformed, civilian personnel comprised of students that assist the UCPD in a variety of ways. They provide evening and night escorts, patrol campus buildings and residence halls, perform traffic control duties, and act as liaisons between university students and their corresponding police departments.¹² CSOs generally carry pepper spray and work anywhere from 10-20 hours each week. The majority of UCPD CSO Programs also employ tasers.¹³ Some are trained to aid in cases of medical emergencies.¹⁴ General security and deterrence of crime are the goals of the CSO program.¹⁵

¹¹ It's important to note that there have been use of force concerns expressed by UC students about the UCPD CSOs. This should be taken into account by the City when allocating Tier 1 responsibilities.

¹² <https://www.police.ucla.edu/cso>

¹³ <https://dailybruin.com/2006/11/28/a-closer-look-uc-campuses-exhi>

¹⁴ <https://police.ucsd.edu/services/cso.html>

¹⁵ <https://www.police.ucla.edu/cso/about-cso>

At UC Berkeley, the CSO Program is made up of 60 part-time students. CSOs offer the BearWalk, a night escort for all faculty and students at the University. Berkeley CSOs are also contracted to patrol residence areas and university buildings. Often, CSOs assist in special events or sports games to promote safety and security. Applicants to the CSO Program must be in good academic standing, undergo a background check, and an oral board interview as part of the hiring process.¹⁶ Because the CSO program is already established in the campus area, it may make sense for the City to partner with the University to expand the responsibilities of this student-staffed community service to include for example responding to suspicious circumstances or vehicles CFS. Other example CSO activities include processing complaints and taking reports.

New and Emerging Models

In addition to reviewing existing and planned local resources, NICJR reviewed the New and Emerging Models of Community Safety and Policing Report, to identify programs that might be appropriate for Berkeley implementation. Five initiatives were identified pursuant to this review: San Francisco's Street Crisis Response Team (SCRT); Olympia, Washington's Crisis Response Unit (CRU); Mayor's Action Plan (MAP) for New York City; The Arlington Opiate Outreach Initiative; and NYPD Staten Island's Motor Vehicle Accident Pilot Program. Seattle, Washington's new Specialized Triage Response System is also highlighted.

The Street Crisis Response Team (SCRT) is a pilot program administered by the Fire Department in San Francisco, California, for individuals experiencing a behavioral health crisis. SCRT Teams consist of a behavioral health specialist, peer interventionist, and a first responder who work in 12-hour shifts. 911 calls that are determined to be appropriate for the SCRT are routed to SCRT by dispatch. A team responds in an average of fifteen minutes.

The City of Olympia, Washington implemented their **Crisis Response Unit (CRU)** in April of 2019 to serve as an option for behavioral health calls for service. The CRU teams consist of mental health professionals that provide supports such as mediation, housing assistance, and referrals to additional services to their clients. Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.

The Mayor's Action Plan (MAP) for New York City (NYC) was launched in 2015 in fifteen NYC Housing Authority properties with high violence rates in order to foster productive dialogue between local residents and law enforcement, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources. Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.

The Arlington Opiate Outreach Initiative was established in 2015 in Arlington, Massachusetts and brings together social workers, community-based organizations, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.

NYPD Staten Island's **Motor Vehicle Accident Pilot Program** is aimed at reducing the number of calls for service related to minor collisions. When a call for service comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If the collision is deemed to be minor, all individuals involved in the crash will simply complete a collision report and then exchange contact information.

In partnership with the City of Seattle, NICJR produced a report analyzing the 911 response of the Seattle Police Department and suggested CFS that can be addressed by alternative community response. This analysis

¹⁶ <https://ucpd.berkeley.edu/services/community-service-officer-cso-program>

was instrumental in Seattle's new commitment to a Specialized Triage Response System, a response that at full operational capacity will be able to potentially respond to 8,000 to 14,000 non-emergency calls. This new department will be receiving training from CAHOOTS and STAR staff.¹⁷

¹⁷ <https://durkan.seattle.gov/2021/07/mayor-jenny-durkan-announces-proposal-to-create-a-new-specialized-triage-response-to-provide-alternative-to-sworn-police-response/>

COMMUNITY SURVEY

In partnership with the City of Berkeley's (City) Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) conducted an online-based community survey (survey) in both English and Spanish between May 18 and June 15, 2021. The survey was disseminated by the City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners. The survey was designed to gather insight into residents' perceptions and experiences in three primary areas: the Berkeley Police Department (BPD) and crisis response; priorities for reimagining public safety; and recommendations for alternative responses for calls for service. A total of 2,729 responses were collected.

SURVEY SUMMARY

Community Safety

While most survey respondents indicated that they view Berkeley as safe or very safe, these results were not consistent across all demographic groups. Slightly over 30 percent of respondents perceived Berkeley as safe or very safe; an additional 46.4 percent of respondents perceived Berkeley as somewhat safe. White residents were more likely to perceive Berkeley as safe or very safe; Black, Latin, Asian and Other Non-white residents were more likely to perceive Berkeley as unsafe or very unsafe.

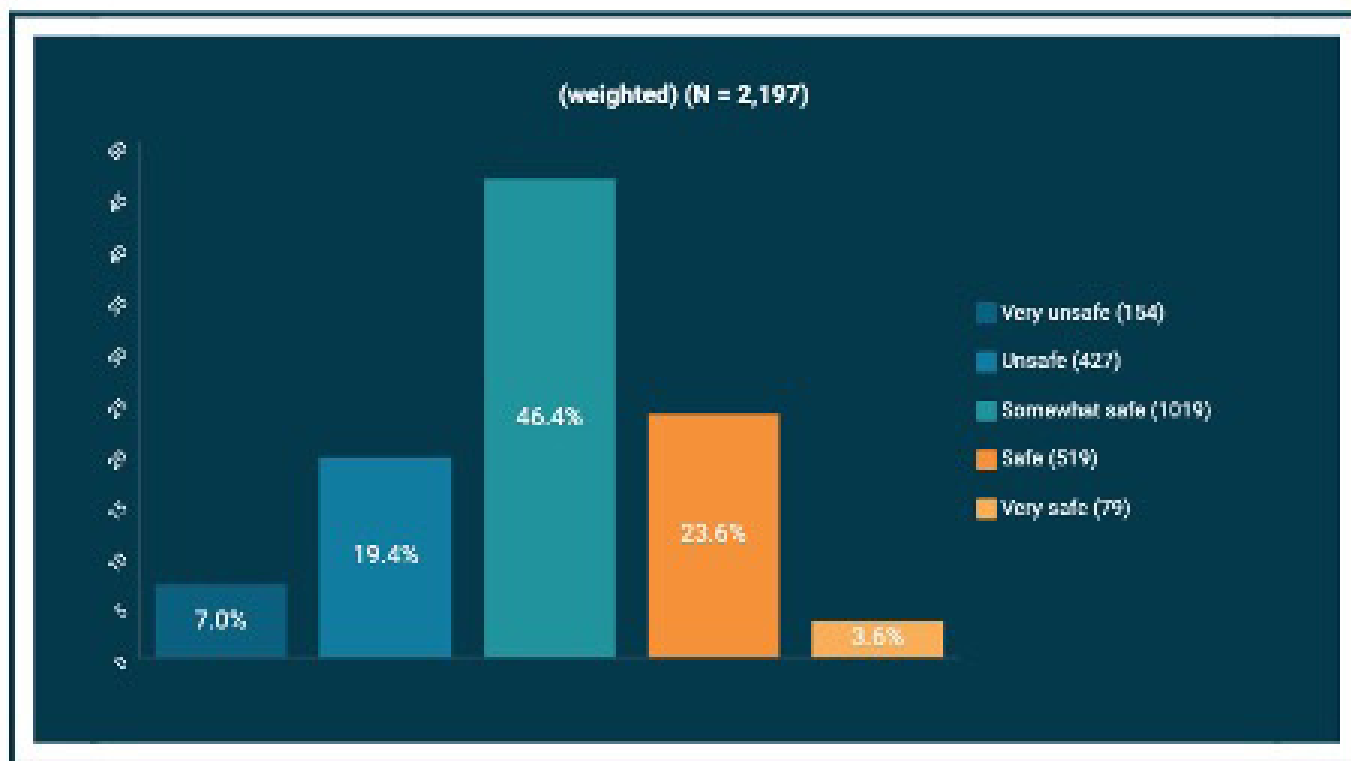


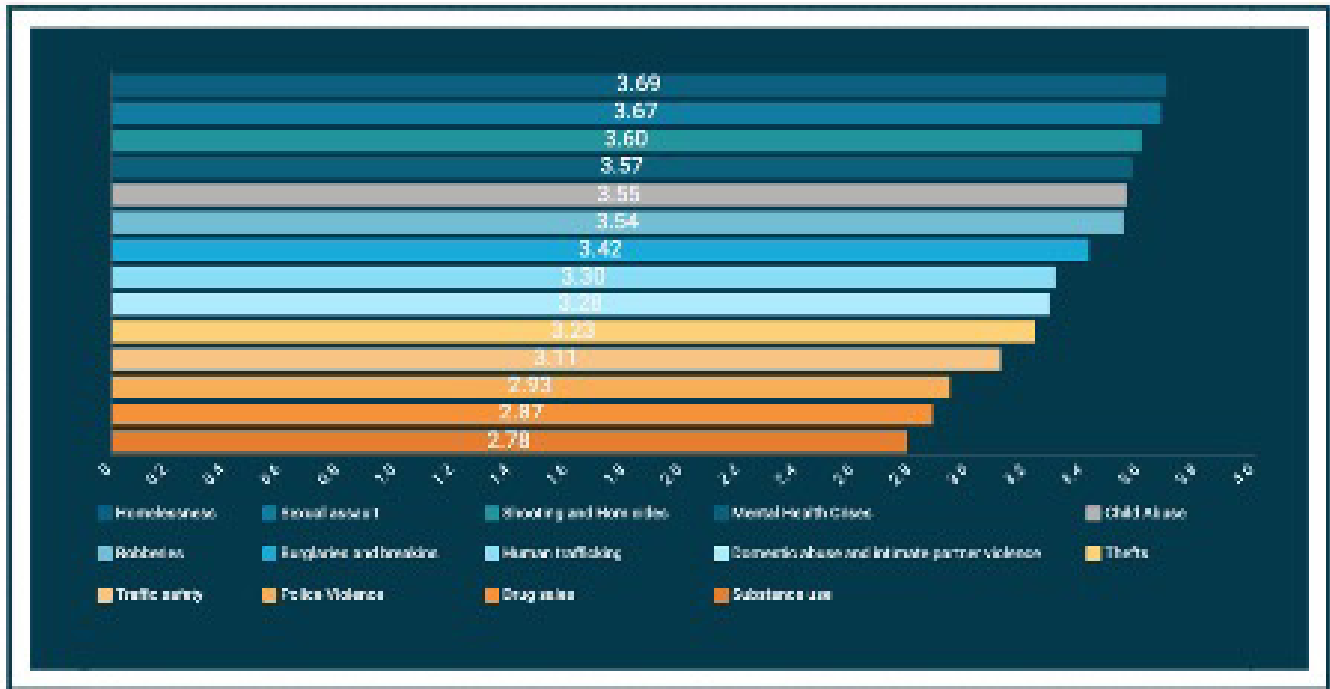
Table 12. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Key Public Safety Concerns

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns. These were followed by shootings and homicides and mental health crises. The lowest priorities were substance use, drug sales, and police violence.

Figure 6. How important are the following issues to community health and safety in Berkeley to you? (weighted)¹⁸



Nearly half of survey respondents reported experiencing street harassment, and 41 percent reported being the victim of a crime. Black survey respondents reported experiencing higher rates of mental health crisis, homelessness, and family victimization, as well as police harassment and arrest, than did other survey respondents.

Patterns in priorities for safety were consistent across race and ethnicity, except for survey respondents with an undisclosed race and ethnicity.

When assessing the findings on priorities of Berkeley residents for community health and safety, survey respondents ranked investments in mental health, homeless and violence prevention services highest. There are differences along race and ethnicity for investment priorities, with White respondents rating all listed programs higher overall. Black respondents were also rated an investment in mental health services higher in comparison to other prevention services.

¹⁸ 4: very important; 3: important; 2: somewhat important; 1: not important

Figure 7. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? (weighted)¹⁹



Table 13. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.²⁰

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not important at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat Important	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Important	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very Important	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on the Berkeley Police Department

A majority of respondents (53.3 percent) perceived the BPD as being effective or very effective. Only 6.7 percent of respondents perceived BPD as being not effective at all. Nonwhite respondents were more likely to indicate that BPD is not effective at all, while White respondents were more likely to indicate that BPD is effective.

¹⁹ 4: very important; 3: important; 2: somewhat important; 1: not important

²⁰ 4: very important; 3: important; 2: somewhat important; 1: not important

When assessing experiences of residents when contact is made with BPD, survey results found that almost 75 percent of respondents who indicated they've had contact with BPD indicated their experience was positive or very positive, while Black and Asian residents were more likely to report negative experiences with BPD.

Table 14. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on Alternative Responses to Calls for Service

A large majority of survey respondents (81 percent) among all racial and ethnic groups indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most also indicating that police should be available to support a response to those calls if needed.

An even greater percentage (83.6 percent) of survey respondents indicated a preference for homeless services providers to respond to calls related to homelessness, with police present when necessary.

Figure 8: Who should respond to calls related to mental health and substance use?

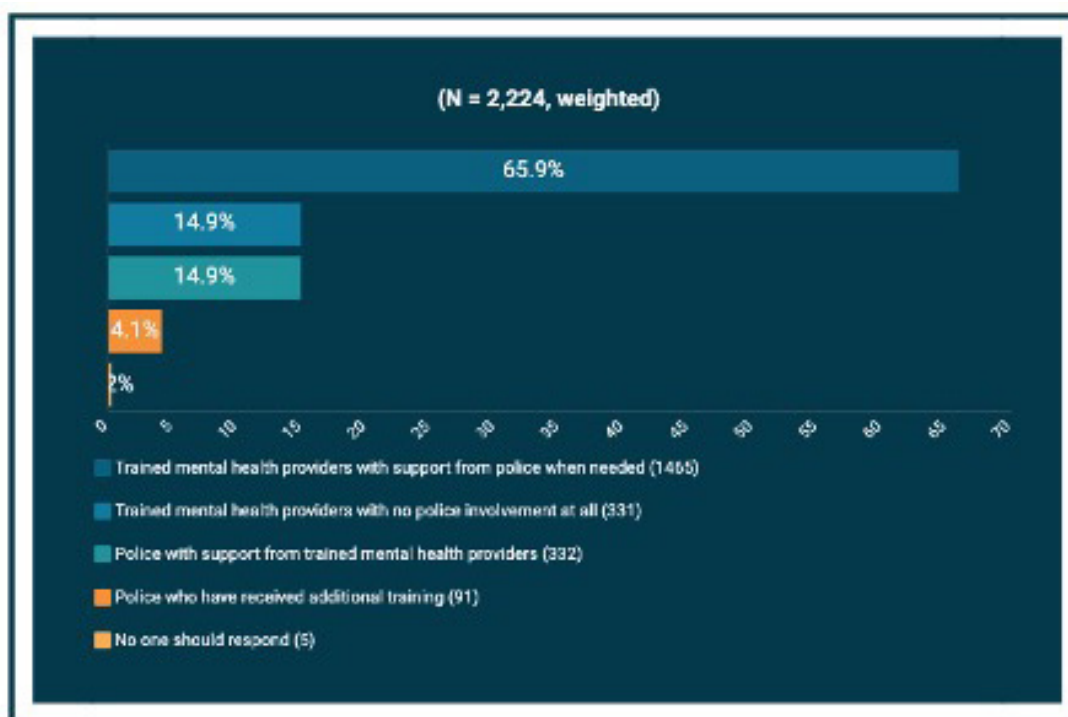
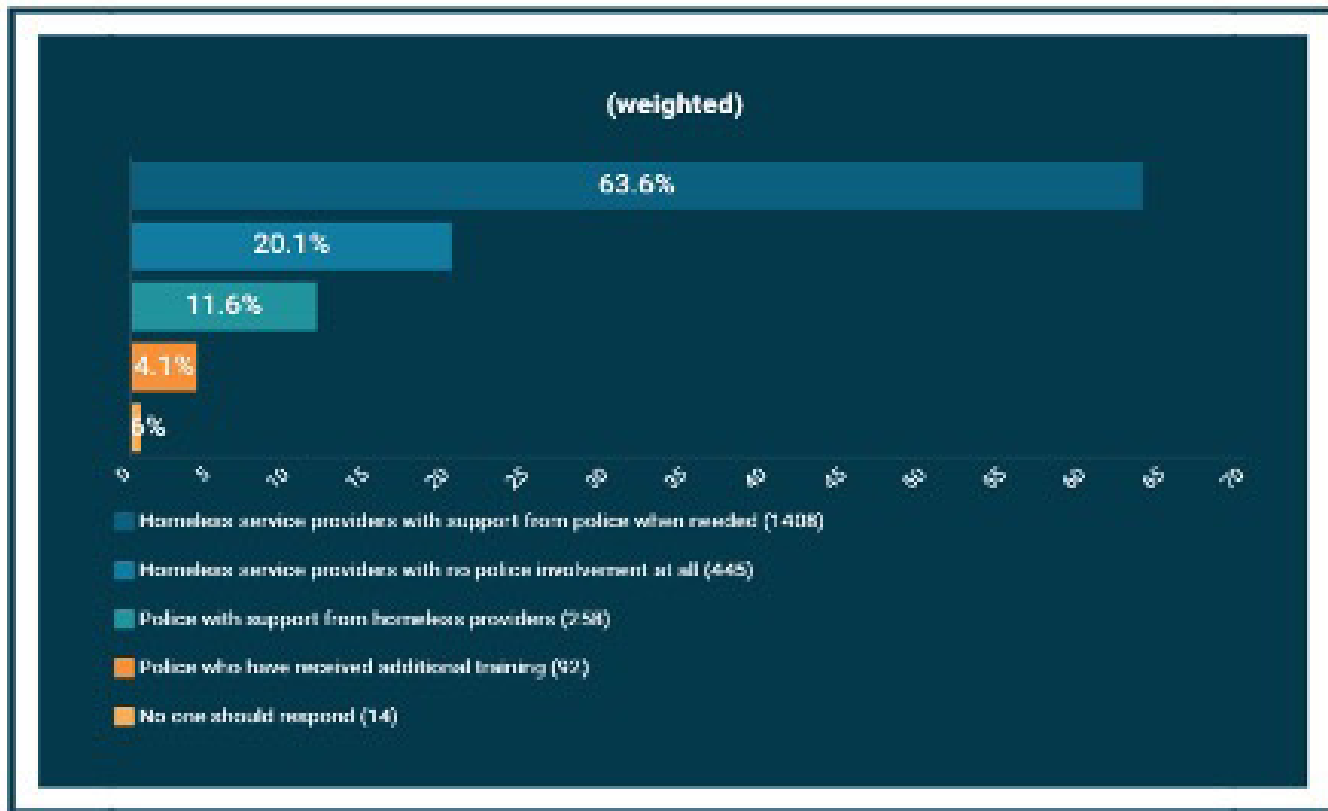


Figure 9. Who should respond to calls related to homelessness?



Focus Group Feedback

In collaboration with NICJR, Bright Research Group facilitated a series of focus groups to gather data on community sentiment regarding the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Outreach to Black, Latino, system-impacted, and unstable housed/food-insecure residents was facilitated by the McGee Avenue Baptist Church, Center for Food, Faith, and Justice, and the Berkeley Underground Scholars. Researchers conducted four focus groups comprised of 55 individuals.

Youth under the age of 18 and Latino residents are underrepresented in the focus groups. The qualitative data collected is also not necessarily representative of Black, Latino, formerly incarcerated, or housing-insecure residents.

Table 15. Focus Group Participants

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

Focus group participants shared concerns regarding gang involvement, racism, and the availability of guns in Berkeley. Black and Latino youth and Justice-System-Impacted students expressed significant concerns about their personal safety and police violence. Participants identified homelessness and the housing crisis as critical public health and safety issues. Black residents, housing-insecure residents, and system-impacted individuals all expressed distrust in the City government. Black residents, youth, system-impacted students, and low-income residents also expressed that policing in Berkeley allows for race and income-related profiling. Focus group participants also stated that police resources are mismanaged.

Diverse perspectives were collected regarding the future role of BPD. Youth would like police officers who are part of the community and interact positively with young people. Participants who discussed divestment from police recommended investment in trained peacekeepers and community safety patrols as alternatives.

With regard to mental health crises and homelessness, focus group participants across demographic groups suggested that clinicians and social workers play a role in interventions. Focus group participants expressed broad support for the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations; conversely, there was some suspicion expressed regarding the idea that BPD functions would simply be performed by another government agency.

PROPOSAL: TIERED DISPATCH SYSTEM

Based on the information and analysis described above, and in accordance with City Council ordinances and the Berkeley Reimagining Public Safety Process, NICJR and its team recommends that Berkeley initiate a phased implementation of a Tiered Dispatch system, reflecting the CERN framework described above, and tailored to the needs of the City.

The Tiered Dispatch model contemplates diverting a substantial portion of calls for service that are currently handled by BPD sworn officers to a newly-established CERN that leads with a non-law-enforcement response. This diversion includes “Tier 1” responses, which do not include dispatch of law enforcement officers (at least at the outset), and “Tier 2” responses, which are led by alternative responders but include presence of officers as a precaution. The model also includes non-law-enforcement participation in “Tier 3” responses that are led by sworn officers.

The CERN – which should be robust, structured, and well-trained – will have radio connection directly into BPD dispatch in order to be able to call for an officer if needed. On Tier 2 responses, the alternative responders leading the team will determine the necessity for active engagement of the on-site officers. During the pilot phase, the frequency of active police assistance can be assessed and certain call types can be moved to different tiers based on the assessment.

Our analysis of call-for-service data indicates that over 80 percent of the calls are for non-criminal matters (see Fig. 3, above). A substantial subset of these calls can be handled as Tier 1 and Tier 2 responses, led by alternative responders.

Alternative responders may include: non-governmental entities, including community-based organizations retained by the City through service contracts; City employees, who are staff of departments other than BPD; and/or BPD employees who are not sworn officers. Each arrangement presents a variety of benefits and challenges, and different approaches can be adopted for different elements of the Tiered Dispatch program. The new BerKDOT and the SCU may be integrated as appropriate, as these new arms of City government get off the ground. These decisions can be made during the phased implementation described below.

Alternative responses should be piloted and scaled after proven effective. As the Tiered Response system is built out, BPD budget needs will be reduced, and more funds should be available to support alternative responses, whether performed by City staff or community-based organizations under contract with the City.

Development and implementation of the Tiered Dispatch advances the Berkeley City Council’s July 14, 2020, direction “to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police’s scope of work primarily to violent and criminal matters.”²¹ In addition, phased implementation of the Tiered Dispatch model would reflect substantial public and community sentiment expressed in the surveys described above, and in Task Force discussions to date. Finally, the model builds on innovative best practices being advanced in various cities around the country; Berkeley can learn from initial experiences in this rapidly-changing field, and develop an approach suitable to the City’s needs.

²¹ Berkeley City Council, Omnibus Motion on Public Safety Items (Council Agenda Items 18a-e, Recommendation #2), approved July 14, 2020.

Implementation of Tiered Dispatch System

As described above, we recommend that the Tiered Dispatch system be implemented on a phased basis over time, commencing with a pilot program. This will enable assessment for efficacy; give time for administrative, employment, and contracting structures to be put in place; and allow for thorough and focused program development. NICJR will provide detail on a proposed implementation plan in its final report, but includes some initial thoughts at this stage for public consideration.

Pilot Program

As a first step, we recommend establishment of an Alternative Response Pilot Program, focused on a subset of the “Tier 1” calls. The following subset of BPD call types can be used in the pilot phase in order to work out logistical and practical challenges.

Table 16. Tier 1 Subset of Call Types

	2015	2016	2017	2018	2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Injury Accident Report	-	-	-	31	29
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17754	17997	18279	18152	17161

Once the pilot has been initiated then we recommend the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Evaluate administrative, budget, and staffing implications from the transfer of services;
3. Expand additional alternative response programs, over time, to achieve City Council's direction of concentrating police response on violent and criminal matters;

With the implementation of alternative responses through the phased in Tiered Dispatch approach, we anticipate that a hiring freeze and natural attrition will reduce the numbers of sworn officers employed by BPD, as the alternative response system is built out. NICJR is not recommending layoffs of officers. As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

CONCLUSION

Berkeley is a relatively safe and well-resourced city. However, thefts, robberies, and incidents involving people with potential mental health and/or substance use challenges are of significant concern. By reducing BPD's focus on non-criminal and low-level CFS, the Department can improve its response, investigation, and prevention of more serious crime. Over time, a transition of responsibility for response to Tier 1 CFS could generate between \$2-\$6 million of annual savings to the BPD budget.²² If invested in the build-out of the alternative response network, these funds would comprise a 35 percent increase in the City Manager's proposed FY22 funding level for community-based organization, or alternative City staffing. This type of targeted redirection of BPD resources would represent a significant and meaningful step in the City's efforts to reimagine public safety.

These new, reimagined ideas will take time and effort to implement successfully. Any reduction in policing services should be measured, responsible, and safe. A Final Report and Implementation Plan will be submitted to the City that includes detailed recommendations. Financial and organizational impacts and resources for implementation recommendations as well as a detailed timeline and plan for implementation will be included.

²² See Fiscal Implications section above, estimating Tier 1 savings at \$6.3 million.

APPENDIX

Appendix A. NICJR/ Auditor Crosswalk

Appendix B. Breakdown of Berkeley CFS by CERN Tiers

Appendix C. CBOs by Tier 1 Subcategory

Appendix D. Tiered Dispatch with Traffic Calls as Tier 1

Appendix E. Master List of CBOs*

*Courtesy of Janny Castillo, boona cheema, and Margaret Fine

APPENDIX J

Community Engagement Report

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OVERVIEW

The Reimagining Public Safety process in Berkeley includes comprehensive outreach and engagement of local community members. The National Institute for Criminal Justice Reform (NICJR) and our partners Bright Research Group (BRG), with significant support and input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy. The process included a broadly distributed survey along with a series of listening sessions designed to engage marginalized, hard to reach, or communities with high rates of police contact. With guidance from the City Manager's Office, BRG focused on four populations for listening sessions: Black, Latinx, formerly incarcerated and low-income individuals struggling with food and/or housing insecurity. The following report includes initial findings from these events and the survey.

Additional Community Engagement efforts were organized and facilitated by Task Force members with the support of NICJR in an effort to include additional marginalized populations: LatinX, those who have experienced mental health challenges, the LGBTQIA+ community, and those who have experienced partner violence. Following the initial release of the draft final report, three community wide virtual listening sessions were held to gather feedback and input from the broader Berkeley community. Information and perspectives garnered from this wide array of community engagement provide valuable information for the work of the Taskforce and the City of Berkeley moving forward.

Berkeley Reimagining Public Safety Process Community Engagement Timeline

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
BPD focus group with command staff	NICJR	May 6, 2021		In report
Community Survey	BRG	May 14, 2021	2,729	In report
Listening Session/Community meeting – focus on Black community	BRG-Pastor Smith	May 25, 2021	18	In report
BPD focus group with line staff	NICJR	June 2, 2021 & June 3, 2021		In report
Berkeley Merchant Association Focus group	NICJR - In coordination with Telegraph BA and Downtown BA	June 2, 2021	6	In report
Listening Session/Community meeting – Housing Unstable and Formerly Incarcerated (focus on POC)	BRG-Center for Faith Food and Justice	June 9, 2021	27	In report
Vulnerable Youth Listening Session (ages 13-17)	BRG-Pastor Smith	Jun 28, 2021	4	In report

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
Listening Session for residents experiencing mental health challenges	NICJR - In coordination with CE TF Commissioner Fine	June 29, 2021	14	In report
BIPOC students Listening Session	BRG-Underground Scholars	Jun 30, 2021	4	In report
LGBTQ/Trans Community Listening Session	NICJR - In coordination with CE TF Commissioner Fine	July 1, 2021	0	In report
Develop Report on process and findings from Community Engagement/Outreach and Community Survey results	BRG	Jul 6, 2021		In report
Latinx Listening Session	TF Commissioner Malvido-with support from NICJR	July 8, 2021		Pending submission of notes from TF members
Latinx Listening Session Youth from Berkeley High School	TF Commissioner Malvido-with support from NICJR	no updates as of 10/25/2021		Pending submission of notes from TF members
Gender-Based Violence	Gender-Based Violence Subcommittee	8/19/2021	8 organizations represented	In report
Gender-Based Violence	Gender-Based Violence Subcommittee	9/21/2021		In report
Citywide Community Meetings: 3 virtual 1 in-person (The in-person Community Meeting was canceled due to public health/safety concerns)	NICJR/Task Force CE Subcommittee/City Mgr's office	11/10/2021 11/15/2021 11/23/2021 In-person 11/30/2021		In report
A toll free number will be available for community members to add additional feedback on the Final report	888-299-1118			Two messages have been received as of the publication of this report. Both messages left were related to procedural matters; i.e. Task Force meeting schedules and postings on the City website.



City of Berkeley Reimagining Public Safety Survey— Summary Report

Moira DeNike, PhD., and Alice Hu-Nguyen, MSPH
Bright Research Group | July 1, 2021

INTRODUCTION

The City of Berkeley is developing a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response; their perspectives on and priorities for reimagining public safety; and recommendations for alternative responses for community safety. This report summarizes the key quantitative findings from the City of Berkeley's Reimagining Public Safety Survey.

METHODS AND SAMPLE

A total of 2,729 responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

Descriptive and statistical analyses were conducted. To allow for disaggregated analysis by race and ethnicity, the survey responses were recoded into six discrete race and ethnicity categories: white, Black, Latin, Asian, Other Nonwhite, and Undisclosed. For all the findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factors in order to correct for the disproportionate representation among some racial and ethnic groups in the sample. Cross-tabulations and a chi-square test for significance were conducted to examine the relationship between race and ethnicity and categorical survey responses. A comparison of means and an analysis of variance (ANOVA) test for significance were also used. Both of these tests look at differences across the independent variables as a whole. These tests can show whether the differences observed on the basis of race and ethnicity are different from one another in general, but cannot tell us if answers from one racial and ethnic group are specifically different from another. Given that race and ethnicity have been shown to be substantive factors associated with perceptions of community safety (Whitfield, et al., 2019), and given the limitations with respect to the representativeness of this sample, this analysis is particularly attentive to racial and ethnic differences in responses. All reported differences by race and ethnicity in the findings are statistically significant ($p < .05$) for both chi-square tests and ANOVA test.

LIMITATIONS

The survey sample was not representative of the Berkeley population with regard to race and ethnicity, sexual orientation, zip code, and age. White, older (45 years and older), women, and LGBTQ residents, as well as those who live in the 94702, 94705, and 94707 zip codes, were overrepresented in the sample. Black, Latin, Asian, male, and younger residents were underrepresented in the sample. The nonrepresentative nature of the sample should be noted when interpreting the findings from this survey. The results of this survey are likely to be biased and may not truly reflect community impressions of safety.

See the Appendix for detailed methods and a sample profile.

SUMMARY OF FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

Perceptions of Safety in Berkeley

The respondents expressed a range of perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe” in response to this item. Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe. Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe. Respondents who identified as Latin and Asian were more likely than white respondents, but less likely than Black and Other Nonwhite respondents, to perceive Berkeley as unsafe and very unsafe. Unexpectedly, respondents who declined to indicate their race and ethnicity were the most likely to perceive Berkeley as unsafe and very unsafe.

It is worth noting that while Middle Eastern / North African and Native Americans each represented a small number of the respondents (42 and 33, respectively), they were substantially more likely to perceive Berkeley as unsafe and very unsafe than most other racial and ethnic groups (52% and 42%, respectively). Similarly, Pacific Islander / Native Hawaiian respondents represented a small number (N = 22) but were substantially less likely to perceive Berkeley as safe and very safe (0%), but they were not more likely to indicate it as unsafe with 60% selecting somewhat safe.

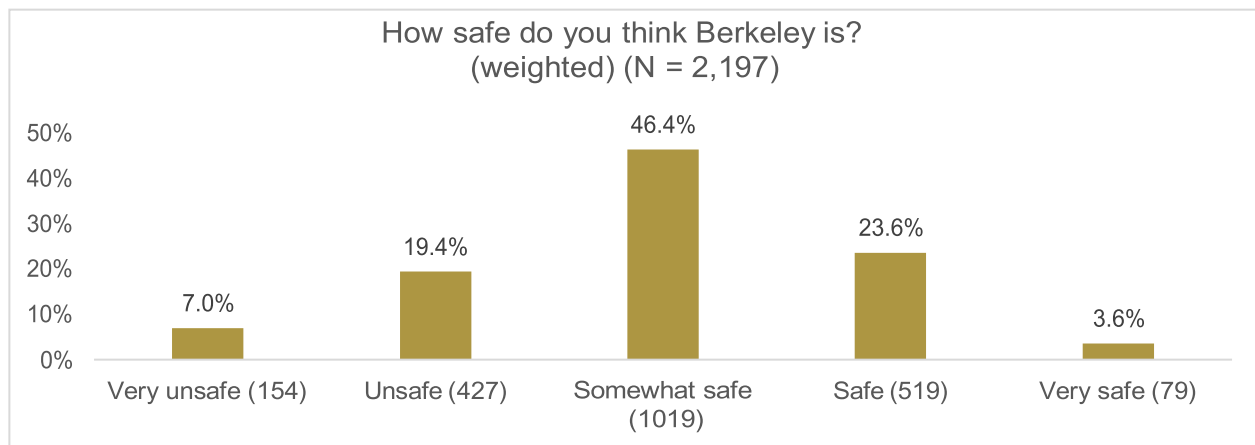


Table 1. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Resident Priorities for Safety

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns, followed by shootings and homicides and mental health crisis. Respondents ranked substance use, drug sales, and police violence as their lowest priorities.

Some responses varied on the basis of the respondents' race and ethnicity—although the differences were not large—and patterns were fairly consistent across the array of race and ethnicity groups, with the exception of the respondents with an undisclosed race and ethnicity. Notably, this group collectively rated police violence substantially lower in importance to community health and safety as compared with other groups. This group was also far more likely to indicate that theft was an important issue in Berkeley.

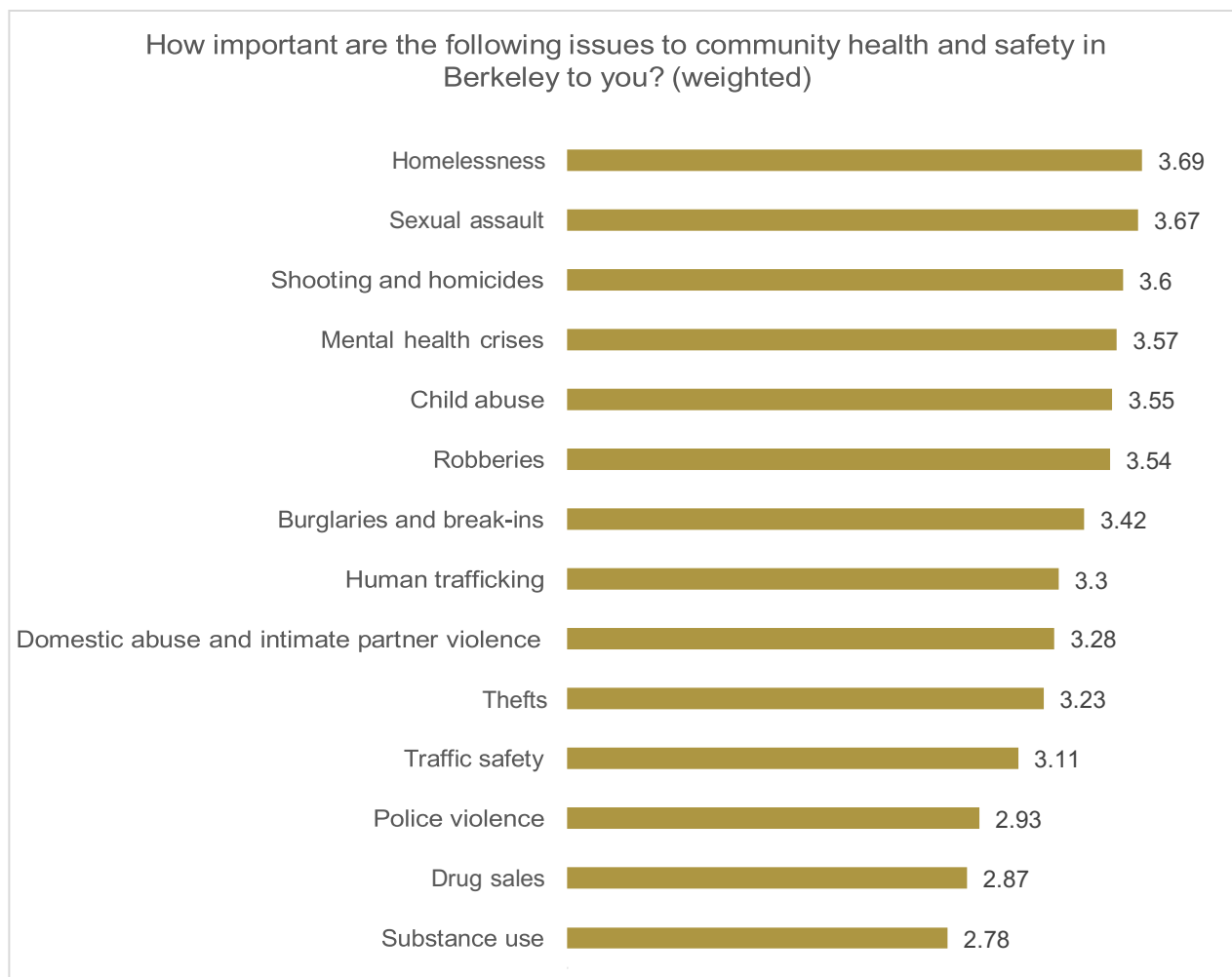


Table 2. How important are the following issues to community health and safety in Berkeley to you? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Substance use	2.68	2.97	2.73	2.91	2.95	2.97
Drug sales	2.77	3.00	2.86	3.01	3.03	3.14
Police violence	3.00	2.90	2.74	2.95	2.76	2.34
Traffic safety	3.07	3.24	3.09	3.13	3.22	3.18
Thefts	3.16	3.35	3.26	3.32	3.25	3.57
Domestic abuse and Intimate partner violence	3.28	3.31	3.34	3.23	3.24	3.18
Human trafficking	3.27	3.48	3.38	3.23	3.42	3.27
Burglaries and break-ins	3.35	3.51	3.46	3.50	3.46	3.73
Robberies	3.46	3.67	3.59	3.64	3.56	3.82
Child abuse	3.54	3.68	3.63	3.47	3.63	3.55
Mental health crises	3.59	3.68	3.50	3.54	3.48	3.45
Shooting and homicides	3.51	3.77	3.69	3.67	3.68	3.77
Sexual assault	3.61	3.80	3.77	3.70	3.77	3.71
Homelessness	3.71	3.59	3.65	3.73	3.59	3.60

Priorities for Community Health and Safety

The mean responses show the highest community support for investment in mental health services, with investment in homeless services programs and violence prevention program also rating fairly high. There are some differences along race and ethnicity in terms of investment priorities, with white respondents rating all listed program investments higher overall, and those with an undisclosed race and ethnicity rating all listed program investments lower overall. While all racial and ethnic groups rated mental health services higher than the other listed program investments, Black respondents rated it particularly high in comparison to other investment options.

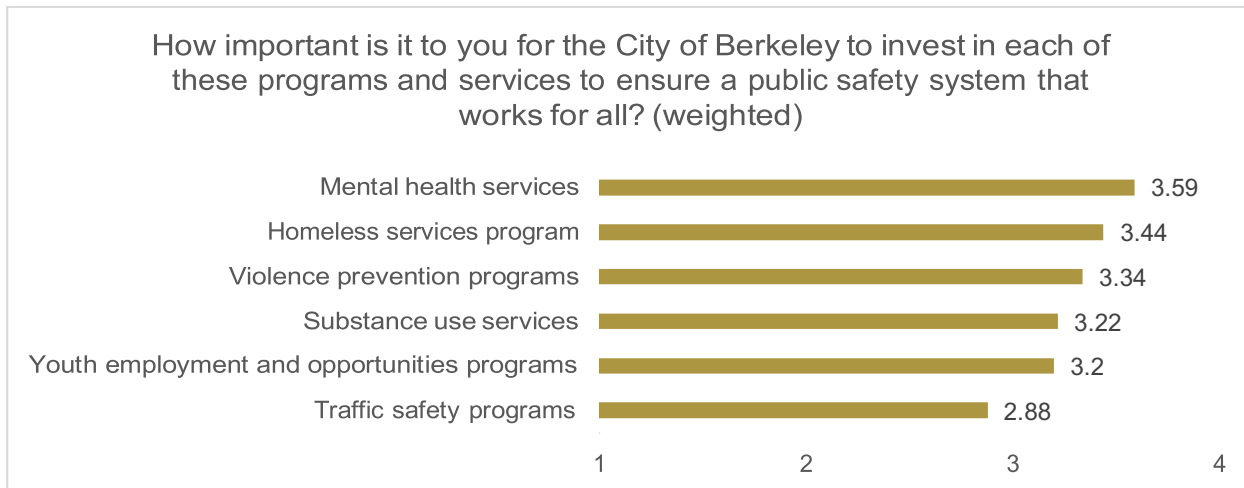


Table 3. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Traffic safety programs	2.91	2.90	2.77	2.84	3.02	2.81
Youth employment and opportunities programs	3.26	2.99	3.23	3.15	3.14	2.74
Substance use services	3.27	3.03	3.21	3.19	3.17	2.81
Violence prevention programs	3.35	3.19	3.32	3.33	3.41	3.06
Homeless services program	3.56	3.12	3.26	3.44	3.22	2.86
Mental health services	3.69	3.48	3.46	3.53	3.43	3.15

Experiences in Berkeley

Nearly half of the respondents reported experiencing street harassment, and 41% reported being the victim of a crime. Differences along race and ethnicity appear on a number of self-reported personal experiences. Black respondents were more likely to indicate that they have experienced multiple incidents and conditions, including arrest, police harassment, a mental health crisis, homelessness, family victimization, and crime victimization.

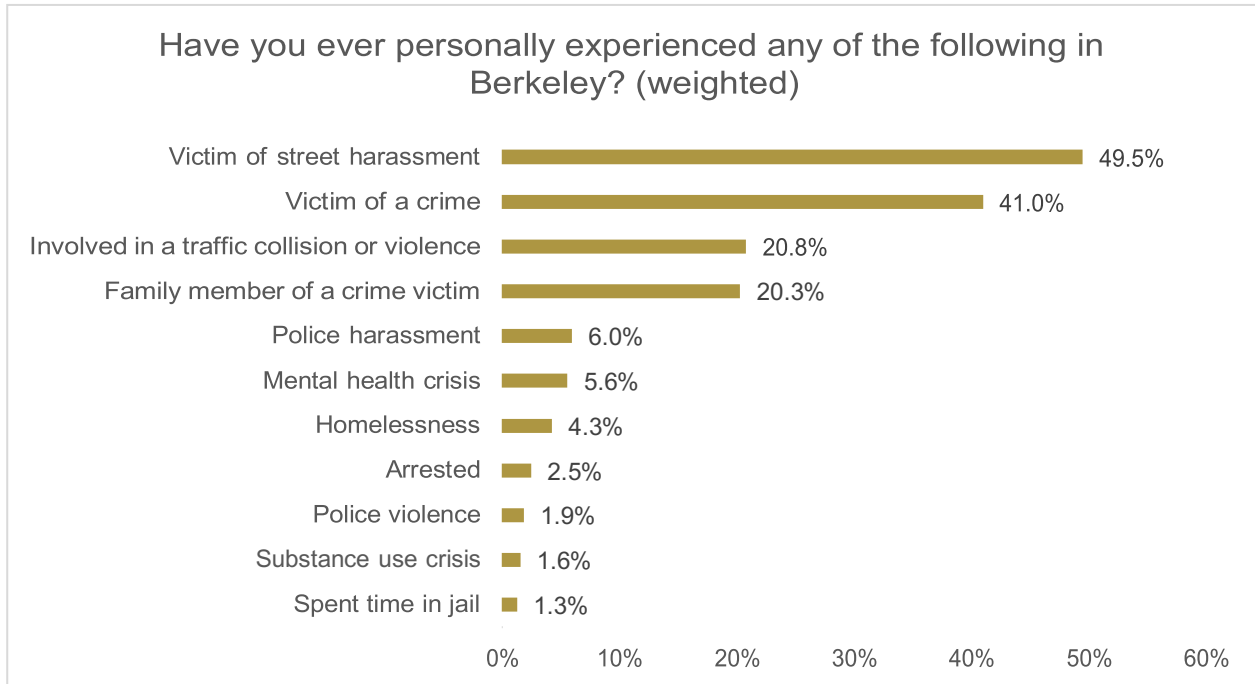
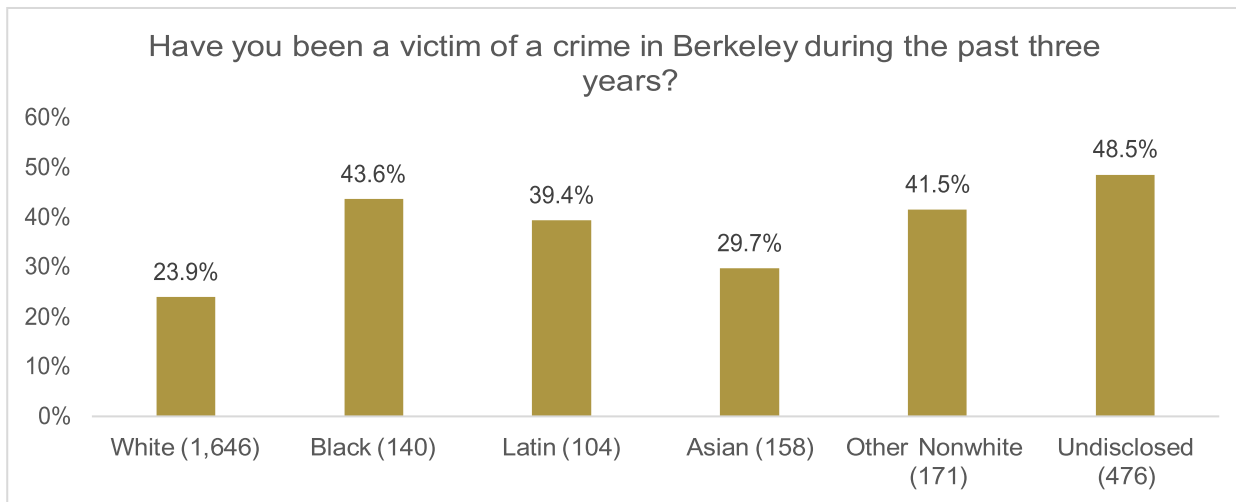


Table 4. Have you personally experienced any of the following in Berkeley? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Spent time in jail	1.3%	5.0%	1.9%	0.0%	.6%	1.4%
Substance use crisis	1.3%	4.3%	4.8%	0.0%	1.7%	1.0%
Police violence	1.5%	2.1%	2.9%	2.5%	1.7%	.8%
Arrested	1.8%	7.1%	4.8%	1.9%	.6%	2.2%
Homelessness	3.1%	12.1%	7.6%	1.9%	6.4%	6.6%
Mental health crisis	5.1%	8.6%	7.6%	4.3%	5.8%	6.2%
Police harassment	4.3%	17.1%	7.6%	5.0%	6.4%	4.0%
Family member of a crime victim	17.0%	35.0%	24.8%	16.8%	32.0%	32.5%
Involved in a traffic collision or violence	20.5%	22.9%	20.0%	21.1%	20.3%	25.9%
Victim of a crime	40.2%	50.7%	43.8%	37.3%	43.0%	53.3%
Victim of street harassment	43.1%	55.7%	61.9%	52.2%	64.0%	64.1%

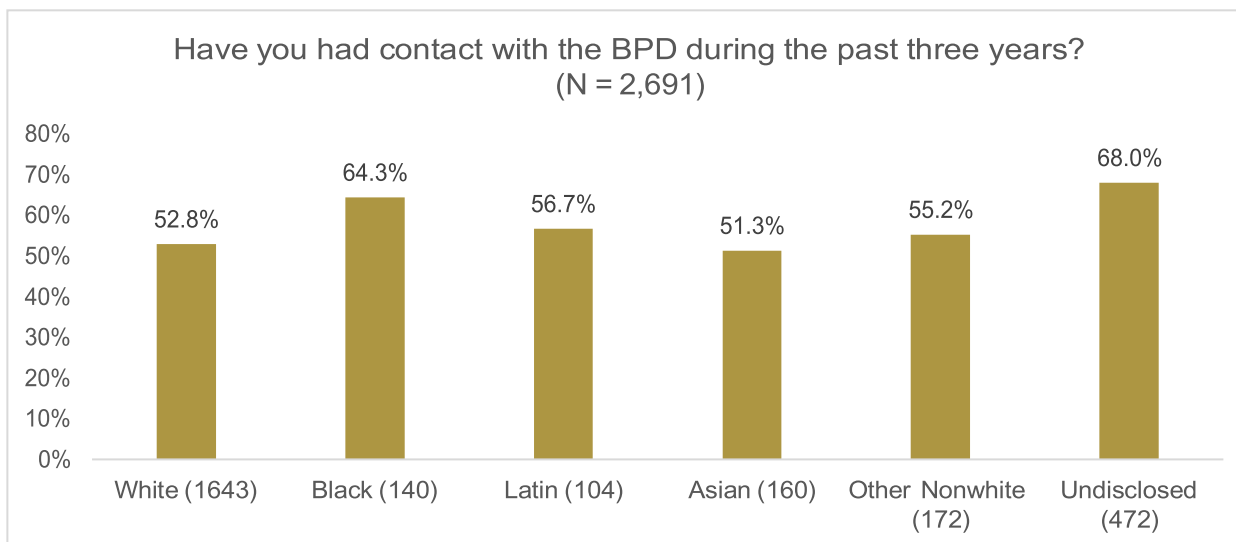
Crime Victimization

Approximately 30% of the respondents indicated having been a crime victim in the City of Berkeley during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to indicate that they have been the victim of a crime in Berkeley during the past three years. White respondents were the least likely to do so.



EXPERIENCE WITH THE BERKELEY POLICE DEPARTMENT

Over half of the respondents (54%) indicated that they have had contact with the Berkeley Police Department (BPD) during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to report that they have had contact with the BPD during the past three years.



Perceived Effectiveness of the Berkeley Police Department

Many respondents (38%) perceived the department to be somewhat effective and over half (55.3%) perceived it to be effective or very effective. Only a small number and percentage of the respondents (6.7%) indicated that the Berkeley Police Department is not effective at all.

Some differences in perceived effectiveness of the Berkeley Police Department emerged when the data were disaggregated by race and ethnicity. Nonwhite respondents were more likely to indicate that the

BPD is not effective at all; Asian and Latin respondents were more likely to indicate that the BPD is somewhat effective; and white respondents were more likely to indicate that the BPD is effective. Black residents held diverse views regarding the BPD, and the analysis found that they were more likely to view the BPD as either very effective or not effective at all compared to other groups. Those with undisclosed race and ethnicity were more likely to indicate that the BPD is very effective.

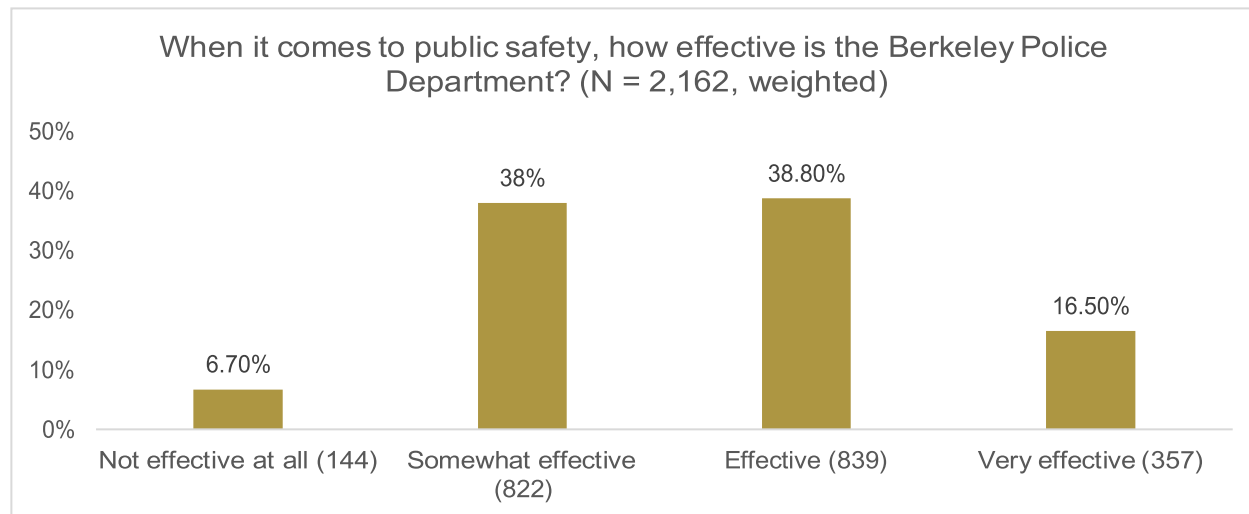


Table 5. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Trust that the Berkeley Police Department treats all people fairly and equitably

A little over half of the respondents trust the BPD to usually treat people fairly and equitably, with the remaining 26% demonstrating low confidence in the police on this measure. A minority of the respondents (22%) always trust the BPD to treat people fairly and equitably. Some differences emerged along race and ethnicity with respect to confidence in the BPD to exercise fairness and equity. Black and Latin respondents hold a variety of perspectives on police. They were more likely than other groups to either not trust the BPD or to have confidence in them. Respondents with an undisclosed race and ethnicity were the most likely to demonstrate confidence in the BPD in this regard, and the least likely to demonstrate low confidence.

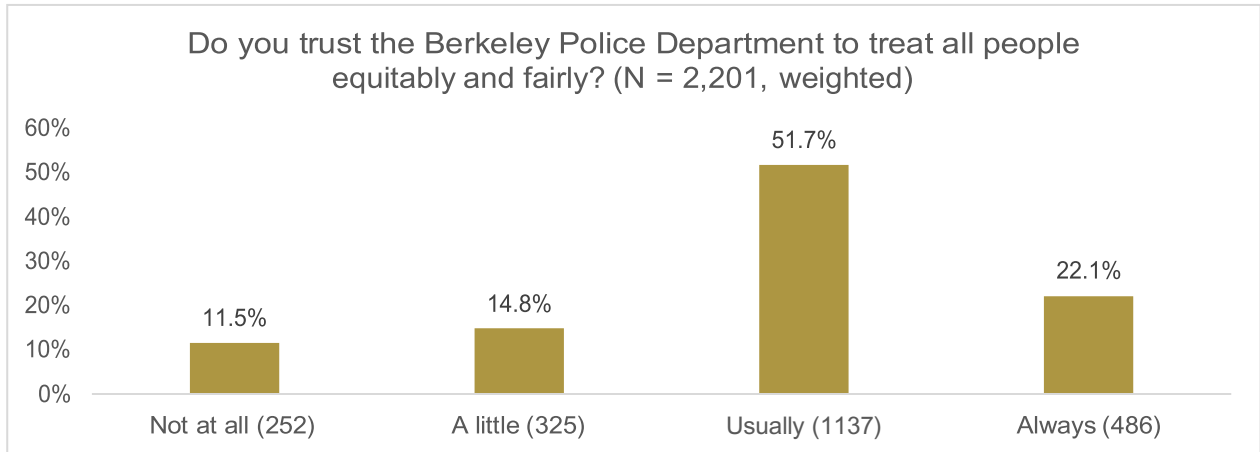


Table 6. Do you trust the Berkeley Police Department to treat all people equitably and fairly? By race and ethnicity.

	White (N = 1,632)	Black (N = 139)	Latin (N = 102)	Asian (N = 159)	Other Nonwhite (N = 169)	Undisclosed (N = 474)
Not at all	10.3%	16.5%	16.7%	10.1%	10.7%	3.0%
A little	16.1%	12.9%	12.7%	13.9%	12.4%	8.2%
Usually	55.0%	38.8%	37.3%	56.3%	48.5%	44.9%
Always	18.6%	31.7%	33.3%	19.6%	28.4%	43.9%

Quality of Experience with the Berkeley Police Department

Among the respondents who indicated that they've had contact with the BPD and chose to report on the quality of those experiences, three out of four (74.8%) indicated that the experience was positive or very positive. Differences in experiences with police across race and ethnicity include Black and Asian respondents as the most likely to report negative experiences, and respondents with undisclosed race and ethnicity as the least likely to report negative experiences and the most likely to report positive experiences with the BPD.

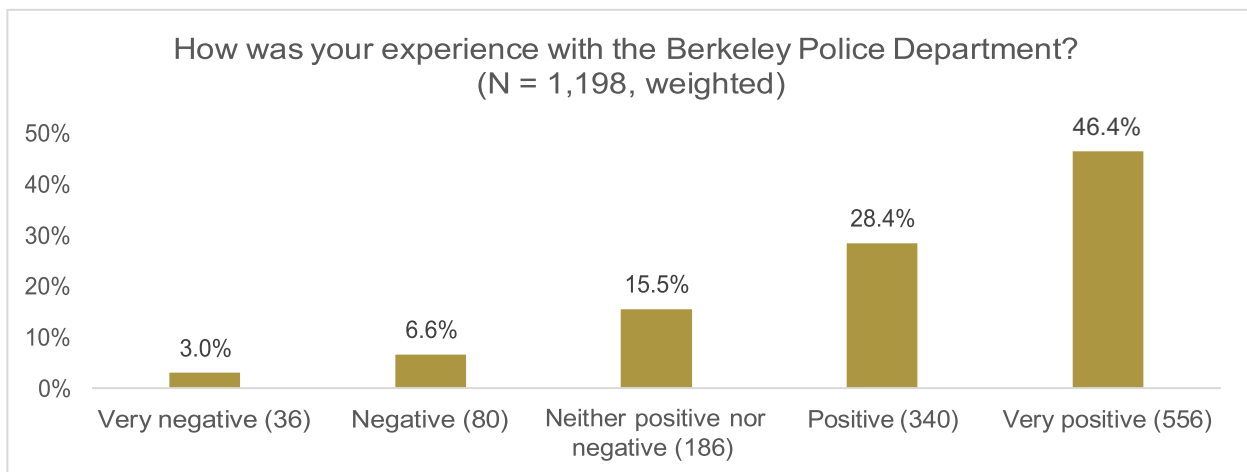


Table 7. How was your experience with the Berkeley Police Department? By race and ethnicity.

	White N = 864	Black N = 90	Latin N = 59	Asian N = 82	Other Nonwhite N = 95	Undisclosed N = 318
Very negative	2.3%	4.4%	5.1%	2.4%	4.2%	0.6%
Negative	6.1%	6.7%	1.7%	11.0%	5.3%	3.8%
Neither positive nor negative	17.0%	13.3%	20.3%	11.0%	13.7%	12.6%
Positive	31.0%	21.1%	18.6%	31.7%	25.3%	15.1%
Very positive	43.5%	54.4%	54.2%	43.9%	51.6%	67.9%

LIKELIHOOD TO CALL EMERGENCY RESPONSES

Respondents are far more likely to call 911 in response to an emergency situation *not* involving mental health or substance use (86.2%) than they are to an emergency that does relate to a mental health or substance use crisis (57.9%). Over half of the respondents did, however, indicate that they are likely or very likely to call 911 in response to a mental health or substance-use-related crisis (57.9%).

Black and Latin respondents indicated a wide range of responses to the question regarding their likelihood of calling the 911 in response to a mental health or substance use crisis. On the other hand, racial and ethnic groups responded similarly in response to the question about calling 911 when there's an emergency *not* related to mental health or substance use. Substantially more Black respondents indicated extreme reluctance as compared with other groups.

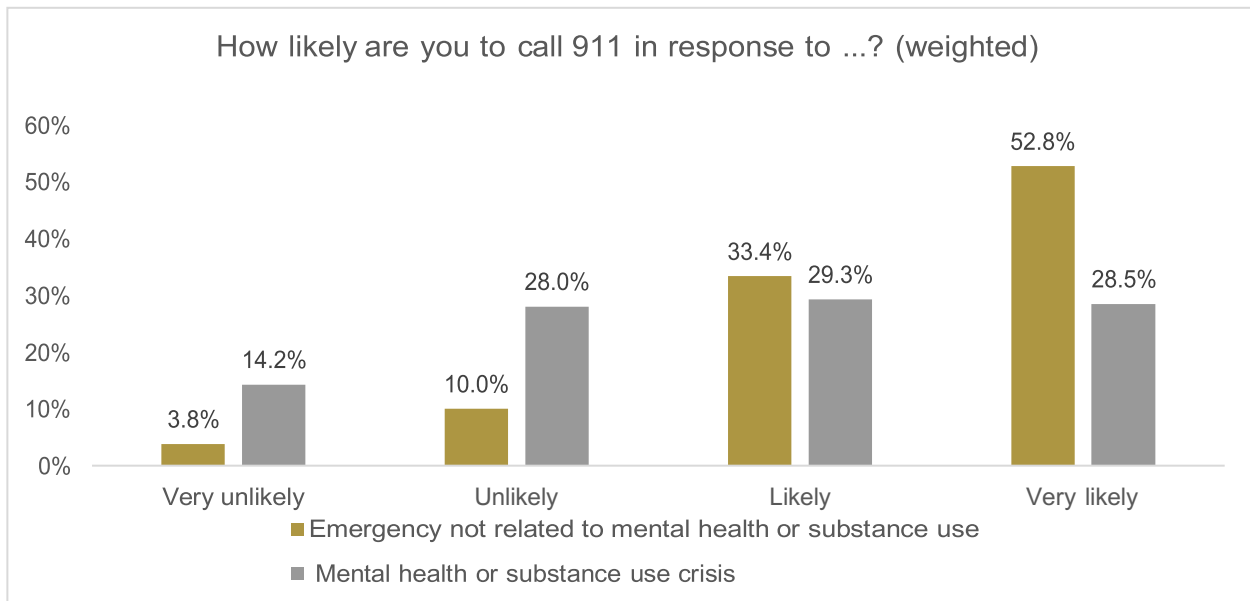


Table 8. How likely are you to call emergency services (911) in response to an emergency NOT related to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,632	Black N = 140	Latin N = 104	Asian N = 156	Other Nonwhite N = 171	Undisclosed N = 468
Very unlikely	3.7%	9.3%	3.8%	1.9%	2.9%	4.1%
Unlikely	10.9%	11.4%	7.7%	8.3%	10.5%	9.8%
Likely	33.8%	27.9%	33.7%	34.6%	32.2%	26.7%
Very likely	51.5%	51.4%	54.8%	55.1%	54.4%	59.4%

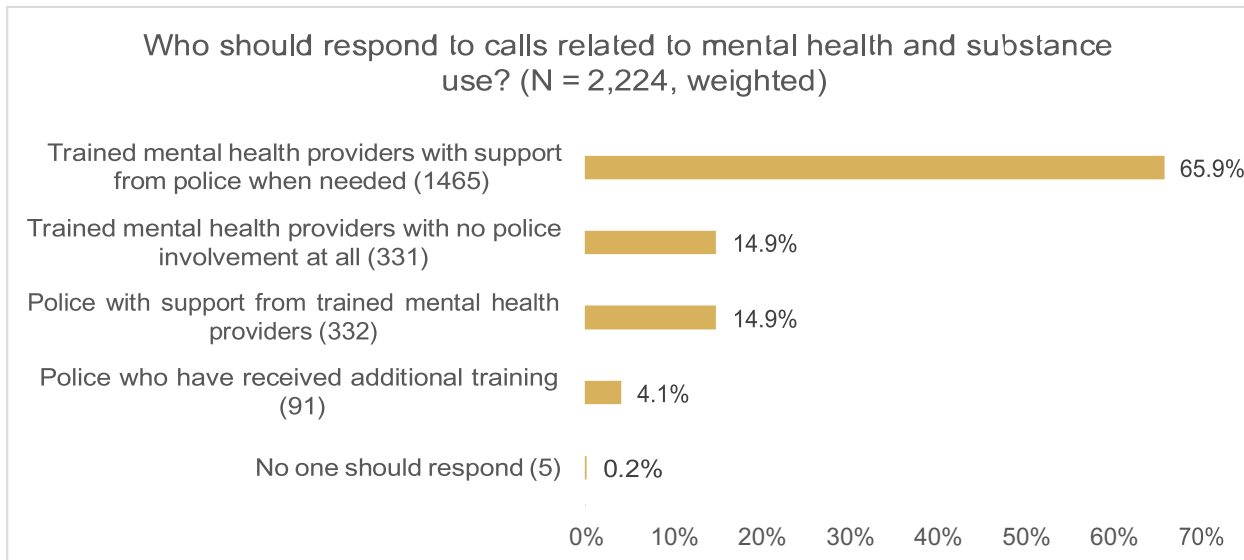
Table 9. How likely are you to call emergency services (911) in response to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,628	Black N = 140	Latin N = 104	Asian N = 158	Other Nonwhite N = 170	Undisclosed N = 471
Very unlikely	15.2%	20.0%	20.2%	6.3%	14.7%	15.9%
Unlikely	26.7%	25.0%	20.2%	35.4%	31.2%	22.9%
Likely	30.8%	20.7%	21.2%	32.9%	28.8%	28.5%
Very likely	27.4%	34.3%	38.5%	25.3%	25.3%	32.7%

PREFERENCE FOR CRISIS RESPONSE

A large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed. Some respondents (19%) indicated a preference for a police response, with over two-thirds of those respondents indicating that mental health providers should be available for support.

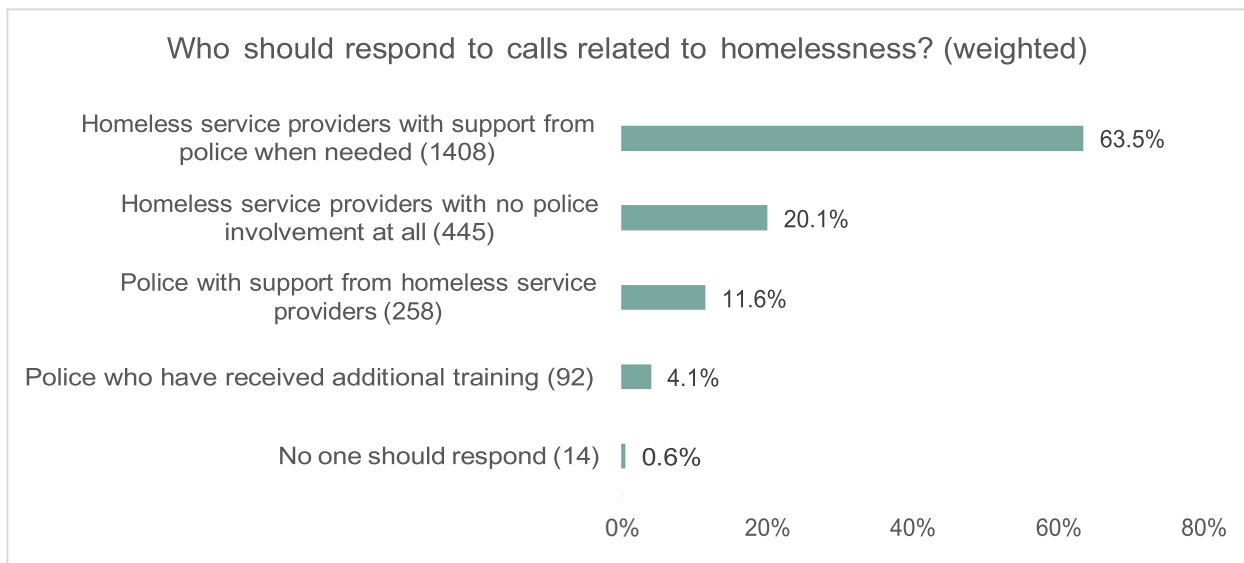
All racial and ethnic groups show a preference for “Trained mental health providers, with support from police when needed” to respond to calls related to mental health and substance use. Respondents whose race and ethnicity were undisclosed were the most likely to prefer a police response (42%) in comparison to other groups.



PREFERENCE FOR RESPONSE TO HOMELESSNESS

A large majority of the respondents (83.6%) indicated a preference for homeless services providers to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed. Some of the respondents (15.7%) indicated a preference for a police response, with the majority of those respondents indicating that homeless services providers should be available for support.

All racial and ethnic groups show a preference for homeless services providers, with support from police when needed to respond to calls related to homelessness. Respondents whose racial and ethnic were undisclosed were the most likely to prefer a police response (41%) in comparison to other groups.



REFERENCES

Conron, K.J., W. Luhur, and S.K. Golberg. *LGBT Adults in Large US Metropolitan Areas*. Los Angeles: UCLA School of Law Williams Institute, 2021. Retrieved on 6/24/21 from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/MSA-LGBT-Ranking-Mar-2021.pdf>.

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Whitfield, G. P., S. A. Carlson, E. N. Ussery, K. B. Watson, D. R. Brown, D. Berrigan, and J. E. Fulton. "Racial and Ethnic Differences in Perceived Safety Barriers to Walking, United States National Health Interview Survey—2015." *Preventative Medicine*, no. 114 (June 9, 2018): 57–63.

APPENDIX

SAMPLE PROFILE

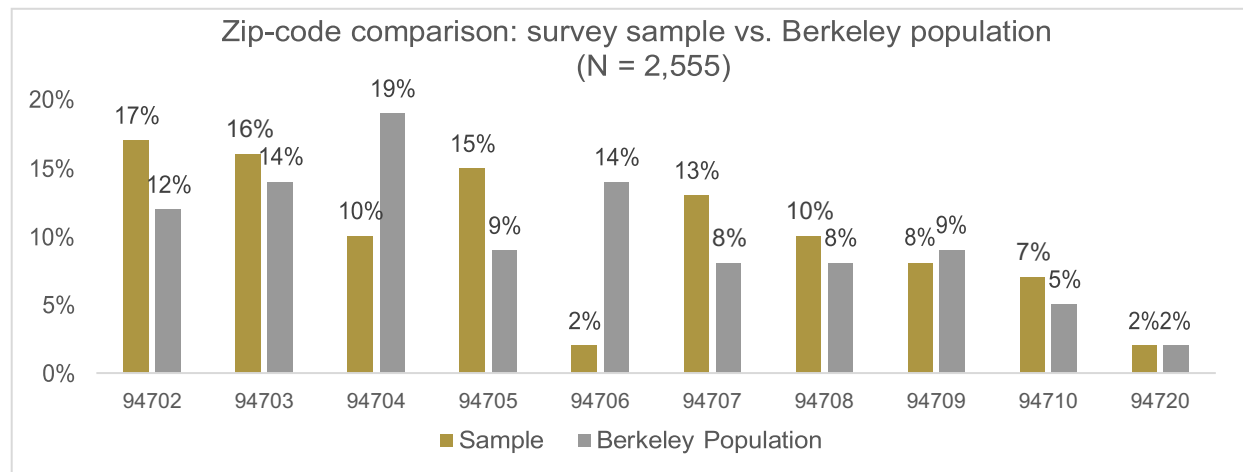
Relationship to City of Berkeley

The vast majority of the survey respondents live in Berkeley (84.4%). A portion work in Berkeley (but don't live there), and a small number have other situations or provided no information. Notably, very few houseless residents responded to the survey.

Live or work in Berkeley (N = 2,729)	Percent
Live in Berkeley	84.4%
Work in Berkeley	12.0%
I am currently experiencing homelessness	0.1%
I do not live or work in Berkeley	2.3%
No information	1.1%

Zip Code

The Berkeley population is spread out primarily across the 10 zip codes listed in the table and chart below, which compare the survey responses with Berkeley population figures.¹ These data show that certain zip codes are overrepresented in the sample (e.g., 94702, 94705, 94707), while others are underrepresented (e.g., 94704, 94706).

**Age**

The sample skews significantly toward older respondents, with approximately 70% of the respondents who provided information on their age identifying themselves as 45 years or older, and over 40% of the respondents identifying themselves as 60 years or older. By comparison, among the adult population of

¹ Zip-code data for the residents of Berkeley from Zip-code.com. Retrieved on 6/24/21 from <https://www.zip-codes.com/city/ca-berkeley.asp>.

Berkeley, 42% is estimated to be 45 or older, and only 25% is estimated to be 60 or older.² Note that there were 55 respondents who did not respond to this question.

Age Range (N = 2,674)	Percent
Under 14 years (1)	0.04%
14–17 (3)	0.1%
18–29 (182)	6.8%
30–44 (21)	23.2%
45–59 (788)	29.5%
60+ years (1,079)	40.4%

Sexual Orientation

Of the respondents who responded to the question pertaining to sexual orientation (84 respondents declined to answer the question), 67% indicated that they are heterosexual or straight; nearly 17% indicated a preference not to disclose; and approximately 16% indicated a sexual orientation generally classified under the umbrella of LGBTQ. While there are no reliable existing figures to show the percentage of the LGBTQ population among Berkeley residents, it is reasonable to speculate that the LGBTQ population is overrepresented in the sample on the basis of recent figures estimating that the LGBTQ population in the wider Bay Area is 6.7% (Conron, et al., 2021). Furthermore, new analyses show that younger populations are more likely to indicate an LGBTQ identification as compared with older populations (Jones, 2021). Given this research and the age of the sample, one would anticipate a lower-than-average LGBTQ percentage in the sample rather than a higher-than-average percentage—which again suggests over-sampling of the LGBTQ population.

Sexual Orientation (N = 2,645)	Percent
Heterosexual or straight (1,771)	67.0%
Prefer not to say (447)	16.9%
Gay or lesbian (155)	5.9%
Bisexual (133)	5.0%
Queer (72)	2.7%
Questioning or unsure (16)	0.6%
Other, please specify (51)	1.9%

² Population estimates from Census Reporter. Retrieved on 6/24/21 from <https://censusreporter.org/profiles/16000US0606000-berkeley-ca/>.

Gender Identity

In terms of gender, men are underrepresented in the sample. A substantial portion of the respondents (nearly 10%) preferred not to disclose their gender identity.

Gender Identity (N = 2,662)	Percent
Woman (1,439)	54.1%
Man (893)	33.5%
Genderqueer / nonbinary / other (73)	2.7%
Prefer not to say (257)	9.7%

Race and Ethnicity

The table below represents all survey responses to the question of race and ethnicity before any recoding or weighting, so the total number exceeds the number of respondents. Please note that for this survey, respondents were invited to select all racial and ethnic categories that applied to them. In other words, an individual who selected White, as well as Black or African American and South Asian is counted three times in the table below.

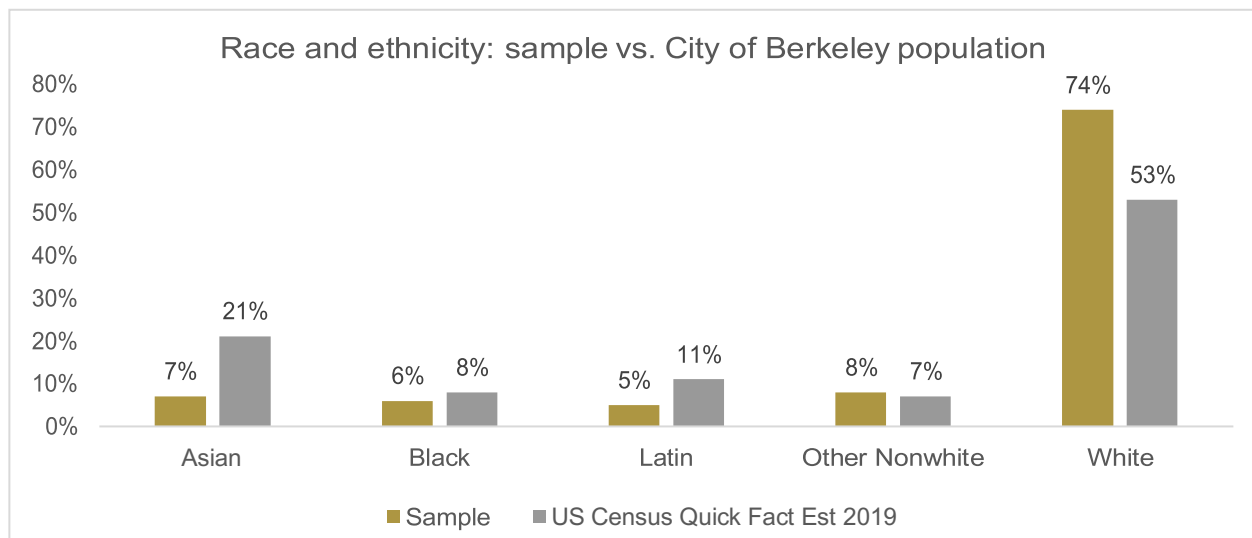
Race and ethnicity	Number	% of Total
White	1787	65.5%
Black or African American	137	5.0%
Latin	126	4.6%
East Asian	168	6.2%
South East Asian	53	1.9%
South Asian	47	1.7%
Middle Eastern / North African	42	1.5%
American Indian / Native American / Alaskan Native	33	1.2%
Pacific Islander or Native Hawaiian	22	0.8%
Other	113	4.1%
Prefer not to say	409	15.0%

In order to simplify the data to allow for disaggregated analyses and to enable the creation of a weighting scheme, the analysts created a reduced number of discrete (i.e., not overlapping) racial and ethnic categories. To condense the data into discrete categories, the data were recoded in the following manner:

- **White:** Respondents who selected only White as their race and ethnicity were coded as white; respondents who selected “Other” and then wrote in only an ethnicity that is considered white (e.g., European, Irish, Jewish, etc.) were coded as white.
- **Black:** Respondents who selected Black were coded as Black, even if they also selected other racial and ethnic identities.

- **Latin:** Respondents who had selected Latin were coded as Latin, even if they also selected other racial and ethnic identities (unless they also selected Black, in which case they were recoded as Black).
- **Asian:** Respondents who selected East Asian, Southeast Asian, or Other and then wrote in an ethnicity that is considered Asian (e.g., Japanese, Chinese, etc.) were coded as Asian, even if they also selected other racial and ethnic identities (besides Black or Latin)
- **Other Nonwhite:** All other nonwhite racial and ethnic categories were combined into a single “Other Nonwhite” variable, including Native American / Alaskan, South Asian, Arab / Middle Eastern, and Pacific Islander / Native Hawaiian, as well as anyone who selected multiple racial and ethnic identities that did not include Black, Latin, or Asian, and anyone who selected “Other” and then wrote in an ethnicity that was outside the aforementioned categories.

Notably, after White the most common response in the data set was “Prefer not to say,” which was recoded to include blank responses as well as anyone who selected “Other” and then wrote in a nonresponsive category (e.g., “human race,” “race does not exist,” or “irrelevant”). These respondents comprise 18% of the sample (478 out of 2,708) and are listed as Undisclosed under race and ethnicity. In the disaggregated analyses, their responses are included to show how this group’s answers differed from those of other groups, but for the purposes of devising a weighting scheme on the basis of race and ethnicity, these respondents are omitted, as the race and ethnicity data for them is essentially missing.



	Sample		Berkeley Population US Census QuickFacts Est. 2019	Weighting Factor
Asian	161	7%	21%	3
Black	140	6%	8%	1.333
Latin	105	5%	11%	2.2
Other Nonwhite	172	8%	7%	0.875
White	1652	74%	53%	0.716
Subtotal	2230	100%	100%	--

Undisclosed	478	18%	--	--
Total sample	2708	100%	--	--

The Berkeley Community Safety survey sample (respondent population) is not representative of the Berkeley population in terms of race and ethnicity. The table above shows the breakdown of race and ethnicity for the Berkeley population and the sample (for the respondents who provided race and ethnicity information).

For all findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factor (as listed above) in order to correct for the disproportionate representation of some racial and ethnic groups in the sample. So, for example, respondents who are Asian comprise only 7% of the sample but 21% of the Berkeley population. So in the frequency tables in the findings section, responses from Asian-identified respondents are amplified by a factor of 3. Similarly, white and Other Nonwhite respondents are overrepresented in the sample, so the value of their responses is discounted to 71.6% and 87.5% of their original value, respectively.

Race and ethnicity by Zip Code

Ethnicity		Blank	94701	94702	94703	94704	94705	94706	94707	94708	94709	94710	94712	94720	Not sure	Total
White	#	48	4	264	247	126	264	33	229	186	129	91	1	25	5	1652
	%	2.9%	.2%	16.0%	15.0%	7.6%	16.0%	2.0%	13.9%	11.3%	7.8%	5.5%	.1%	1.5%	.3%	100.0%
Black	#	4	0	31	24	16	11	2	6	9	7	24	0	4	2	140
	%	2.9%	0.0%	22.1%	17.1%	11.4%	7.9%	1.4%	4.3%	6.4%	5.0%	17.1%	0.0%	2.9%	1.4%	100.0%
Latin	#	3	0	18	15	15	22	7	7	5	4	6	0	0	3	105
	%	2.9%	0.0%	17.1%	14.3%	14.3%	21.0%	6.7%	6.7%	4.8%	3.8%	5.7%	0.0%	0.0%	2.9%	100.0%
Asian	#	7	0	27	27	19	14	2	10	18	19	11	0	7	0	161
	%	4.3%	0.0%	16.8%	16.8%	11.8%	8.7%	1.2%	6.2%	11.2%	11.8%	6.8%	0.0%	4.3%	0.0%	100.0%
Other Nonwhite	#	11	1	19	23	28	15	6	15	18	15	13	0	7	1	172
	%	6.4%	.6%	11.0%	13.4%	16.3%	8.7%	3.5%	8.7%	10.5%	8.7%	7.6%	0.0%	4.1%	.6%	100.0%
Undisclosed	#	63	3	72	75	56	56	8	53	32	25	30	0	8	18	499
	%	12.6%	.6%	14.4%	15.0%	11.2%	11.2%	1.6%	10.6%	6.4%	5.0%	6.0%	0.0%	1.6%	3.6%	100.0%
Total	#	136	8	431	411	260	382	58	320	268	199	175	1	51	29	2729
	%	5.0%	.3%	15.8%	15.1%	9.5%	14.0%	2.1%	11.7%	9.8%	7.3%	6.4%	.0%	1.9%	1.1%	100.0%

CITY OF BERKELEY REIMAGINING PUBLIC SAFETY SURVEY

If you would like to take this survey in Spanish, please select Spanish on the right (in the black bar above).

Si le gustaría responder a esta encuesta en español, por favor escoja “Español” a la derecha (en la barra color negro que aparece arriba).

The City of Berkeley is looking to create a community safety model that reflects the needs of the community. We invite those who live, work, and study in the City of Berkeley to provide their input on the following:

- The current state of public safety in Berkeley
- The role of the Berkeley Police Department
- Your ideas for the future

Your participation in the survey will inform our decisions about funding and strategy for community safety in Berkeley.

We want your honest feedback and perspective. **Your survey responses are completely anonymous and confidential.** You can skip any questions and end the survey at any time. Only [Bright Research Group](#), a third-party outside research firm, will have access to the survey responses. Bright Research Group will summarize de-identified survey responses in a report to the City of Berkeley.

If you have any questions, please contact David White at rpstf@cityofberkeley.info.

Community Safety

1) How safe do you think Berkeley is?

Very safe

Safe

Somewhat safe

Unsafe

Very unsafe

2) For you, what would make Berkeley a safer city?

3) How important are the following issues to community health and safety in Berkeley to you? Please rate each of the issues.

	Very important	Important	Somewhat important	Not important
Shooting and homicides				
Robberies				
Domestic abuse and intimate partner violence				
Sexual assault				
Child abuse				
Burglaries and break-ins				
Thefts				
Traffic safety				
Mental health crises				
Homelessness				
Drug sales				
Substance use				
Human trafficking				
Police violence				

4) *Have you personally experienced any of the following in Berkeley? Please check all that apply.*

Homelessness

Arrested

Spent time in jail

Victim of a crime

Family member of a crime victim

Victim of street harassment

Involved in a traffic collision or traffic violence

Mental health crisis

Substance use crisis

Police harassment

Police violence

None of the above

5) *Have you been a victim of a crime in the City of Berkeley in the past 3 years?*

Yes

No

6) *Have you had contact with the Berkeley Police Department in the past 3 years?*

Yes

No

7) *How was your experience with the Berkeley Police Department?*

Very positive

Positive

Neither positive nor negative

Negative

Very negative

8) *What recommendations do you have to improve police response?*

9) *When it comes to public safety, how effective is the Berkeley Police Department?*

Very effective

Effective

Somewhat effective

Not effective at all

10) Please share examples of how the Berkeley Police Department *has worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

11) Please share examples of how the Berkeley Police Department *has not worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

12) *Do you trust the Berkeley Police Department to treat all people fairly and equitably?*

Always

Usually

A little

Not at all

13) In what ways could the Berkeley Police Department work to build more trust with the community?

Reimagining Public Safety

14) How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all?

	Very important	Important	Somewhat important	Not important
Youth employment and opportunities programs				
Homeless services program				
Mental health services				
Substance use services				
Violence prevention programs				
Traffic safety programs				

15) What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?

As part of the city's Reimagining Public Safety Initiative, the city is developing a pilot program to *reassign noncriminal police service calls to a Specialized Care Unit*.

This Specialized Care Unit (SCU) will consist of trained crisis-response workers who will respond to calls that are determined to be noncriminal and that pose no immediate threat to the safety of community members and/or responding personnel.

Your answers to the following questions will help the city in the design of the pilot program.

16) How likely are you to call emergency services (9-1-1) in response to a mental health or substance use crisis?

Very Likely

Likely

Unlikely

Very unlikely

*17) How likely are you to call emergency services (9-1-1) in response to an emergency **not related** to mental health or substance use ?*

Very likely

Likely

Unlikely

Very unlikely

18) Who should respond to calls related to mental health and substance use?

Trained mental health providers, with no police involvement at all

Trained mental health providers, with support from police when needed

Police, with support from trained mental health providers

Police who have received additional training

No one should respond

19) Who should respond to calls related to homelessness?

Homeless service providers, with no police involvement at all

Homeless service providers, with support of police when needed

Police, with support from homeless service providers

Police who have received additional training

No one should respond

20) Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

21) What recommendations do you have to improve mental health and/or substance use crisis response in Berkeley?

Demographic Information

22) *What best describes you?*

Live in Berkeley

Work in Berkeley

I am currently experiencing homelessness

I do not live or work in Berkeley

23) *Which City of Berkeley zip code do you live or work in?*

94701

94702

94703

94704

94705

94706

94707

94708

94709

94710

94712

94720

Not sure

24) *How old are you?*

Under 14 years

14–17

18–29

30–44

45–59

60+ years

25) *What is your race and ethnicity? (Check all that apply.)*

Black or African American

Latinx

White

East Asian

South Asian

South East Asian

Pacific Islander or Native Hawaiian

American Indian, Native American, or Alaskan Native

Middle Eastern or North African

Prefer not to say Other—

please specify:

26) *Do you identify as transgender?*

Yes

No

Unsure / prefer not to say

27) *What is your gender?*

Woman

Man

Genderqueer

Nonbinary Other—

please specify:Prefer

not to say

28) *How would you describe your sexual orientation?*

Gay or lesbian

Bisexual

Queer

Questioning or unsure

Heterosexual or straight

Other—please specify: *

Prefer not to say

29) *Are you familiar with the City of Berkeley's efforts to reimagine public safety?*

Yes

No

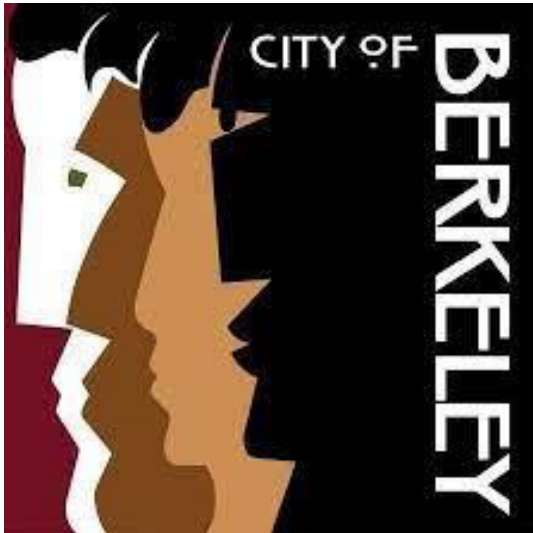
30) *Would you like to know more about the city's efforts to reimagine public safety?*

Yes

No

Thank you!

Thank you for taking our survey! Your response is very important to us. You can find more information about the City of Berkeley's ongoing efforts to reimagine public safety at <https://berkeley-rps.org>.



CITY OF BERKELEY: REIMAGINING PUBLIC SAFETY—COMMUNITY PERCEPTIONS

Summary of Findings—July 2021



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INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, Bright Research Group (BRG) facilitated a series of focus groups to gather community perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to Black, Latin, system-impacted, and unstably housed / food-insecure residents. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021.

METHODOLOGY

Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for community focus groups—Black, Latin, formerly incarcerated, and low-income individuals struggling with food and/or housing insecurity. The research aimed to gather community insights from those most impacted by disparate policing and was guided by the following research questions:

- How do community members view public safety in Berkeley? How safe do they feel in Berkeley, and what are their most pressing public-safety priorities?
- What ideas does the community have when it comes to reimagining public safety? How should public safety issues be addressed and by whom?
- How do community members experience and view the BPD? How does the BPD currently operate in communities, and what role should they play in future public safety efforts?

DATA COLLECTION AND ANALYSIS

Bright Research Group researchers conducted four focus groups and spoke with 55 individuals. The focus groups ran for 60–90 minutes and included questions about the participants' perceptions of public safety in Berkeley, including their opinions about existing and proposed responses to crime, mental health crises, homelessness, traffic safety, priorities as they relate to increasing public safety, and their experiences with and opinions about the role of the BPD.

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

BRG analyzed the data from the focus groups and conducted a thematic analysis by research question. The themes uncovered during the thematic analyses are documented in this report as findings and recommendations, and they are intended to support the City of Berkeley and the Reimagining Public Safety Task Force as they work to develop a community safety model that reflects the needs of the community, creates increased safety for all, and reduces inequities and disparities about access to safety.

Limitations: The focus groups reached 55 individuals. A key limitation is that the qualitative data is not necessarily representative of the perspectives of Black, Latin, formerly incarcerated, and houseless residents. Additionally, youth under age 18 and Latin residents were not well-represented in the focus groups.

As part of the community-engagement process, BRG developed a community-safety survey that was distributed by the Berkeley City Manager's Office, the Reimagining Public Safety Task Force, and other community partners. As a group, focus group participants were more critical of the Berkeley Police Department than survey participants.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety from crime, the focus group participants described Berkeley as a city divided. The focus group participants agreed that many areas of Berkeley are relatively safe but pointed to significant disparities in neighborhood safety. Black residents named the neighborhoods below Martin Luther King Boulevard as unsafe and the hills and neighborhoods above Martin Luther King Boulevard as safe. They indicated that feelings of safety for some come at the expense of younger adults, Black people, and unhoused residents, who are targets of greater surveillance and looming displacement. Black residents and students who participated in the focus groups emphasized that gentrification is detrimental to community safety, erodes community cohesion, and negatively impacts their sense of belonging in their own neighborhoods.

Focus group participants shared concerns about gang involvement, racism, and the availability of guns in Berkeley. Black residents expressed concerns about low-income Black youth's involvement in regional gang and group activity connected to Oakland and Richmond and described a need for deeper recognition of the vulnerability of Black youth. They called for increased investments in community-based and peer-led violence-prevention programs and named a specific need for Black-centered and Black-led mentorship interventions.

Black and Latin youth and students expressed significant concerns about their personal safety and worry most about being victims of robberies, shootings, and police violence. When asked about how safe Berkeley is, students and youth said they do not feel comfortable while walking the streets or enjoying public spaces in Berkeley and therefore move through the city cautiously. Black and Latin students and youth feel hyper visible while living in Berkeley. The students described feeling equally surveilled by neighbors and police and shared that living under a

"A lot of people in our community don't feel safe around Black bodies and the reality is that there are less Black bodies in Berkeley. That may be the plan from the perspective of those who don't feel safe around Black bodies..."
—Resident

constant veil of suspicion is stressful, makes them feel like outsiders in their own city, and prevents them from fully engaging in the community. Black students pointed to the decreasing number of Black residents and the racism expressed by some locals as a source of stress. One Black student shared a story of being profiled by a neighbor who accused her of stealing packages from his porch.

In addition, the Black youth who participated in the focus group expressed dismay at the ease with which children and teenagers can purchase guns in the City of Berkeley. They spoke about a bustling, well-known, and easily accessible illegal gun market operating in the city and were troubled by the inability of the police and city leaders to stop the flow of guns into their communities. They named ending gun violence and police harassment of youth of color as Berkeley's most pressing community safety priorities.

The focus group participants lifted homelessness and the housing crisis as one of the most critical public safety issues in Berkeley; they feel strongly that the city is responsible for providing for the basic needs of every resident. The

participants expressed dissatisfaction with the city's current management of homeless services and supports. When asked about the existing crisis system and the approach to homeless services, many of the participants explained that the police should have limited or no involvement in the issue. They cited the need to provide wraparound supports, including long-term housing, mental health care, drug treatment, and skills training for homeless residents.

Residents across the focus groups believe that most crimes in Berkeley are crimes of survival or the result of mental health issues and asserted that building an infrastructure to support a higher quality of life for homeless and low-income residents would make Berkeley safer. They called for more investment in housing, health care, and youth programs.

"It's not as safe as it used to be. It's too many people on the streets with severe mental health issues and nobody to monitor them."

—Resident

During the focus group with housing-insecure residents, the participants shared their critiques of the current approach to public safety advanced by city leadership. From their perspective, the city leadership prioritizes investments that fulfill the demands of wealthy residents. As examples, they cited the installation of speed bumps on roadways and the placement of surveillance cameras on city streets, while the critical needs of homeless, low-income, and formerly incarcerated residents are ignored. They recommended 24-hour street teams to provide medical and mental health care in communities, safe indoor and outdoor public spaces that stay open late, more community-run drop-in programs with the capacity to meet their basic needs, and expanded access to education, job training, and healing arts.

The focus group participants rely on each other and community-based organizations for safety and support. Black residents, housing-insecure residents, and system-impacted students expressed significant distrust in the city government. When asked about who or what makes them feel safe in Berkeley, they emphasized that they do not feel seen, heard, or protected by government entities. Instead, they rely on one another and community-based organizations for safety and supports. At the same time, they have an expectation that the government should care about, work for, and be accountable to them as tax-paying and contributing residents of Berkeley. They were frustrated by what they see as the failure of city leaders to recognize their value, voice, and legitimacy when it comes to

influencing the way the city is run. They called for greater decision-making power when it comes to how resources are deployed in their communities.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

The focus group participants do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black residents, youth, system-impacted students, and low-income residents experiencing housing/food insecurity agreed that the current practices of the BPD are not in alignment with the needs and priorities of their communities. When it comes to crime and violence, the focus group participants across the demographics indicated that officers are largely absent in their communities and questioned the police department's commitment, skill, and capacity to prevent, intervene in, and solve serious crimes.

Focus group participants believe that police resources are mismanaged. They explained that the police currently prioritize high-income residents' low-level calls for service and spend too much time enforcing quality-of-life issues and recommended that the city prioritize improvements in police response times to emergencies identified by residents, as well as building relationships with the communities who experience both the disparate impacts of policing and violence/crime.

When asked about their experiences with and perceptions of the BPD, the participants in the focus groups shared a common perception that policing in Berkeley is racist and classist. They said that they do not look to the BPD for protection and instead feel targeted and unsafe when in their presence. They asserted that the city leadership is complacent in the BPD's racism and allows racial profiling and the harassment of Black, brown, and low-income residents to go on unchecked in the city. Many long-time Black residents described an increasingly aggressive style of policing and militarization in recent years that stands in sharp contrast to the friendlier community policing style they experienced while growing up in Berkeley. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Similarly, individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. Two Latin students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. In addition, the youth who participated in the focus group said they'd witnessed the police harassing homeless people and immigrants working as street vendors. In response, the Black, housing insecure, student, and youth participants attempt to avoid the police whenever possible.

"They {police} were people persons back in the day and now they are not. It was a different mentality."

—Resident

The focus group participants shared a range of perspectives regarding the future role of the BPD. Although they agree on the current state of policing in Berkeley, there are diverse opinions regarding the future role of the police. Some of the focus group participants believe the city should focus on police reform, while others think significant divestment from policing is needed. For those who discussed reforms, increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum—were lifted as priorities along with a focus on hiring Black officers and officers of

color from the community to improve police-community relationships and increase trust. During the focus groups, Black participants, youth, and people experiencing food/housing insecurity lifted the importance of expanding community policing in the form of foot and bicycle patrols. In addition, residents named a need for increased police accountability in the form of mandatory body-worn-camera policies; community-led police commissions staffed with low-income people of color; the proactive, regular release of police performance and misconduct data; and swift terminations of officers who practice racially biased policing.

“The police are supposed to be superheroes who protect us, but they’ve turned against us.”

—Youth, age 13

Youth recognized and named the power of the BPD and wish the police would use their power to protect them and support their communities. They would like to have police officers who are part of the community, live in the community, and interact positively with young people through sports and mentoring.

The focus group participants who discussed divesting from policing recommended that the city invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies. They lifted relationship building, cultural competency, de-escalation techniques, and restorative justice as the core strategies to be deployed by these community patrols.

Overall, the focus group participants believe that investing in community health and ensuring that all residents have equitable access to quality education, food, shelter, and jobs should be the priority over investments in and reliance on the police to create community safety.

COMMUNITY IDEAS ABOUT ALTERNATIVE RESPONSES

When it comes to mental health crises and homelessness, the focus group participants across the demographic groups suggested that clinicians and social workers play a role in interventions and responses. While most of the focus group participants characterized the police as not fit or qualified to respond to these calls and wanted police response limited to situations involving violence, they described an expectation that when police do respond, they are skilled in crisis intervention, de-escalation, and cultural competency.

“They need more street teams; they drive around looking for tents and sign people up for services. Back then there used to be street teams, but now there’s not as many. They need mental health teams, not the police”

—Resident

“Police ask if they can search the car, if you are on probation or parole, and if there are any drugs or guns in the car before they even tell the driver why they were pulled over.”

—Resident

The focus group participants across the demographic groups viewed traffic enforcement as a low-priority public safety issue in Berkeley. They recommended that the role of the police be streamlined and believe that officers currently spend too much time involved in car stops, which disparately target Black residents. When presented with the idea of unarmed staff handling traffic enforcement, most were open to the idea, but some expressed concerns about the safety of civilian staff. Although Black residents expressed support for non-police responses, they have little confidence in the city’s ability to decrease racism and disparate stops through the creation of unarmed civilian units.

The Black residents who participated in the focus group do not trust that the city's proposed alternative programs will reduce racial oppression and racial disparities, noting that the racism and anti-blackness that exists within the police department exists throughout the city government. They feared that without a true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs with the most impacted communities, the new programs will simply replicate the racist abuse, oversurveillance, and lack of responsiveness to community needs currently practiced by the police department. They explained that hiring local Black social workers, mental health clinicians, and traffic-enforcement staff will be essential to ensuring equitable interactions between Black residents and any new programs or city departments.

COMMUNITY-CENTERED VISION OF PUBLIC SAFETY

The focus group participants shared a common vision of public safety beyond the absence of crime as the presence of community health and equitable access to a higher quality of life for low-income, homeless, and Black and brown residents. The focus group participants expressed hope in the future of Berkeley and a desire to build close-knit, inclusive communities capable of taking care of all residents. Across the focus groups, the residents called for the city to make long-term investments in housing, educational enrichment, mentoring, health care, and job-training programs for youth and low-income residents. These, they maintained, would create authentic community safety. Other investment priorities include drug-treatment services, programs to interrupt recidivism, and prevention and advocacy to address gender-based violence and intimate-partner abuse.

Black residents expressed willingness to work collaboratively with the City of Berkeley and the BPD on relationship building, reform, and reimagining efforts, but in the meantime, they named a need for safety ambassadors who can act as a bridge between the Black community and the police. They expressed frustration about what they see as the city government's failure to listen to and act on their experiences and expertise when it comes to designing public safety strategies. Black residents believe they have a lot to offer when it comes to creating and implementing new programs and strategies and see their involvement in reimagining efforts as essential to increasing equity, reducing harms, and increasing safety.

The focus group participants expressed broad support for and belief in the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations. They believe the city government should make deeper investments in the community-based organizations run by leaders of color from the community. In addition, marginalized communities want increased access to power in the city in the form of representation. They explained that seeing more Black, Latin, and people from low-income backgrounds who share similar experiences in city-leadership positions, on committees, and within the police department will make Berkeley a safer city.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

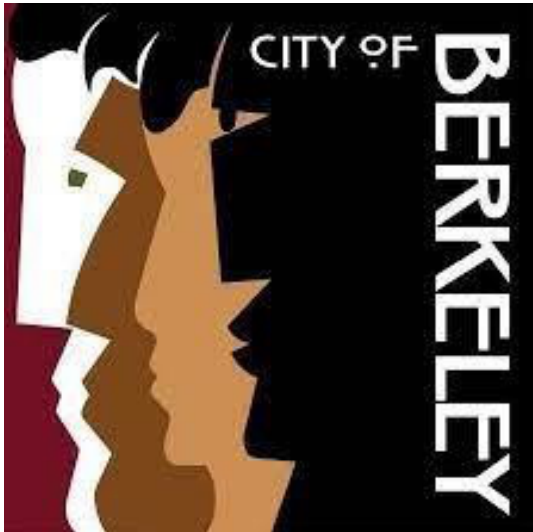
KEY RECOMMENDATIONS

- € Expand the city's definition of public safety to include community health and equity
- € Prioritize long-term investments in housing, mental health care, and drug treatment for homeless residents
- € Increase investments in community-based and peer-led crime prevention programs
- € Create 24-hour street teams to provide medical and mental health care in communities
- € Invest in community-based drop-in centers
- € Train community peacekeepers and create community safety patrols
- € Hire local Black social workers, mental health clinicians, and traffic-enforcement staff to support equitable interactions between Black residents and any new public safety programs
- € Streamline the role of the police to focus on violence prevention and intervention and responses to emergency calls for service
- € Increase transparency and accountability of the BPD regarding racially disparate policing
- € Increase opportunities for positive police engagement with Black and Latin community members and youth
- € Identify opportunities to partner with impacted communities on reimagining public safety strategies

- € Prioritize the representation of Black, Latin, youth, and criminal-justice-impacted individuals, as well as people who've experienced homelessness, in city leadership, police-department staffing, and committee appointments

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.



CITY OF BERKELEY: REIMAGINING PUBLIC SAFETY SURVEY— COMMUNITY PERCEPTIONS

Latin Community Perceptions Summary of Findings—July 2021



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INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, the City of Berkeley, and the Reimagining Public Safety Task Force, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response, perspectives on and priorities for reimagining public safety, and recommendations for alternative responses for community safety. This report summarizes the key qualitative findings from survey respondents who identified as Latin.

METHODOLOGY

A total of 2,729 survey responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

The survey included the following six open-ended questions related to community perceptions of safety and preferences regarding public safety strategies:

- What recommendations do you have to improve police response?
- Please share examples of how the Berkeley Police Department has *worked well* in your community.
- Please share examples of how the Berkeley Police Department has *not worked well* in your community.
- In what ways could the Berkeley Police Department work to build more trust with the community?
- What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?
- Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

During the research design, Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for engagement beyond the community survey. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to the identified priority populations. Bright Research Group conducted a series of focus groups to gather their perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Although the focus groups engaged 55 individuals, Latin residents were not well-represented. In order to learn more about the priorities of Latin residents, BRG analyzed the qualitative data responses from survey respondents who identified as Latin. Of the 2,729 survey respondents, 126 individuals identified as Latin. BRG conducted a thematic analysis by qualitative research question. This report documents the key findings and recommendations from this thematic analysis.

Limitations: Of the 126 Latin respondents, only 2 completed the survey in Spanish. This suggests that the opinions, experiences, and preferences of recent immigrant, monolingual Spanish speakers are under-represented. Latin respondents were under-represented in the survey responses and these results may not be generalizable to the city as a whole.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety in Berkeley, the survey respondents expressed significant concerns related to their safety and the safety of their family members and were dissatisfied with the city's response. Many Latin survey respondents associated the homeless crisis with feeling unsafe in Berkeley. Respondents described homelessness as the source of crime and reason that Berkeley is unsafe. Respondents recounted instances of street harassment by unhoused residents and expressed frustration that many parks, streets, and neighborhoods including downtown are not usable due to blight and on-going street harassment associated with the homeless population. The current state of public spaces in Berkeley negatively impacts Latin residents' quality of life and influences their decisions about how they and their children move through the city. In addition, some Latin respondents expressed concerns about traffic safety and violent crime including gang violence, robberies, and shootings in Berkeley.

Overall, Latin respondents expressed dissatisfaction with the city's current approach to public safety and shared a common expectation that city leaders should prioritize cleaning up streets and public parks, installing additional lighting in neighborhoods, improving traffic control, and urgently address the issue of a growing homeless population in Berkeley. Additionally, they called for increased gun control, investments in youth prevention and intervention programs, and more visible police presence, such as officers patrolling on foot and bicycles.

Latin survey respondents lifted homelessness and the housing crisis as the most critical public safety issues in Berkeley but expressed divergent views about the best way to address the issues.

Many respondents expressed dissatisfaction with the city's current response to homelessness in Berkeley. While residents concurred that the city's current response to homelessness is inadequate and needs to be reconstructed, they offered a wide range of solutions. Recommendations ranged from enforcing a zero-tolerance approach to illegally parked RV's, criminalizing substance use and removing encampments to investing in upstream efforts to tackle homelessness and mental illness, such as investments in affordable housing, therapeutic services, and living wage employment.

When asked about the crisis response system, Latin residents offered few perspectives related to the current crisis system. Instead, they wanted the city to address the root causes of homelessness such as affordable housing, economic opportunity and treatment options. When asked specifically about their experiences with the existing crisis system and the city's response to calls for service associated with homeless services, mental health, and substance abuse, a small number of respondents offered feedback on the existing crisis response system. Many responses

"The city needs to have actual housing with requirements for homeless and facilities that can actually deal with mental health issues as well as drug and alcohol issues. The current county systems do not work."

—Resident

"The level of people experiencing homelessness that are directly affecting people's day to day lives has gotten to a tipping point. From being accosted on the street to having to swerve while driving from people in encampments....we need to address the homeless issue immediately!"

—Resident

collapsed mental health, substance use, and homelessness and expressed frustration with the city's inability to identify and implement solutions. For those who did share personal experiences with the current crisis response system, there was a range of opinions about its effectiveness. Some respondents dealt only with the police during a mental health crisis and felt that they were professional and efficient while others expressed an unmet need for a counselor or clinician. A few respondents described positive regard for a collaborative team that includes the police and a mental health professional during crisis situations.

Overall, respondents focused on the need for long range solutions that prioritize early intervention, prevent crisis from occurring, and support people in achieving and maintaining sobriety, stability, and housing. They expressed frustration with what they see as a revolving door of people in and out of justice and mental health systems and called for strategies that effectively stop cycles of violence and recidivism, chronic homelessness, and drug abuse. When it comes to investments, respondents expressed diverse views. Some articulated growing frustration with the tax burden associated with program investments and believe that Berkeley attracts people from out of town struggling with homelessness, mental health issues, and substance abuse because of the city's tolerant attitudes and readily available supports. Others named the need to increase investments in long-term care facilities, treatment programs, therapeutic services, and job training.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

Latin respondents expressed a wide range of perspectives regarding their overall satisfaction with the police with many expressing positive perceptions of the police. Many respondents held favorable views of the police and experienced positive interactions with BPD; they described the police as responsive, professional, effective, and supportive of community safety. Some respondents with favorable views of the police expressed a belief that the current political climate and movement to divest from policing does not represent the majority of residents' views. Additionally, respondents conveyed frustration with the city council who they characterized as a hindrance to effective policing. They believe that the BPD should focus on increasing community safety through crime prevention, intervention, and response. Some promoted a tough on crime perspective and expressed a belief that the BPD are mismanaged, over-controlled, and under-appreciated by city government. These respondents called for increased police presence, more investment in community policing, and proactive policing.

Latin respondents who held unfavorable views of the police, cited slow response times, inability to prevent and solve crimes, and harassment of residents as the most salient features of the BPD.

Respondents expressed concerns about racial profiling by the Berkeley Police and named it as a priority public safety issue. This sentiment was expressed by respondents supportive and unsupportive of the

"The department needs to be supported by our community and allowed to do their jobs rather than being hamstrung by members of the city council..."

—Resident

"The police have stopped members of my family in West Berkeley in what was clearly racial profiling (Hispanics) on several occasions ."

—Resident

police and was recognized as an issue that must be addressed by the Berkeley Police Department. Many respondents described specific instances of racial profiling and overly aggressive interactions between Black and Latin residents and the BPD. Although a few respondents called for divestment from the police department, the majority of respondents expressed an expectation for a high-functioning, service-oriented, police department responsive to the needs of communities of color and capable of equitable interactions. They recommended training on implicit bias, racial profiling, cultural competency, community policing, and de-escalation and expressed an unmet need for increased transparency, greater community engagement, and positive interactions between the police and communities.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

KEY RECOMMENDATIONS

- € Prioritize clean-up of streets and public parks
- € Install additional lighting in neighborhoods
- € Increase traffic control, create car free zones and areas where speed limits are reduced
- € Focus on long-term planning to address homelessness
- € Identify early intervention and prevention strategies to prevent mental health crisis and substance abuse issues
- € Increase police visibility via walking and bicycle patrols

- € Reduce police response times to calls for service
- € Expand community policing initiatives and increase opportunities for positive engagement between the police and communities
- € Address racial profiling and aggressive police encounters by the BPD with cultural competency, anti-bias, and de-escalation trainings and deepened relationships between the police and communities of color

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the Latin survey respondents' answers to open-ended questions and represents an important step in building understanding of community strengths, needs, and public safety priorities.

ABBREVIATED SUMMARIZED RESPONSES BERKELEY POLICE DEPARTMENT LISTENING GROUPS

Facilitator Question: *How do you respond when you hear the phrase or idea “Reimagining Public Safety”?*

Strong themes emerged around officer’s feeling a lack of voice or input, the Berkeley Police Department being compared to or attacked for incidents that happened elsewhere, or not being recognized for policies and programs that have been in place for years that other departments are just now enacting. Officers recognized the community may have ideas as to how to change processes in the police department but wanted to be able to share their successes and efforts and not be seen as defensive especially around low numbers of complaints and uses of force. Officers expressed a clear desire to be a meaningful part of the reimagine process, and for their expertise and efforts to be heard, considered and valued.

Facilitator Question: *Officers we have talked with have agreed that police are asked to do too much, including non-police work. What do you think of this and are there responsibilities that should be taken off of your plate?*

Some officers felt there are definitely some calls, such as civil matters that police would like to remove themselves from, however we are not sure the public understands the nuances of the job and the fact that BPD are currently the only operational response to many of society’s emergencies. Police investigations of crimes demand a great deal of department resources, as does the investment in police community engagement; we have to find the best way to do both with the limited resource of police officers.

Officers understand and appreciate that there may be alternative responses and services other than the police. While the infrastructure is created to possibly access those alternatives the community demand of emergency calls to the police will continue, and

the police response will be necessary. We need to continue to support the police department, while investigating possible alternatives that are realistic and viable, long-term solutions.

Facilitator Question: *What are your thoughts on having trained mental health providers/responders respond to disturbance incidents, like someone screaming outside of a business, but is not harming or threatening anyone?*

BPD currently works with Berkeley Mobile Crisis Team (MCT) members, who have been part of our culture at BPD for over 40 years. MCT members are a valued part of our organization, and they will not go to calls without the police. MCT members are concerned for their safety without police presence, in fact a few years ago a suspect was charged with the attempted murder of an MCT member who was responding to a call of a person exhibiting symptoms of being in a mental health crisis.

Many officers regularly work with MCT and believe it is an effective and proven approach.

We need to fix the back end of the mental health system, the aftercare for a patient once they are placed on a 5150 hold has to be addressed. We will continue to see the cycle of hospitalization until the overburdened Mental Health system receives the support it so desperately needs.

Facilitator Question: *What do you think is the biggest crime problem in Berkeley?*

Property crime is a significant crime in the city, however of great concern to the community is the quality of life crimes which many times stem from mental health and/or addiction. People who are afflicted by mental health and/or addiction, are repeatedly contacted by the police because they are quickly released from custody/hospitalization, and

never have the opportunity to receive the proper interventions or support necessary to create the positive behavior change they may desire.

Facilitator Question: *What is the greatest need for improvement in BPD?*

We need a crime analysis unit to track and identify the who, what, when, where and why of crimes in our city, so that we may deploy the most precise and appropriate police intervention, thereby addressing the crime while leaving the smallest police footprint. We need police officers, as our police department is shrinking, the city population is increasing and those numbers just don't work as greater demands are put onto fewer officers.

Facilitator Question: *Comments from PEOs related to BerkDoT:*

The PEOs are the most diverse group of officers in the department and just moving the PEOs from the police department to transportation is not genuinely reimagining. The community shows more respect to the badge of the PEO, as the badge indicates we have gone through a validated hiring process which means we get quality people who are working as PEOs. When PEOs came to be under the police department in 1991 it changed the culture of PEOs and made the department more professional. Maintaining PEOs in the police department produces a more professional and respected workforce both internally and externally.

REIMAGINING PUBLIC SAFETY BERKELEY MERCHANTS ASSOCIATION LISTENING SESSION

NICJR facilitated a Listening Session with the Berkeley Downtown Merchants' Association and the Telegraph Merchants' Association on June 2, 2021. Thirteen people attended the listening session. Following closely to the guidelines defined by BRG, the facilitators engaged in a robust discussion with participants. Below are summary findings from the Listening Session:

Concerns over the Safety of Berkeley and the most pressing public safety issues:

Participants shared concerns over the safety of the City, the most pressing concerns their employees and patrons face, as well as their perceptions on how these concerns are being addressed. They expressed their disheartening perception that the city council and mayor are less than responsive to the needs of the business community and have allowed a permissive environment that creates the opportunity for crime to take place with an "apathetic enforcement policy". Some participants feel as though businesses deal with a lot of problematic street behavior with ambassador staff regularly called upon to respond to situations where merchants and shopkeepers can't deal with the situations. Sharing specific stories of people experiencing homelessness and/or substance use addiction attacking employees and customers and creating unsafe and unhealthy conditions, participants feel that the current environment has definitely had an impact on people who visit local businesses because they have to park around the corner, and walk to businesses.

"It does not feel safe especially during the later hours of the day."

Addressing how these public safety issues should be approached:

Participants feel there is a contradiction in saying that we stand united against hate and we are reimagining public safety and allow people to smoke crystal methamphetamine on our streets. There is a fear that with continued acceptance of specific drugs being used on the streets that the incidents of people experiencing mental health breakdowns will increase and that a stronger use of punishment to deter this behavior is warranted. Some participants expressed the need for there to be a choice: we can choose to allow those drugs to be used and then we can expect more violence or we can actually take a stand against that.

Additionally, members of the business association feel that prevention is what's going to shift the environment. They recognize that the City of Berkeley has mental health services but feel they are really not getting support from the city, when they have seen the mobile crisis unit drive away from a situation because it was deemed that no one was an immediate danger to themselves or others. There is a perception that there is no follow through with identifying a person with a problem and then going forward with next steps.

"We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community."

Community investments that would support increased public safety:

The participants engaged in a discussion around the complexity and depth of the issues that need to be addressed, for example, where do those experiencing

homelessness go? At the same time, there is an acknowledgement that businesses are seeing a drop in patrons and employees because of safety concerns.

In response to questions regarding a trained, alternative, civilian response that was trained to be able to engage with this population and might include people who have had similar experiences of being unhoused, the Berkeley Mental Health department was identified as already available, but having been less visible downtown, limited in their ability to take valuable, sustainable steps to help someone in crisis unless there is a direct and immediate threat of harm and/or unsupported by the city in recent years. A participant identified the call center now under construction near a local synagogue and expressed the desire to see the community do more of that type of thing. A suggestion was also made that the City should look into a policy that can allow the mental health units to take more initiative.

Addressing the ways in which the Berkeley Police Department currently works in the community:

A general sentiment was that merchant interactions with the police have been very positive, yet there is often a hesitation to call on them for concern over unnecessarily escalating a situation. Concern was expressed that there is a national narrative demoralizing police departments as a whole and police departments are not given the tools they need to do their jobs. In Berkeley it was expressed that there was a shift in the amount of police presence and response in the community and that police officers were told by the City to not do anything.

In addressing some areas where the Berkeley Police Department's presence has been particularly effective, the bike detail was mentioned with the sentiment that this unit is about community policing and they get to know the street population and merchants which is helpful in problem solving and helping people. The Ambassador program was also identified as a unit that is helpful in de-escalating individuals in crisis, and working well in collaboration when police officers are present. With the CAHOOTS model and the SCU - the biggest issue participants feel the City faces is beds and how to get people into

care 'with a little bit of tough love'. The possibility was raised of mental health professionals and police officers working together when responding to a situation.

"I have great support for what the bike detail is doing since they have been back on the force. They have a calming effect for a lot of the folks out there that get a little wild, actually seeing a person in a position of authority calms them down."

BerkDOT and SCU Program Opportunities:

There was a desire to learn more about exactly how these programs would be able to best serve the community with the current policies in place. Additional concern was expressed with the national narrative and how the City of Berkeley needs to ensure that whatever changes are being made, need to address the specific issues and needs facing the residents of Berkeley.

With respect to the BerkDOT program a participant shared: "I don't understand why that was even thought of. It just seems like we are focusing energy away from the problem, which is the fact that we have a ginormous mental health, drug, and homelessness problem in Berkeley. I do not agree that adding that additional agency would help the problem."

For the SCU, the specific need for case management and a presence in the community later at night was discussed. An overlap with the Police Department to partner with mental health workers in responding to situations and help assess whether SCU is reducing the number of calls and can cut back on the overload of the work of the Police Department. A suggestion was made for the SCU to work with both the Downtown and Telegraph Business Associations to identify the handful of folks that are causing a majority of the problems.

"Until we enforce our sidewalk ordinances, until we make people go to sanctioned encampments, stop the revolving door of violent crime and until we stop the hard drug use and open-air Drug Market this is an absolute waste of your time and our tax dollars. Prevention first."

Visioning community-centered public safety:

Considering what public safety can and should look like, a question was raised asking for better use of vacant space to set up housing and full services that could be helpful for as many Berkeley residents as possible. It was expressed that Berkeley has an abundance of laws and ordinances currently that don't get enforced, which is helping to create the unsafe environment that exists. Therefore compiling new variables instead of using existing laws to address the foundational issues did not sound like a good idea. There was frustration that participants themselves have invested hundreds of hours into issues of public safety and nothing ever gets done.

"If you look at the relationship between what we pay in taxes and regulations and everything else versus what we get back, the disparity is anything but equitable and people love to throw the word Equity around in Berkeley."

PEERS LISTENING SESSION REPORT

by Janavi Dhyani and Margaret Fine¹

The Peers² Listening Session raised fundamental questions about how people who live with mental health challenges experience and perceive “safety” in the Berkeley community.

Throughout the Peers Listening Session the participants described their notions of “safety” in terms of their own safety; the safety of people who they observed in the community living with mental health challenges; their “safety” as a collective group of people in the “Peers community;”³ and “public safety” at-large as a pressing societal issue such as homelessness.⁴ The participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their

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2 A **Peer** is a person who self-identifies with lived experience with mental health challenges, substance use experience, and/or someone with experience navigating the public behavioral health care system.

3 The **Peer Community** is composed of diverse people who use their lived experience with mental health challenges, substance use experience, housing challenges, and/or navigation of the public behavioral health care system to increase peer-led support and services for people in the mental health community. The Peer Community is also active in de-stigmatizing mental health challenges, and normalizing wellness and recovery.

4 For the purposes of this report, **homelessness** is defined as housing insecurity ranging from being at risk of losing housing, being in transition of unstable housing (i.e. staying temporarily in a housed location like a friend’s house or shelter, but not maintaining a personal address), or living in a location not intended to house humans (i.e. a car, an underpass, or in a tent).

community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis⁵ in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley. Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with Peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors, and their impact on a policing response to a mental health crisis.

Additionally during this Listening Session participants expressed the need for police to acknowledge when they are “wrong” in their treatment of Peers, particularly for purposes of establishing trust and rapport with the overall Peers community. Moreover, when discussing a non-police crisis response through a Specialized Care Unit (SCU) to non-violent events in the community, one participant said they “like the idea but it takes the onus off the cops to do better” and that it “still feels troubling, seems like a Band-Aid,” as opposed to addressing systemic mistreatment by police of people living with mental health challenges and overall within the Peers community. Based on the lived experiences expressed during this Listening Session, it is indicated there is a need for a reconciliation process, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with mental health challenges may help build trust and rapport with police officers in the future.

5 A mental health crisis is an umbrella term that may refer to: 1) different levels of personal distress such as anxiety, depression, anger, panic and hopelessness; 2) changes in functioning including neglect of personal hygiene, unusual behavior; and/or 3) life events which disrupt personal relationships, support systems, living arrangements, and result in victimization and loss of autonomy.

It is also important to recognize that the Public Safety Dispatch Operators in the Communications Center located at the Berkeley Police Department address emergency and non-emergency dispatch calls for service, including for people experiencing a mental health crisis in the community. It is understood that police act on their own accord responding to these crises in Berkeley; some police have CIT training (Crisis Intervention Training) and in some instances police co-respond with the Mobile Crisis Team (MCT) of the Division of Mental Health to assist people experiencing a mental health crisis in the community. The MCT currently operates in Berkeley for 10.5 hours/day, 5 days/week, excluding holidays (see City of Berkeley, MCT webpage). In the systems currently in place, it appears protocol mandates that police first secure the scene before an MCT clinician can step up and support the person experiencing a crisis (including to interact with an individual experiencing an “altered state of consciousness”).⁶ Please kindly inform if incorrect. It is noted that the Fire Department, including an EMT, may also respond to mental health crises in the community with other first responders or on their own accord.

In addition, there were participants at the Listening Session who have used emergency services to address a person experiencing a mental health crisis, saying that “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.” Indicating that folks did not feel proud of their decision to call emergency services, knowing that police would arrive, but did so because they did not feel like they had alternative options to provide that person with appropriate support.

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard

for a 5150⁷ involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed. There is a need for people with mental health challenges to provide nuanced input about their perceptions and experiences in this context, particularly given that a “crisis” can be used as an umbrella term for diverse array of human behavior; and the role of race, ethnicity, gender identity and expression, sex, sexual orientation, disability, age, class and their intersections can impact the nature of a policing or co-responder crisis response in the community.

Further participants talked about their own lived experiences with police during a time of crisis and whether they felt “safe,” as well as their overall perceptions and feelings about them. Specifically, the main emerging themes included their perceptions and experiences about: 1) officers unease connecting with people experiencing a mental health crisis; 2) feeling stigmatized as dangerous and regarded so by officers; 3) the role of de-escalation if any; 4) feeling traumatized or re-traumatized by police during a mental health crisis; and 5) recommendations to improve mental health crisis response in Berkeley. At the outset it is noted one participant felt treated “pretty good” by police despite run-ins over four years.

Another participant talked about witnessing the police when someone was lying on the ground. He described how the police, fire, and ambulance showed up, “asked the person do they know where they are, asked them a variety of questions, stayed there with them, and even seen them give them a blanket before.” However among many experiences and perceptions described during the Peers Listening Session, these experiences were outliers.

⁷ In the State of California, a 5150 is “when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. See WIC 5150(a).

⁶ An altered state of consciousness may be defined as a temporary change in the overall pattern of subjective experience, such that the individual believes that his or her mental functioning is distinctly different from certain general norms for normal waking state of consciousness.

Section 1: Peers and Mental Health Crisis Response

I. *“Really important to speak their own language”*—participant

Peers indicated the importance of understanding and empathy during a crisis.

During the Peers Listening Session some participants raised questions about how police approach them and/or other Peers in the community. They discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In

particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights. The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.

Consequently, it is critical to further explore how Peers would describe developing a human connection, and develop trust and rapport, with a distressed person in terms of defusing a situation. People living with mental health challenges may experience a non-threatening altered state of consciousness and the police presence may exacerbate the intensity of their situation. Instead, Peers indicated that it would be more effective to make a human connection with the distressed person and de-escalate the situation so they felt “safe.” Moreover, public safety dispatch operators and police officers may not be trained to understand the intersecting challenges and systems that may be contributing to and/or exacerbating the Peer in crisis and the mental health community as a group.

Specifically, one participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people

are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.” This participant spoke to the stigmatization of the Peers Community, and

the need for additional training and public education about how to interact with community members who interact with the world differently than they do. Peers indicated the need to further explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public.

A second participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated,

“we need to learn, develop a field of knowledge of people in altered states.” This participant alluded to a common understanding in the Peers Community that mental health crises can bring about positive change for the person involved and should be allowed to occur in a safe setting when possible. There is a need to further explore perceptions and experiences of people living with mental health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors.

This same participant attributed the lack of human connection exhibited by police with people experiencing a mental health crisis “as most cops [are] not trained that way.” The participant went on to say that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns;

it's a threat, always a threat of violence out there, police come with their guns," and that we are "much better served with people not heavily armed, I don't know how, I think the conversation and non-violent tactics." It is noted that the lack of Peer involvement in the training of police officers, and the resistance to use Peers in the response to mental health crises, can inhibit responders from understanding how Peers would like to experience "safety" in a time of crisis.

Participants talked about the lack of Peers in crisis response, that Peers have been left out of the conversation, and that for crisis response to improve, trained Peer Specialists⁸ need to be involved. This perspective became clearer when talking about the Specialized Care Unit (SCU) program that Berkeley will be implementing as a non-police crisis response in the community. Everybody in the group generally liked the idea of non-police responders to non-violent calls, however, with two exceptions: 1) one person named that without retraining police officers, police would still respond in public with the ability to cause harm; and 2) that Peers would feel safer if the SCU team included Peers. The importance of Peer staffing on the SCU team was highlighted by different participants.

"Facilitator: Who do you think should do the training for the SCU?"

⁸ A Peer Support Specialist is a peer (a person who draws on lived experience with mental illness and/or substance use experience and recovery) who has completed a specialized training to deliver valuable support services in a mental health and/or substance use setting and/or in the community. According to the Peer Certification Fact Sheet from Senator Jim Bael on SB 803: "Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other

symptoms, and diversify the mental health workforce." As of SB 803 Peer Support Specialist Certification Act of 2020, Peer Support Specialists in the State of California will have a standardized certified body to regulate and certify Peer Support Specialists. SB 803 will allow Peer Support Specialists to bill Medi-Cal for the services they offer to their peer partners in the State of California. With SB 803 California will join 48 other states in the country that have peer certification programs as part of their Medicaid behavioral health network.

https://namisantaclara.org/wp-content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=2019202005B803

Participant 1: Someone with lived experience.

Participant 2: I agree.

Participant 3: I agree. I totally agree."

During the Listening Session, it became clear that the Peer participants could clearly identify that it was important for the crisis response training to include people who have lived experiences alongside other first responders as a team. Another participant explained the importance of peer specialists for training by saying, "***What better person can teach them how to respond, body language, than someone who is on the other end and who has walked the walk, and already been through it.***" The participants seemed to be in agreement that one Peer could not respond to crisis situations alone, but was an essential part of the team in both training and in-person response situations. Moreover, participants underscored the importance of Peer-involvement in ongoing post-crisis support to "***Make sure there is continuity of care***" and pointed out that "***The peer specialists are helpful for transition to a wellness center or the next social service.***" This continuum of care would include: wrap-around services and support in navigating the intersecting and often complicated systems of care (i.e. housing, public benefits [SSI, SSDI, SNAP, GA, Medi-Cal, Medicare]; disability; health, mental health, and substance use support; meal assistance; support groups; drop-in services; community programming; employment support). There is a need for further input from people living with mental health challenges about the community-based services they use in Berkeley and Alameda County, particularly ones considered to be compassionate and effective in providing tailored culturally safe and responsive services.

II. "When I see police, it can be triggering, it can be negative, not friendly" – participant

Peers indicated a history of mistrust towards police officers.

In addition, there were emerging themes about how people living with mental health challenges have experienced police as threatening, which may perpetuate and reinforce trauma in responding to

mental health crises. One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated that “So many of us have been harmed when we are treated when we are in crisis” and mentioned Soteria House, a community service that provides space for people experiencing mental distress or crisis, as a recovery model. Other participants also discussed how drop-in centers can offer this space, provide a restroom, a cup of coffee, and a welcoming space in which the person can get their basic life needs met and make meaningful connections with other Peers. Peers indicated that distress could be better met by safe spaces in which a person is allowed to move through the emotions they are feeling without fear of judgment, retaliation, or incarceration while being met with basic life needs (food, water, bathroom, a sense of safety, and human connection). There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.

Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met *with*, is a sentiment people shared. One participant said that “If someone is having a mental health crisis, sit **with** them and let them be.” Peers indicated that they are not “safety threats” that need to be responded to, rather they are humans that need to be met and supported *with* and *through* a situation they are not able to safely endure alone. It would be beneficial to

further understand when Peers perceive their own behavior as threatening and how they expect first responders to interact with them as a result.

III. Policing and mental health crisis response

During the Listening Session, it was clearly conveyed by the majority of the participants that police officers should not be the first responders to mental health crises. When asked what situations police would be able to respond to appropriately, the Peer participants discussed when they would feel police intervention may be necessary. Overall there was a range of different perspectives about the role of the police officers in the mental health community. Initially, Peers felt police officers need specific training for crisis response. One participant questioned the amount of de-escalation training that police receive as he regarded it as the “major pain point” in defusing a mental health crisis. In this light, another participant asked about situations where a person may have a weapon and the type of response to them.

Another participant indicated having a mental health person upfront and police shadowing if needed. A fourth participant stated he would want police if his car was burglarized, but he wants a skilled person with lived experience to respond and police second to ensure safety if needed. This area deserves considerably more exploration about the nature of situations where people with mental health challenges may feel police need to respond. Generally, participants suggested that there may be different people and/or teams responding depending on the type of situation. There is a further need to explore the nuances of specific situations among people living with mental health challenges in order to better understand from Peers when they perceive certain types of teams responding to a mental health crisis in the community. Moreover, there is a need for Peers to discuss their lived experiences and perceptions of crisis response; the role of race, ethnicity, gender identity and expression, sexual orientation, disability, class, and age; and its impacts on police response to those living with mental health challenges.

IV. De-escalation is the “Major Pain Point”—participant

Further research is needed with people who live with mental health challenges, including the PEERS community for understanding peer-informed/peer-created de-escalation practices.

There is a critical need to have a nuanced understanding about how people with lived experience of the mental health crisis in the community describe levels of personal distress such as anxiety, depression, anger, panic, and hopelessness and how to meet their needs for “safety,” as well as how changes in basic functioning can impact the capacity to stay “safe” and not be a danger to themselves or others, or deemed gravely disabled—the 5150 involuntary hold standard in California. Depending on the type of crisis response provided to individuals experiencing distress, the physical and psychological impacts on “safety” may vary widely. They can range from de-escalating crises using specific mental health practices to using coercive controls and force to restrain individuals in crisis. In the latter circumstance, an individual may be restrained, arrested, taken into custody, transported, put in secure detention and there may be violence, brutality, or even death. It is critical to extending this research in order to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with mental health challenges, and the types of crisis response that work for them in the community.

There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments. Both commissioned consultants, National Institute for Criminal Justice Reform and Research Development Associates, should account for the role of police and policing interactions when conducting research with people experiencing mental health challenges and providers, particularly to understand how people can work collaboratively with providers in order to facilitate productive relationships. Whether the research focuses on police interactions with people experiencing mental health challenges in the community on their own accord or

when corresponding with the Mobile Crisis Team of the Division of Mental Health, police play a significant role and impact the nature of crisis response. Without this key data, the consultant researchers will be gathering unrepresentative pieces about a comprehensive crisis response system that operates at all times with the police. Moreover, people living with mental health challenges may have lives that interplay among multiple systems, including policing and mobile crisis response systems, and it is critical to understand the overarching impacts and how to support their well-being and recovery.

During the Peers Listening Session, participants had overriding concerns about police choosing to use violence and guns as a first resort during a mental health crisis in the Berkeley community and not communication and non-violent tactics to de-escalate the situation. It is further important to gather data about policing behavior and accountability during Mobile Crisis Team calls. Gathering this data is essential to the Reimagining Public Safety Initiative and the Specialized Care Unit for the City of Berkeley and the overlap among systems means we need to include not only these inherently critical pieces but analysis about how the systems interplay and impact people living with mental health challenges and their well-being and recovery.

Overall crisis response to people experiencing mental health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect all of our community members. It is clearly evident that the role of police during a mental health crisis is a turning point for people with mental health challenges in the community and we must thoroughly understand the nature of their police behavior in order to begin healing. It is further important again for people with lived experience of mental health challenges to have restorative justice and reconciliation processes to describe events such as police responses to their crisis and how they can disrupt relationships, social networks and communities, living arrangements, and other mainstays of personal life, as well as to understand when a police crisis response is necessitated for “public safety” reasons in the Berkeley community.

Section 2: Peers and Homelessness

Several participants considered “homelessness” as one of the most pressing public safety issues both in Berkeley and generally. Participants shared their perspectives based on: 1) lived experiences of homelessness in the past; 2) living as a housed person with unhoused neighbors and/or 3) being Peer advocates for partners with housing challenges. One person saw the homeless conditions such as lack of safe water, toilets, rodents and other problems impacting both those housed and homeless. She had mixed feelings about the encampments, particularly given the chaos and havoc at night. Another participant talked about how he “enjoyed living on fringe of society without any accountability, really free, [but said] looking back, I was really incarcerated.” He is now housed.

Generally the participants felt it was “unsafe” to be homeless and even harder for people living with mental health challenges. For people living with mental health challenges and homelessness, one participant described their difficulties: “the ones that have had problems, have gone through what they have gone through, makes [it] harder to want to be in a home...” Another participant further talked about the intricate nature of homelessness, and the intersectional approach necessary to meet the needs of unhoused folks. He was someone who experienced homelessness, as well as mental health and substance use challenges. This participant clarified how organizations may offer a free shower and food to “clean people up;” but are not designed to house people (using a Housing First model); provide wrap-around services; or job training for work.

A third participant talked about how homelessness does not “build healthy [a] community” as you’re “living where you shouldn’t really live,” while another pointed to issues like

“deprivation and exhaustion that these poor people go through.” Potentially further research with people living with mental health and housing challenges could inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed—one person suggested crisis management and conflict resolution. Another person had sympathy for folks’ experiences of homelessness

and having their possessions thrown away. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded.

In addition another participant talked about one of the driving forces of homelessness being the increase of housing prices in Berkeley, saying “gentrification and homelessness...Some people can’t afford to live in a home on their own.” This participant indicated that homelessness is not a challenge that can be met by services alone, but that economic disparity continues to play a role in people becoming unhoused. Another participant echoed this comment by saying, “most homeless people not [the] problem, situation drives it, it’s an economic thing.” He indicated that homelessness cannot be met with social services, but needs to also look at through an economics-informed lens.

A few participants discussed other services that were offered in San Francisco that they did not believe are currently available in the City of Berkeley. One participant liked that “In San Francisco they are doing foot patrol” and indicated it would be helpful to have people who provide services going directly to the unhoused in their community too. Another participant mentioned that in San Francisco “they have peers in the library” and said they liked that idea and that Berkeley might also benefit from having Peers in public spaces where unhoused people congregate. More about San Francisco’s street crisis response, that the participants may have been indicating, can be found here: <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both. It is also important to further understand this intersectional approach as including exploration about the role of race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and potentially other factors.

Although it is indicated that further research is recommended, the Peers Listening session did provide considerable insight on the intersection between mental health challenges and homelessness. The majority of the participants agreed that the most important pressing public safety concern is homelessness. One participant pointed out that “mental health crisis[es] and homelessness are synonymous,” and as such should not be treated as completely independent challenges. Within the challenge of housing insecurity, several other sub-concerns were addressed including: (1) the lack of intervention by systems of safety in Berkeley; (2) economic disparity and increasing housing prices driving long-time residents out of their homes; (3) lack of wrap-around services, and systems of care addressing challenges in isolation instead of as addressing homelessness as a product of other underlying challenges, which are often intersecting and multi-dimensional.

Peers Recommendations

1. The first and most important recommendation is to outreach and includes Peers who have worked on mental health reforms since the 1990s, when this movement began. There are trained Peers in Berkeley who are experts in crisis response, and they would be invaluable to developing responses to mental health crises and supporting the transition to new systems of safety in Berkeley. This role is, especially, crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with mental health challenges in the community—particularly for a non-police crisis response through a Specialized Care Unit. Peer participants discussed the San Francisco Crisis Response Street Team, and how this city is employing Peer Specialists on foot patrol as part of its team.
2. Drop-in and wellness centers for people living with mental health challenges need sufficient funding and staff with full-time Peer Support Specialists where folks experiencing non-threatening altered states and/or mental health crises can move through their crisis in a safe and supported state (in opposition to tactics which aim to shutdown mental health and/or altered states at any means necessary). It would be essential to make drop-in and wellness centers available 24/7 and on holidays, and to make sure there are also Peers involved in the transit from the mental health crisis to the Peer staffed drop-in/wellness center. Peer navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.
3. There is a need to account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges in the community. It is, particularly, important to address the stigmatization of diverse people living with mental health challenges and how the role of these additional demographic characteristics may or may not perpetuate and/reinforce problems during a mental health crisis (including as to the roles of people such as police, fire, mental health clinicians, peer specialists responding in the community). There is a specific need to focus on interviewing diverse people with mental health challenges who are unhoused in order to explore the nature of policing and systemic responses to people, particularly to examine if human behavior is criminalized and/or met with service delivery.
4. There is a further need to account for overlapping systems of care, including medical, mental health, substance use, social services and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the mental health community. Housing-first methods, for instance, are only successful in addressing homelessness if the other factors that contribute to housing insecurity are also addressed such as mental health and substance use services. Overall creating comprehensive wrap-around services may be the key to addressing public safety concerns. Moreover, including people with lived experiences of mental health, substance

use, and homelessness will enable systems to be consumer-informed, and in turn more sustainable in the long term.

5. There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with mental health challenges. It is crucial to consider the nature of trauma-informed, de-escalation and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal and incarcerations involvement due to alcohol and drug use. Specifically there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

PACIFIC CENTER FOR HUMAN GROWTH

LGBTQIA+ Staff/Provider Listening Session⁹

Note: The following information represents an LGBTQIA+ mental health provider's perspective that serves Berkeley and other cities in Alameda County. It is important to note that by-proxy information can be useful in providing context for the systems that LGBTQIA+ people may navigate in order to obtain services, however, it cannot be used to assume the exact lived experiences of the individuals/clients using them.

The Pacific Center for Human Growth

The Pacific Center for Human Growth, or namely the Pacific Center, is a LGBTQIA+ mental health provider serving LGBTQIA+ people, or Queer and Trans people including QTBIPOC, with individual, peer support and community mental health programs and services. The Center is designed to serve LGBTQIA+ people with mild to moderate mental health needs, and not those who are experiencing severe, persistent mental illness or substance use disorder, or in crisis. The Center operates from a Victorian house on Telegraph Avenue south of the University of California in Berkeley, California in Berkeley. Clients and community members come from Berkeley and other cities in Alameda County. Currently the Pacific Center offers a full range of programs and services remotely due to COVID.

The Pacific Center as a Socially Constructed Space

The Pacific Center is well-known as the largest regional LGBTQIA+ mental health provider, including for its physical space located in a Victorian house and

⁹ This report is developed from the Pacific Center's Listening Session and a qualitative interview with a staff member who could not attend that session. Please contact Margaret Fine and Janavi Dyhani with questions or concerns: margaretcarrifine@gmail.com.

the LGBTQ+ and Trans flags flying from outside of it. While the Pacific Center's programs and services are designed to support Queer and Trans people, including QTBIPOC, with their mental health and substance use struggles, there have been incidents in front of the Pacific Center. There has been hate crime by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

In one instance a person burned a flag and punched one of the Pacific Center staff, and they called the police as a result of feeling scared for their safety—although the staff did not want to call. In another instance, a man yelled “You should have bi groups for people like me, for men like me.” He was a community member and upset that the Pacific Center staff did not meet his needs. This man seemed to feel unsafe and marginalized as a result of perceiving the Pacific Center's services as excluding him. The Pacific Center staff felt threatened by people both inside and outside its own community. Likewise a Pacific Center provider mentioned people can feel scared entering a building marked with flags—some even wait in their cars until they enter the building. The socially constructed meaning of the Pacific Center space can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging to people violently challenging the existence and cultural representation of LGBTQIA+ people as a group in the community at-large.

More than one provider talked about the lack of Queer and Trans “safe” spaces in the community at-large, especially for transgender women of color, unhoused, youth and BIPOC. Historically the Pacific Center's service model resembled more of an LGBTQIA+ community center (1980s-1990s). The Center had a men's night and a hotline to call for assistance. Now the Pacific Center is closer to a mental health

and medical model, although one person mentioned interest in a hybrid model. There is a further need to know more about how organizations, outside of the Pacific Center, can support and respect Queer and Trans people, and ways that they can be educated to include LGBTQIA+ community members and groups—from posting material in organizational settings to hiring experienced people from the Queer and Trans community, particularly for QTBIPOC. It was noted the Berkeley Wellness Center has not created time/space for Queer and Trans groups

Crisis Response/Intervention, De-Escalation and the Presence/Role of Police

The Pacific Center staff had several comments and recommendations about crisis response and the presence/role of police:

This LGBTQIA+ provider listening session highlighted the critical need to have a nuanced understanding about how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them. Specifically the providers discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, or further escalation of a crisis due to the presence or role of the police.

One provider described how crisis response with police presence made her immediately think of trauma, including for everyone involved. She stated, “I think of families, traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients...” She further commented about how people are resistant to services because of traumatic experiences, and how they need a calm, peaceful approach to addressing crisis and to abide by the ethical standard, “do no harm.” She mentioned it may require a lengthy time period to unpack the trauma.

In addition there was also a provider who dreaded if police were present and thought they tend to escalate a situation for a person who is feeling fearful and unsafe. Another provider commented that it takes time to de-escalate a crisis by talking to someone

in order to calm down at the scene, particularly so people in crisis do not perceive the team as seeking to incarcerate or institutionalize them. This provider described the “need to get rid of the urgency” or the notion of an “immediate solution” during the crisis response. The provider discussed how they should not immediately think about removing the person from public space, and avoid “twisting” the situation into a public safety and policing issue. Overall the provider stated there is a need for a “triage” approach to crisis management and not “moving from 0 to 60” in record time. This provider also had concern about how the “urgent” approach was “rubbing off” on the crisis management team/mobile crisis team.

One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help. There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

This provider further brought up an important note that providers with lived experience similar to clients they serve (in this case Queer and or/Trans BIPOC provider serving diverse Queer and/or Trans clients) may also be shielding their clients from the police based on their own lived experiences. The provider brought up the importance of intersectionality when talking about police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members.

Moreover, the provider recommended that crisis response workers have an accumulation of direct experience with Queer and Trans people including

QTBPOC. In this regard, one provider gave an example about how there is a need for a crisis team member to recognize a meth-induced episode, and understand the cycle of peaking and coming down in order to inform the crisis response, including to know the options for follow-up and the next step in care. The provider mentioned Herrick and John George will not individuals for substance use treatment.

One provider also commented on how diverse crisis team members can provide multiple opportunities for a person in crisis to: 1) gravitate towards one person and 2) feel a sense of safety, human connection and community. Some of the recommendations for crisis team members included people with different identity markers, lived experiences, and professional training (such as an EMT, peer support specialist, and a mental health clinician—noting that developing the critical rapport is not necessarily tied to education).

A provider added that having “a few different eyes to have different perspectives” can allow for assessing and consulting continually to help the person in crisis to feel safe and calm down. Another provider mentioned how peer support specialists are “great at telling when someone is triggered,” building rapport and being a role model for change, particularly when they represent the community served—and do not misgender people and create emotionally damaging experiences. Another provider recommended that the Specialized Care Unit, a non-police crisis response program, should be as separate from the police as possible. It was recommended to house the SCU in a human services department or other city department and not the Berkeley Police Department.

“Public Safety”

Note: Providers cannot represent their clients’ perspectives in determining the most pressing “public safety” concerns in our community. One provider pointed this out by

saying, “I think that one of the most important factors is group determination, or rather the group’s ability to determine what feels like safety as a group. The violence is systemic, and the group must hold responsibility for telling us what the issues are, and what would be helpful solutions, to feel safety.” The upcoming listening session with LGBTQIA+

community members will likely provide better understanding about the most pressing “public safety” concerns.

In terms of violence being a threat to “public safety,” this provider talked about the two kinds of violence currently inhibiting “safety” for the LGBTQIA+ community: “There is hot and cold violence happening for LGBTQ folx and most marginalized Black and Brown people, especially Trans Femme Black and Brown people—most susceptible.” This provider was able to define the terms “hot violence” and “cold violence” as the following:

Hot violence is immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.

Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional micro aggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.

On the topic of intersectionality, one provider explained the importance of factoring in additional identity markers by saying “it is hard to conceptualize intersectionality, especially to understand how Queer Black women are different from Queer women and from heterosexual normative women. If you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world—changes everything.” Given this perspective, it is important to ensure diverse Queer and Trans community members have the opportunity to define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other identity markers in order to understand the impacts of policing and notions of “public safety”—which is different from solely racial, ethnic and heterosexual norms.

“Public Safety” as Having Resources and Support to Meet Basic Human Needs

In this Queer and Trans Listening Session, the providers discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and a stable life existence. Like many of the other providers, this provider recommends that the way to make Berkeley safer “is not rooted in police surveillance but rather rooted in resources and access to them.” Access to resources was a clear emerging theme when talking about the topic of “public safety” in order to create a sense of security for LGBTQIA+ people in Berkeley. One provider saying “The main point is to have resources so that there is a way to decrease people from feeling unsafe”.

Wraparound Services

The Pacific Center providers further talked about basic needs in terms of food security, housing, mental health, substance use, wellness, wraparound services. There was a discussion about what constitutes wraparound services, and efforts to fully provide them. One provider referred to formally working at GLIDE where they had food, a free clinic, health services, acupuncture, and housing vouchers. One provider mentioned the term “wraparound” may be a misnomer; that it may mean referrals; and that organizations are pressured to use the term. It was also acknowledged that substance use is a significant problem in the Queer and Trans community, and that emergency rooms cannot provide tailored care for substance use problems.

Housing and Homelessness

In addition one provider further noted that Queer and Trans people will arrive on the Pacific Center’s front porch from other states and need support to find housing. The provider described the individuals as very vulnerable and marginalized, and shelters as not designed for low-income, non-binary and transgender people. The staff mentioned how Queer and Trans people need a sense of autonomy and agency in order to feel safe in a shelter environment, and choosing a women’s or men’s side

of a shelter does not necessarily respect gender, much less prevent discrimination against non-binary, transgender people. (Note: There may also be gay, lesbian or bi-sexual people with another perspective, and it is noted that gender identity and expression are not separate or mutually exclusive from sexual orientation. A transgender person may also be gay, lesbian or bi-sexual.) In fact, one provider further described how police can raid encampments, which is very stressful and creates trauma, and results in more instability for the unhoused population than any sense of protection.

Moreover, it seemed people are not having a seamless entry into the government systems designed to serve them, and the Pacific Center does not have case management services to guide them in an ongoing, consistent relationship to meet these needs. The staff discussed how they’re understaffed, there are more referrals than staff available, and they’re under resourced for serving the Queer and Trans community. Sometimes they indicated it can prove difficult to connect to case management services in the wider community. Ultimately, the provider indicated LGBTQIA+ people may use an emergency room for ongoing services. They may also potentially become destabilized from being “pushed around” as a result of emergency room visits with no continuity of care and vulnerability to experiencing crisis—particularly for low-income, unhoused QTBIPOC.

We spoke to Queer and Trans mental health and community program professionals who are trained and educated to guide clients in navigating these systems; however they also described the systems as “not really clear” and that there are “blockages” due to grant specifications, which can deny service delivery to people who need them. Specifically, there were frustrations with how the narrow grant criteria could eliminate access to services for a person that is nominally above the income eligibility line. Other difficulties reflected the challenges that vulnerable, marginalized LGBTQIA+ people face when attempting to navigate intricate systems that are designed, ostensibly, to provide for their needs.

It is noted that there is considerable need for mental health workers, such as peer navigators, who can directly guide clients in navigating these systems—

particularly given the shortage of case management services available from CBOs in the community at-large.

Ultimately, as one provider mentioned, collaboration among service providers is key in to become a more well-integrated system with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

It is important to do a follow-up listening session with the Queer and Trans populations as providers can shed light on critical issues they are unable to speak on their clients behalf. Further it is important to move forward with reforms using an intersectional lens that accounts for the overlapping and intersecting identity markers, which create inequities, disparities and systems of oppression for Queer and Trans people of color.

Gender-Based Violence Subcommittee Report

Reimagining Public Safety Task Force, City of Berkeley

November 2021



“Gender-based violence is endemic in our communities. In the United States, about one in four women and nearly one in ten men reported being impacted by sexual violence, physical violence, and/or stalking by an intimate partner. Globally, one in three women across their lifetime are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner.”¹

¹ <https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf>

Overview

This subcommittee formed to identify the needs of community members who often face the most barriers when seeking help and safety. Historically, intimate partner violence, also called “domestic violence” or “domestic abuse,” was treated as a personal problem or family dispute. This view dismissed the community’s role and obligation in addressing these issues. In the last few decades, federal and state laws have passed, including the Violence Against Women’s Act (VAWA), to recognize the role the government must play in preventing and intervening in gender-based crimes. In October of 2021, the first ever report was released by the Biden/Harris Administration on a national strategy to address gender equity and gender equality.

And change starts here, at the community level. The City of Berkeley (the City) is uniquely situated to address gender-based violence in innovative ways. Berkeley has been seen as a place of change and progress, home to students, thought leaders, and academic experts at UC Berkeley, as well as its proximity to experts who call the Bay Area home. This subcommittee offers a number of recommendations that fall squarely within the City’s reimagining priority areas, including domestic violence prevention, restorative justice programs, housing and homelessness services, and expanding partnerships and community organizations.”²

Information Gathered

This subcommittee hosted two listening sessions for providers who serve domestic violence, human trafficking, and sexual abuse survivors. The first listening session, hosted in September of 2021, focused on alternative non-police responses—eight organizations were represented at this session. The second session was hosted in October of 2021 and focused on police response—three organizations were represented. It is important to note that this subcommittee did not host any listening sessions specifically for victims and survivors. Because of the COVID-19 pandemic, the subcommittee was not confident in its ability to provide a safe remote space. The subcommittee erred on the side of caution and instead hosted spaces for providers to share their ideas, on behalf of the clients they serve. This subcommittee strongly believes that any work done by the City in this area, must be done in partnership with providers, who can help facilitate direct feedback from victims and survivors in a safe and supportive way.

In addition, subcommittee members reached out to the Berkeley Police Department for information on existing policies, and training. Specific questions were sent by this subcommittee to the department. Those questions and the department’s responses are included at the end of this report (see Appendix). All information gathered from this subcommittee, along with the expertise of subcommittee members, form the basis for the recommendations provided below.

Recommendations

All recommendations put forth by this task force should be centered around the needs of people in our community. This means that people in our community need options to choose from to

² [cite City resolution]

address their well-being and safety. Victims and survivors of domestic violence, human trafficking and sexual abuse can experience a number of barriers in accessing help and justice. Providing a range of options will ensure that these barriers do not prevent someone from achieving safety.

Barriers include:

- Limited or no English proficiency
- Impact of trauma
- Systemic racism and colonization
- Discrimination based on gender identity or perceived gender identity
- Discrimination based on sexual orientation or perceived sexual orientation
- Lack of affordable housing and access to other basic needs
- Being unhoused
- Fear of immigration consequences
- Lack of behavioral health resources
- Stigma and victim blaming

Prevention and Intervention: Non-Police Response Recommendations

Recognizing that some people will not look to the police for help, the City should provide alternative services for community members seeking help. The City should also invest in prevention efforts.

This subcommittee proposes the following to address prevention and non-police intervention and resources (estimated costs on page 8):

1. **Increase the capacity of community-based organizations** serving Berkeley residents, students, and employees by providing additional funding. The City should consider providing grants to various organizations. Funding should be flexible so providers can decide the best way to support victims and survivors. This would include using funds for housing, childcare, transportation, and other crucial resources.

Rationale: Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.

2. **Train and provide technical assistance to faith-based leaders** on domestic and family violence issues.

Rationale: Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place³ in Oakland, and Korean Family Services in Los Angeles⁴. The latter has trained over 1700 faith leaders in the last 10 years.

3. **Provide services for people who cause harm.**

Rationale: While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.

4. **Prevention education for K-12 to provide, and coordinate prevention work**

Rationale: Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.

Intervention: Police Response Recommendations

The Yurok word for police translates into “they take people”⁵ illustrating the deep distrust certain communities have not only with the police, but the police as an arm of the government that colonized, enslaved, and took their children. To move forward, this subcommittee recommends strengthening the relationships of those most impacted by police action and most in need of safe intervention. Specific actions that the Berkeley Police Department and the City should take include the following (estimated costs on pages 8–9):

1. **Provide City leadership to host regular meetings and coordinate services.** The City should create a forum for service providers, advocates, community members and response teams (police department, mental health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City

³ <https://www.asafeplace.org/>

⁴ <https://www.kfamla.org/upage.aspx?pageid=u06>

⁵ <https://www.theguardian.com/us-news/2020/sep/25/california-native-american-women-police-violence>

leadership should also participate in county-wide efforts, like the Family Violence Council in Alameda County⁶

Rationale: Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.⁷ Outreach should be done to ensure that BIPOC leaders are at the table.

2. **Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws.** Countywide coordination will be needed to implement Senate Bill 320⁸, which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders.

Rationale: Starting January 1, 2022, local courts will be required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement would have to take all necessary actions to obtain the identified firearms or ammunition.

3. **At least once a year, update the police department's domestic violence policies and victim resource materials,** in consultation with domestic violence and community providers.

Rationale: California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

4. **Regular domestic violence and trauma-informed training for officers, dispatch and any community-based officer** who responds to 911 or non-emergency calls. These trainings should be designed in partnership with community-based providers so that the

⁶ The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: [http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

⁷ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

⁸ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Rationale: Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.

5. **Victim resources should be in plain language and translated** into multiple languages, including, but not limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.⁹ Other languages that are spoken in Berkeley should also be included.

Rationale: Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.

6. **Domestic violence should be screened** for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect's relationship to one another.

Rationale: This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.

7. **A female officer (over a male officer)** should be provided to interview, examine, or take pictures of an alleged victim, at the alleged victim's request.

Rationale: This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. **Police response to DV calls should be accompanied or coordinated with a DV advocate.** This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response.

Rationale: This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act

⁹ These languages represent the top five languages spoken in the Bay Area and California. At a minimum, victim resources should be translated into these languages.

as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).

Conclusion

Investments by the City to address gender-based violence could have a profound impact on the community, not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. While this report in no way represents a complete list of actions the City could take to address gender-based violence, the subcommittee believes that these recommendations represent a significant step in the right direction. Of course, more information and input is needed, especially to address the impact of structural racism on victims, survivors and those that cause harm, as well as the experiences of LGBTQ+ members of our community. Forging partnerships and building meaningful community engagement will help support a response that is centered around the needs of the people.

Special thanks to the people who show up every day for victims and survivors. And many thanks to the organizations and individuals who participated in the listening sessions. Your time and expertise were crucial to this process. We could not and cannot do this work without you all.

Subcommittee members (in alphabetical order):

boona cheema

Barnali Ghosh

Frances Ho

Recommended Costs	
Prevention and Intervention: Non-police response	
<p>1. Increase the capacity of community-based organizations</p> <p>(Fund 3-4 organizations to provide the services and resources mentioned on page 2.)</p>	\$500,000
<p>2. Training and technical assistance for faith-based leaders</p> <p>(This amount would be used to hire consultants to provide training and resources or provide funding directly to a number of faith-based organizations to hire experts directly).</p>	\$50,000
<p>3. Services for people who cause harm</p> <p>(Fund 2-3 organizations to provide services to people who cause harm (see #3 on page 3).</p>	\$150,000
<p>4. Prevention education for K-12 to provide, and coordinate prevention work</p> <p>(Fund one full-time person to increase prevention education by developing curricula and coordinating with all schools in the Berkeley School District. This would include working with student groups from Berkeley High School to develop peer-based education.)</p>	\$125,000
Intervention: Police response	
<p>1. City leadership to work on gender-based violence issues, including leading a forum for community providers and members.</p>	In-kind from the City
<p>2. Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws</p>	In-kind from police department and the City

3. Update DV policies annually and as needed.	In-kind from police department
4. DV and trauma-informed training	\$5,000 for contracted speakers In-kind from police department
5. Translation of DV resource cards into multiple languages (Cost to translate resource cards and other materials into at least five most common languages.)	\$15,000 (<i>one-time investment with some funding needed to update resources</i>)
6. Screen for domestic violence for every call for help	In-kind from all responding agencies
7. Female officer available	In-kind from police department
8. Advocate to accompany DV call and provide crisis intervention	\$125,000 (two advocates at 0.5FTE)
Total	\$970,000

Appendix

Questions to Berkeley Police Department (BPD) from GBV subcommittee of Reimagining Public Safety Task Force

1. When an alleged victim or suspect needs language assistance, who provides interpretation?

BPD response: When an alleged victim or suspect needs language assistance, we first look to fellow officers for translation services. The Berkeley Police Department employs officers and other department personnel that speak many different languages - about 12 different languages are spoken. Berkeley Police Officers also use the AT&T “Language Line” for languages that are not spoken by fellow officers/Berkeley Police employees. When an exigency exists, officers also use family members and/or friends to translate, where appropriate.

2. If an alleged victim or suspect needs language assistance, is this noted in the police report, including the language spoken and who provided interpretation?

BPD response: Berkeley Police officers document when an alleged victim or suspect requires language assistance in their police reports. The documentation also includes what language the victim or suspect speaks, and who provided the translation. The Domestic Violence supplemental report specifically asks the officer to document whether the victim/suspect has difficulty with English, and if so, what language is preferred. The report also has a field for the officer to input who provided translation.

3. Are resources, like domestic violence pamphlets and resource cards, translated into different languages? If so, what languages?

BPD response: The Berkeley Police Department stocks Victims of Crime Resource pamphlets and Marsy’s Rights cards in Spanish.

4. If an alleged victim is unhoused and does not have a phone, how does the department contact the victim if follow-up is needed?

BPD response: When an alleged victim is unhoused and does not have a phone, officers will try to obtain alternate means of communication for the

victim (e.g. email account, social media accounts, etc.). If the alleged victim does not have any means of contact, officers will try to obtain information about where the victim will be staying so that personal contact can be made by detective(s) conducting follow-up investigation. Patrol officers are often very knowledgeable about where specific victims live or areas they frequent. Officers are diligent about documenting various ways - unique to every victim - to contact them.

5. Can you provide a copy of any pamphlet or brochure that is provided to an alleged domestic violence victim by responding officers?

BPD response: [Pamphlet/brochures provided to DV victim] See attached.

6. How often does the department update its domestic violence policies?

BPD response: The Berkeley Police Department does not currently have a set revision schedule for updating its Domestic Violence policy and related policies. The Berkeley Police Department just migrated its policies to Lexipol. Policies are updated as revisions are needed. The DV policy was last updated October 5, 2018.

7. Are domestic violence advocacy groups consulted when the department updates its internal domestic violence policies?

BPD response: No, a domestic violence advocacy group was not consulted when the department updated its internal domestic violence policies. Per city protocol the domestic violence policy was written in conjunction with the Police Review Commission (now the Police Accountability Board). However, we are in weekly collaboration with our domestic violence advocate at the Family Justice Center. She helps coordinate all aspects of care and resource procurement for victims.

8. Does the department use the relationship between the alleged victim and suspect to indicate that a case involves DV allegations? For example, in some cases the alleged violation per the penal code would not reveal that the case involves DV, but knowing that the

parties are married or in a dating relationship would (e.g. PC 422, false imprisonment, annoying or harassing phone calls).

BPD response: Yes, the Berkeley Police Department uses the relationship between the alleged victim and suspect when investigating reports of criminal violations. The Department treats all reports of criminal activity seriously, however, those involving intimate partner violence are of particular concern due to the elevated emotional component and frequent volatility of such incidents. Domestic abuse/violence incidents tend to repeat and intensify in nature if the cycle of violence is not interrupted.

9. What training do responding officers and specially assigned detectives receive in the areas of domestic violence, sexual assault and human trafficking? How often is this training provided? Please provide examples of topic areas and the provider of the training, if possible.

BPD response: If the DV subcommittee is interested in topics that are trained for sexual assault and/or human trafficking we could work on this information in the future. Domestic Violence Related training topics for Officers and Detectives:

Academy POST Training:
 Domestic Violence related laws
 Batterer and victim characteristics
 Victim Protections
 Types of court orders
 Emergency Protective Orders
 Support Services for Victims
 Reporting and Documentation

POST ICI Domestic Violence Investigations:
 Search Warrants
 Stalking
 Strangulation
 DA Presentation
 Equality, power and control, abusive relationships
 Power and Control for Lesbian, gay, bisexual and Trans Relationships
 Abuse in Later life
 People with Disabilities in Partner Relationships

Impact on Children
DV Injuries
Officer Involved DV
Lethality



**RECURSOS PARA VÍCTIMAS
DE CRIMEN**

14

RECURSOS PARA VICÍMAS DE CRIMEN

Arresto Policial

El Departamento de Policía de Berkeley se compromete a proteger a las personas que sean víctimas de un crimen, incluyendo Violencia Doméstica. Los agentes policiales consideran la Violencia Doméstica como conducta delictuosa, cual se investigará como cualquier otro crimen. En los casos de delitos mayores o lesiones graves, el agente policial puede efectuar un arresto del sujeto en base al motivo fundado de que el sujeto cometió el delito.

Arresto Ciudadano

Bajo ciertas circunstancias, los agentes policiales no pueden efectuar un arresto directamente, pero le deben pedir hacer el arresto ciudadano (excepto en los casos de Violencia Doméstica) al agente policial. Una persona particular puede arrestar a otra por un crimen cometido en su presencia. El agente pondrá bajo custodia al sospechoso cuando exista motivo fundado.

ATENCIÓN: La persona sujeta a la acusación puede depositar una fianza o ser puestos en libertad con una citación. Las víctimas no deberán depender en el arresto como garantía de su propia seguridad.

Presentar Cargos

Usted tiene el derecho de pedirle al Fiscal que entable una denuncia. Al siguiente día hábil después de su denuncia a la policía, debe comunicarse con la División de Investigaciones al número escrito en su recibo del informe. Es muy importante que haga esto sin importar si el sospechoso haya sido arrestado.

En casos de Violencia Doméstica el Fiscal toma la decisión final para decidir si se presentan cargos o no en contra del agresor.

Usted tiene el derecho de que el Fiscal lo(a) escuche, y el derecho de pedirle al Fiscal que presente una denuncia penal.

Oficina de la Fiscalía del Condado de Alameda (510) 268-7500
Defensor de Víctimas de Violencia Familiar (510) 268-7276
de la Fiscalía

INFORMACIÓN LEGAL

Programas de Asistencia para Víctimas

La oficina de la Fiscalía del Condado de Alameda tiene personal que puede brindarle información y asistir a víctimas de crímenes.

Fiscalía del Condado de Alameda – Servicios para Víctimas y Testigos
1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
(510) 272-6180

Centro Familiar de Justicia del Condado de Alameda
470 27th St., Oakland, CA 94612 (510) 267-8800

La Oficina de la Fiscalía también tiene un Defensor de víctimas que le puede brindar información sobre el estado de casos penales. Se puede comunicar con la Oficina de la Fiscalía al (510) 268-7276.

BPD – Violencia Doméstica y Agresión Sexual

El Departamento de Policía de Berkeley tiene un equipo de Detectives y un Defensor de Víctimas que le puede brindar información sobre el proceso judicial y ofrecerle asistencia adicional.

Detective de Violencia Doméstica (510) 981-5736
Defensor de Violencia Doméstica (24 horas) (510) 757-5123
Detective de Agresión Sexual (510) 981-5735

Información para Víctimas y Notificación Diaria (VINE por sus siglas en inglés)

Para averiguar si un agresor está bajo custodia en el estado de California o para que se le notifique cuando un agresor es puesto en libertad, llame (877) 411-5588. Necesita un teléfono con teclado. También necesita saber el nombre de la persona que se encuentra bajo custodia.

Las víctimas no deberán de confiar en esto para garantizar su propia seguridad.

Visa U

La Ley Federal creó la Visa U para animar a víctimas de crímenes sin ciudadanía a cooperar con agencias del orden público proporcionándoles protección de deportación y un camino para obtener una Tarjeta de Residente Permanente. Puede encontrar más información en el sitio web del Departamento de Justicia de California Oficina de la Procuraduría www.oag.ca.gov al igual que en el sitio de Servicios de Ciudadanía e Inmigración de los Estados Unidos (USCIS por sus siglas en inglés) www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

Visa T

La Visa T le permite a víctimas de trata severa de personas permanecer en los EE.UU para ayudar a las autoridades con su investigación. Puede encontrar más información en el sitio web de Servicios de Ciudadanía e Inmigración de los Estados Unidos www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

INFORMACIÓN – ORDEN DE RESTRICCIÓN

Si lo han amenazado, acosado o agredido, puede solicitar un Orden de Restricción. Si el agresor es o fue su esposo(a), pareja o con quien tiene hijos en común, puede solicitar una “Orden de Restricción por Violencia Doméstica.” Si está casado(a) con el agresor, no tiene que obtener un divorcio para obtener una Orden de Restricción. Si el agresor es un vecino, amigo, o conocido, puede pedir una “Orden por Acoso Civil.” Hay un cobro por una Orden de Restricción por Acoso Civil. Si usted es de bajos recursos, puede solicitar una exención de pago.

Como solicitar. Puede solicitar una Orden de Restricción en el:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA

Puede obtener los documentos e instrucciones detalladas en el Tribunal o en línea www.courts.ca.gov. El Defensor de víctima al (510) 757-5123 o Centro de Derecho de Violencia Familiar al (800) 947-8301 también puede asistirle a obtener una Orden de Restricción por Violencia Doméstica.

Costo. No hay costo para obtener una “Orden de Restricción por Violencia Doméstica.” Sí hay costo para obtener una “Orden por Acoso Civil.” Si usted es de bajos recursos, puede solicitar una exención de pago. No necesita un abogado para obtener una Orden de Restricción, pero sí es buena idea tener uno si tiene uno disponible

¿Cuánto tiempo toma para obtener una Orden de Restricción?

Es posible obtener una Orden de Restricción Temporal dentro de 24 horas, o puede tomar hasta una semana. Es importante comenzar temprano el proceso para obtener una Orden de Restricción a largo plazo. Si el agente policial le da una “Orden de Protección de Emergencia”, no espere hasta que se venza esta Orden antes de solicitar una Orden de Restricción a largo plazo.

¿Qué hace una Orden de Restricción?

1. Ordenar al acusado mantenerse a cierta distancia de usted, su familia, y/o miembros de su hogar.
2. Ordenar al acusado a mantenerse alejado de su casa, sitio de trabajo, casa de su familia, sitio de escuela/guardería de sus hijos, y si es necesario alguna otra dirección.
3. Ordenar al acusado a mudarse de su casa o departamento, aunque el nombre del acusado se encuentre en el contrato de alquiler o sea copropietario.
4. Que se le de custodia de sus hijos y exigir una orden de visitas.
5. Ordenar Manutención para sus hijos.
6. Ordenar al acusado que no acose, maltrate o se comunique con usted, su familia o miembros de su hogar.
7. Que se le dé uso de cierta propiedad.
8. El reembolso por la pérdida de ingresos y/o el gasto real causado directamente por la violencia como cobros médicos y daño a propiedad.
9. Ordenar al acusado que pague ciertas deudas.
10. Ordenar el acusado que cumpla con un programa de intervención para agresores de 52 semanas.

ATENCIÓN: No se puede hacer cumplir una Orden de Restricción hasta que sea emplazada, que significa que se le ha notificado al acusado en persona, en el tribunal o por un agente policial que están sujetos a una restricción.

Guarde la Orden de Restricción consigo.

Si usted obtuvo una Orden de Restricción la cual le prohíbe al agresor pegarle o acosarlo(a), y el agresor a sabiendas quebranta la Orden, pueden ser arrestados y en la mayoría de los casos encarcelados. A pesar de que el Departamento de Policía debe de tener su Orden de Restricción en el sistema de datos, es extremadamente importante que guarde una copia de su Orden de Restricción y Comprobante de Emplazamiento (Proof of Service) consigo en todo momento.

¿Qué debe hacer si el acusado quebranta la Orden de Restricción?

1. Llame a la Policía.
2. Pida que se prepare un informe formal, aunque se haya ido el acusado.
3. Si se le emplazó la Orden de Restricción al acusado y el(ella) sigue ahí cuando llegue la policía, pueden ser arrestados.
4. Comuníquese con la División de Investigaciones de BPD al próximo día hábil después de su denuncia policial para informarse sobre el procesamiento de su caso por el quebrantamiento de la Orden de Restricción.

Demandando al agresor

Usted puede tener el derecho a demandar al agresor en el tribunal civil aparte de presentar cargos penales. Si usted perdió ingresos, acumuló cobros médicos, tuvo daños de propiedad, u otras pérdidas debido al abuso, puede consultar con un abogado. Comuníquese con el Servicio de Recomendaciones de Abogados del Condado de Alameda (510) 302-2222.

LESIONES

Puede ser que encuentre más lesiones o el empeoramiento de lesiones después de que se haya ido la policía o de cuando tomaron su denuncia.

Por ejemplo, durante los días después de la agresión se pueden marcar más los moretes. Los Detectives le pueden pedir que se tome más fotos de sus lesiones.

ESTRANGULACIÓN

La estrangulación puede causar lesiones internas graves y se les sugiere a las víctimas que inmediatamente busquen atención médica. Infórmele al agente o al personal médico si el agresor lo(a) estranguló o trato de sofocarlo.

INFORMACIÓN DE AGRESIÓN SEXUAL

Como Pedir Ayuda.

La agresión sexual es un crimen grave y emocional. Puede implicar a alguien que usted conoce o a un desconocido. El denunciar una violación o agresión sexual a la policía puede ser una decisión difícil. Para recibir ayuda y orientación, llame al Centro de Crisis de Violaciones.

BAWAR (Bay Area Women Against Rape) –Mujeres contra la Violación
470 27th St., Oakland, CA 94612 24 horas al día (510) 845-7273

Centro de Justicia Familiar del Condado de Alameda
470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network)
(Red Nacional de Violación, Abuso e Incesto) (800) 656-4673

VÍCTIMAS DE AGRESIÓN SEXUAL: DERECHOS

Esta información se le debe proporcionar por escrito a las víctimas de agresión sexual antes de la investigación.

Como víctima de agresión sexual tiene los siguientes derechos específicos a la agresión sexual:

No se le requiere participar en el sistema judicial ni de reportarlo a la policía.

Tiene el derecho de tener un terapeuta/defensor de víctimas y por lo menos a una persona de apoyo que usted escoja que esté presente durante la examinación médica forense, examinación física, o entrevista de investigación a raíz de la agresión sexual. Los Terapeutas/Defensores de víctimas de agresión sexual están inmediatamente disponibles 24 horas al día.

No se le obliga participar en una examinación médica física o probatoria.

Las pruebas forenses de agresión sexual serán examinadas y analizadas en el laboratorio a menos que la víctima pida que no se examinen las pruebas.

Las víctimas pueden recibir información sobre los resultados de análisis de todas las pruebas forenses de agresión sexual del hospital que está llevando a cabo el examen o del Departamento de Policía de Berkeley.

Tiene el derecho de pedir que el agente policial sea hombre o mujer cuando lo entrevisten.

Las pruebas de agresión sexual se deterioran con el tiempo. Con el paso del tiempo podría ser imposible recuperar pruebas biológicas. Las pruebas biológicas se deben de recopilar y preservarse lo antes posible.

Las pruebas forenses de agresión sexual se conservan por 20 años por lo menos. Si la víctima es menor de 18, se conservan hasta que la víctima cumpla 40 años.

Tiene disponible Ordenes de Restricción y Ordenes de Protección y también en este folleto se incluye información de cómo recibir ayuda y obtenerlas.

Como víctima de un crimen, también tiene los derechos tal y como se describen al final de este folleto bajo **DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY.**

Si tiene la intención de denunciar una violación o agresión sexual a la policía:

1. Ayuda preservar las pruebas. No se bañe, no use la ducha vaginal, no se cambie ni lave su ropa. Tampoco cambie nada en el lugar donde sucedió la agresión.
2. Comuníquese con la policía lo antes posible para que lo puedan llevar al hospital y preparar un informe.
3. Aunque la policía preparará un informe detallado, usted les puede pedir que su nombre no se incluya en la parte pública del informe.
4. Tiene el derecho de tener un Defensor y una persona que usted elija de apoyo durante su examen en el hospital y durante la interrogación policial.

RECURSOS EN LA COMUNIDAD PARA VÍCTIMAS

Servicios de Emergencia.

Los Terapeutas de Violencia Doméstica están disponibles 24 horas al día si necesita terapia profesional por situación de crisis, reubicarse de emergencia a un lugar seguro, buscar un plan de seguridad, o para obtener información sobre orden de restricción. Se puede comunicar con el equipo de respuesta móvil FVLC (Centro de Derecho de Violencia Familiar por sus siglas en inglés) al (800) 947-8301.

Asistencia Legal

Family Violence Law Center (FLVC)	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Refugios y Líneas Directas

A Safe Place	(510) 536-7233
	(510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT
	(866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women’s Shelter	(415) 924-6616
Asian Women’s Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE
	(800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Consejería para los Sobrevivientes

Ser víctima de un crimen puede ser extremadamente difícil y traumático. Es muy importante que obtenga el apoyo necesario para cuidarse. Las siguientes agencias proporcionan asesoría y asistencia.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233
Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clínica de la Raza (Español)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Asesoría para Niños

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children’s Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Asesoría para Agresores

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

JUNTA DE COMPENSACION PARA VICTIMAS DE CALIFORNIA

El Estado de California le puede pagar a las víctimas de crimen o sus dependientes los gastos relacionados a actos criminales. Este Programa de Compensación para Víctimas de California le podría pagar los siguientes gastos:

- Tratamiento medico y dental
- Servicios de salud mental
- Reubicación por su seguridad
- Seguridad en el hogar
- Pérdida de ingresos

ATENCIÓN: El Programa de Compensación para Víctimas de California no puede pagarle gastos por daños a la propiedad.

Para obtener más información sobre este Programa o para obtener una solicitud por favor llame al:

Programa de Compensación para Víctimas de California

Estado de California	(800) 777-9229
Condado de Alameda	(510) 272-6180

Programa para asistir a Víctimas/Testigos Fiscalía del Condado de Alameda

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Centro Familiar de Justicia de Condado de Alameda
470 27th Street Oakland, CA 94612 (510) 267-8800

DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY.

La Constitución de California, Artículo 1, Sección 28, confiere ciertos derechos a víctimas de crimen, según lo define la ley. Los derechos son:

1. Justicia y Respeto

A que se le trate con justicia y respeto a su privacidad y dignidad, no ser intimidado, acoso y abuso, durante todo el proceso penal o el proceso jurídico de menores.

2. Protección del acusado

A que se le proteja razonablemente del acusado y las personas que actúen en nombre del acusado.

3. Consideración de la Seguridad de la Víctima para Fijar Fianza y Condiciones de Libertad

A que se considere la seguridad de la víctima y de los familiares de la víctima al momento de fijarse el monto de la fianza y las condiciones de la liberación del acusado.

4. Evitar la Divulgación de Información Confidencial

A evitar la divulgación de información o registros confidenciales al acusado, al abogado del acusado o cualquier persona que actué a nombre del acusado, que se pudieran utilizar para ubicar u hostigar a la víctima o la familia de la víctima, o que divulgaran comunicaciones confidenciales llevadas a cabo durante el tratamiento médico o de consejería, o que de otra forma se consideren privilegiados o confidenciales ante la ley.

5. Rechazar una entrevista por parte de la Defensa

A reusarse a una entrevista, declaración o petición de revelación de pruebas de parte del acusado, del abogado del acusado o cualquier persona que

actúe en nombre del acusado, y a establecer condiciones razonables para llevar a cabo dicha entrevista en caso de que la víctima acepte.

6. Consultar con la Agencia Acusadora y Notificación de la Resolución antes del Juicio

A recibir aviso razonable y a consultar razonablemente con la agencia acusadora, por solicitud, en cuanto al arresto del acusado si el procurador lo conoce, los cargos presentados, la decisión de extraditar al acusado y, de ser solicitadas, a que se le notifique e informe antes de cualquier resolución previa a un juicio del caso.

7. Notificación y Presencia en Procesos Judiciales

A recibir aviso razonable de todos los procesos judiciales públicos, incluyendo los procesos judiciales de delincuencia, de ser solicitado, en los que el acusado y el procurador puedan estar presentes, y de todos los procesos judiciales de libertad condicional u otras liberaciones posteriores a la condena, y a estar presente en esos procesos judiciales.

8. Presencia en Procesos Judiciales y Expresión de Opinión

A que se le escuche, de ser solicitado, en cualquier procedimiento, incluidos procedimientos de delincuencia, que incluyan una decisión de liberación tras el arresto, alegato, sentencia, decisión de liberación tras la condena, o cualquier procedimiento en el que esté en juego un derecho de la víctima.

9. Juicio con celeridad y Conclusión Inmediata del Caso

A un juicio sin demora y a una conclusión inmediata y final del caso y cualquier proceso relacionado tras la imposición de la condena.

10. Proveer Información al Departamento de Libertad a Prueba

A brindarle información a un oficial del departamento de libertad a prueba que realice una investigación previa a la imposición de pena sobre el impacto del crimen en la víctima y la familia de la víctima, y cualquier recomendación de la pena antes de su imposición al acusado.

11. Recibir el Informe Previo a la condena

A recibir, de ser solicitado, el informe previo a la condena disponible para el acusado, excepto aquellas partes que sean legalmente confidenciales.

12. Información de la Condena, Pena, Encarcelación, Libertad, y Escape

A recibir información, por solicitud, de la condena, la pena, el lugar y la hora de encarcelamiento u otra resolución del acusado, la fecha programada de liberación del acusado y la liberación o el escape del acusado de la custodia.

13. Indemnización

- A. Es la intención inequívoca del pueblo del estado de California que todas las personas que sufran pérdidas como resultado de actividad criminal tengan derecho a buscar y asegurar la indemnización de las personas condenadas por los crímenes que causaron la pérdida que han sufrido.
- B. La indemnización debe salir del malhechor condenado en todos los casos, sin importar la pena ni resolución impuesta, en los que una víctima de crimen sufra una pérdida.
- C. Todos los pagos monetarios, fondos y propiedad recaudada de cualquier persona que deba resarcir se aplicarán primero al pago de los montos ordenados como indemnización a la víctima.

14. Devolución Rápida de Propiedad

A la devolución rápida de la propiedad cuando ya no se necesite como pruebas.

15. Aviso de Libertad Condicional y sus Procedimientos

A estar informada sobre todos los procedimientos de libertad condicional, a participar en el proceso de libertad condicional, a brindarle información a la autoridad de libertad condicional para que se le tenga en cuenta antes de la libertad condicional del acusado, y a que se le notifique, si así lo solicita, sobre la libertad condicional u otra liberación del agresor.

16. La Seguridad de la Víctima y de la Comunidad son Factores para la Libertad Condicional

A que se tenga en cuenta la seguridad de la víctima, la familia de la víctima y el público general antes de que se tome cualquier decisión de libertad condicional u otra liberación tras la imposición de la condena.

Información sobre estos 16 Derechos

A que se le informe sobre los Derechos enumerados en los párrafos (1) al (16).

Para más información sobre la Ley de Marsy, visite el sitio web del Procurador General de Justicia al: www.ag.ca.gov/victimservices.

Para obtener información sobre el Centro para Asistir a Víctimas/Testigos más cercano a usted, llame:

Attorney General's Victim Services Unit (877) 433-9069
(Servicios para Víctimas del Procurador General de Justicia)

Información Adicional para los Afiliados con la Universidad de California

Si usted está afiliado con UC Berkeley se le está proporcionando con este guía de recursos indispensable por que recientemente tuvo un impacto por actividad criminal, o tal vez necesite recursos que la Universidad le puede brindar. La Universidad de California en Berkeley tiene muchos recursos disponibles para ayudarle durante un momento difícil. Nos comprometemos a dar atención a sus necesidades en colaboración con nuestros socios en la comunidad.

UCPD Berkeley
Para más Información visite:
<http://safetycounts.berkeley.edu>



Reportar

Center for Student Conduct

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

Apoyo

Gender Equity Resource Center

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsrvs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICO

University Health Services, Urgent Care Clinic

2222 Bancroft Way (The Tang Center)

(510) 643-7197 (advice after hours), www.uhs.berkeley.edu

Este material está disponible en formatos alternativos, de ser solicitados. Formatos alternativos incluye, formato audio, braille, de letra grande, texto electrónico, etc. Por favor comuníquese con los Especialistas de Servicios para los Discapacitados y permita que pasen de 7 a 10 días para producir el material en un formato alternativo.

Especialistas de Servicios para los Discapacitados

Correo Electronico: ADA@cityofberkeley.info

Teléfono: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims - Spanish

NOTICE OF REPORT
Berkeley Police Department
Tsukamoto Public Safety Building
2100 Martin Luther King Jr. Way
Berkeley, CA 94704
(510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number (Numero de Informe):

Date(Fecha):

Type of Report/Offense (Clase de Informe/Crimen):

Officer's name(Nombre del Agente Policial):

Badge #(Número de Placa):

Officer's duty hours (Horario de turno del Agente):

Days off (Días de descanso):

Si tiene alguna pregunta sobre el estado de investigación de su caso, por favor comuníquese con el Departamento Policial indicado abajo. Debe de hacer sus preguntas de lunes a viernes, de 8:00am a 4:30pm.

Crimes Against Property (Crimen de Propiedad)	(510) 981-5737
Domestic Violence (Violencia Doméstica)	(510) 981-5736
Sex Crimes (Crimen Sexual)	(510) 981-5716
Youth Services (Servicios para Jóvenes)	(510) 981-5715
Homicide/Assault (Homicidio/Agresión)	(510) 981-5741
Robbery (Robo)	(510) 981-5742
Traffic (Tránsito)	(510) 981-5980



RESOURCES FOR VICTIMS OF CRIME

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RESOURCES FOR VICTIMS OF CRIME

Officer Arrest

The Berkeley Police Department is committed to protecting persons who are victims of crime, including Domestic Violence. Officers shall consider Domestic Violence as criminal conduct, which shall be investigated as any other crime. In cases involving felonies or serious injuries, the officer may make an arrest on probable cause that the suspect committed the offense.

Citizen's Arrest

In certain circumstances, officers cannot make an arrest directly, but must ask you to make a citizen's arrest (with the exception of Domestic Violence cases). A private person may arrest another for a public offense committed in their presence. The officer will take the suspect into custody in circumstances where probable cause exists.

NOTE: Suspects may post bail or may be released on a citation. Victims should not rely on arrests as a guarantee of their personal safety.

Pressing Charges

You have the right to ask the District Attorney to file a criminal complaint. On the next work day after you have made a police report, you should contact the Investigations Division at the phone number listed on your report receipt. It is very important that you do this whether or not the suspect has been arrested.

In Domestic Violence cases, the ultimate decision as to whether a suspect is charged with a crime or not is made by the District Attorney.

You have the right to have your voice heard by the District Attorney, and the right to ask the District Attorney to file a criminal complaint.

Alameda County D.A.'s Office	(510) 268-7500
D.A.'s Domestic Violence Advocate	(510) 268-7276

LEGAL INFORMATION

Victim Assistance Programs

The Alameda County D.A.'s Office has staff members who are able to provide information and assist victims of crime.

Alameda County DA - Victim Witness Services
1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
(510) 272-6180

Alameda County Family Justice Center
470 27th St., Oakland, CA 94612 (510) 267-8800

The District Attorney's Office also has an Advocate that can provide information about the status of criminal cases. The District Attorney's Advocate can be reached at (510) 268-7276.

BPD - Domestic Violence and Sex Crimes

The Berkeley Police Department has a team of Detectives and a Victim Advocate that can provide information on the criminal justice process and offer additional assistance.

Domestic Violence Detective	(510) 981-5736
Domestic Violence Advocate (24 hour)	(510) 757-5123
Sexual Assault Detective	(510) 981-5716

Victim Information & Notification Everyday (VINE)

To find out if and where an offender is in custody in the State of California or to be notified when an offender is being released from custody, call (877) 411-5588. You need a touchtone telephone. You will also need to know the name of the person in-custody. Victims should not rely on this as a guarantee of their personal safety.

U Visas

U Visas were created by Federal Law to encourage non-citizen crime victim cooperation with law enforcement by providing victims protection from deportation and a pathway to a green card. More

information can be found at the California DOJ's Office of the Attorney General website at www.oag.ca.gov as well as the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

T Visas

T Visas allow victims of severe forms of human trafficking to remain in the US to assist authorities in their investigation. More information can be found at the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

RESTRAINING ORDER INFORMATION

If you have been threatened, harassed, abused, or assaulted, you can apply for a Restraining Order. If the offender is your current or former spouse, partner, or someone with whom you have a child, you can apply for a "Domestic Violence Restraining Order." If you are married to the offender, you do not have to get a divorce to get a Restraining Order. If the offender is a neighbor, friend, or acquaintance, you may request a "Civil Harassment Order." There is a fee for Civil Harassment Restraining Orders. If you are low-income, you can apply for a fee waiver.

How to apply. You can apply for Restraining Orders at the:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA 94612
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA.

You can obtain the paperwork and detailed instructions at the Courthouse or online at www.courts.ca.gov. The Victim Advocate at (510) 830-3663 or the Family Violence Law Center at (800) 947-8301 may also be able to assist you in obtaining a Domestic Violence Restraining Order.

Cost. There is no fee for obtaining a "Domestic Violence Restraining Order." There is a fee for obtaining a "Civil Harassment Order." If you are low-income, you can apply for a fee waiver. You do not need an attorney to obtain a Restraining Order, but it is a good idea to have one if one is available to you.

How long does it take to get a Restraining Order?

It is possible to get a Temporary Restraining Order within 24-hours, or it may take as long as a week. It is important to start the process of obtaining a long-term Restraining Order early. If the police gave you an "Emergency Protective Order," do not wait until this Order expires before applying for a more long-term Restraining Order.

What the Restraining Order can do?

1. Order the defendant to stay a specified distance away from you, your family, and/or members of your household.
2. Order the defendant to stay away from your home, your workplace, your family's home, your children's school/childcare location, and other addresses if necessary.
3. Order the defendant to move out of your home or apartment even if the defendant's name is on the lease or he/she is a co-owner.
4. Give you custody of your children and mandate a visitation order.
5. Order child support.
6. Order the defendant not to contact, harass, or abuse you, your family, and members of your household.
7. Give you the use of certain property.
8. Reimburse you for lost earnings and/or actual expenses caused directly by the violence such as medical bills and property damage.
9. Order the defendant to pay certain debts.
10. Order the defendant to complete a 52-week Batterer's Intervention Counseling Program.

NOTE: A Restraining Order is not enforceable until it has been served, meaning the defendant has been notified in person in court or by a police officer that they are restrained.

Keep your Restraining Order with you.

If you have obtained a Restraining Order which stops the offender from beating or harassing you, and the offender knowingly violates the Order, they can be arrested and, in most cases, taken to jail. Even though the Police Department should have your Restraining Order in their computer system, it is extremely important that you keep a copy of your Restraining Order and Proof of Service with you at all times.

What should you do if the defendant violates your Restraining Order?

1. Call the Police.
2. Ask that a formal report be taken even if the defendant has left.
3. If the defendant has been served with the Restraining Order and is still there when the police arrive, they can be arrested by the police.
4. Contact the BPD Investigations Division the next work day after you have made a police report to follow-up regarding prosecution of your Restraining Order violation case.

Suing the Offender

You may have a right to sue the offender in civil court in addition to pressing criminal charges. If you have lost wages, accumulated medical bills, property damage, or other losses because of the abuse, you may contact a lawyer. For assistance in locating an attorney, contact the Alameda County Lawyer Referral Service at (510) 302-2222.

INJURIES

You may notice additional or worsening injuries after the police have taken your report and left. For example, bruising may be more pronounced in the days following an assault. Detectives may ask for additional photos to be taken of your injuries.

STRANGULATION

Strangulation may cause serious internal injuries and victims are highly encouraged to seek medical attention right away. Tell officers or medical personnel if the suspect strangled or attempted to suffocate you.

SEXUAL ASSAULT INFORMATION

How to Get Help.

Sexual assault is a serious and emotional crime. It can involve someone you know, or a stranger. Reporting a rape or sexual assault to the police can be a difficult decision. For assistance, call a Rape Crisis Center for help and guidance.

BAWAR (Bay Area Women Against Rape) www.bawar.org
470 27th St., Oakland, CA 94612 24 hour (510) 845-7273

Alameda County Family Justice Center
470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network) (800) 656-4673

SEXUAL ASSAULT VICTIMS: RIGHTS

This information is to be provided to victims of sexual assault in writing before investigating further.

As a sexual assault victim you have the following rights specific to sexual assault:

You are not required to participate in the criminal justice system or to make a police report.

You have a right to have a sexual assault counselor/victim advocate and at least one support person of your choosing present at any initial medical evidentiary examination, physical examination, or investigative interview arising out of a sexual assault. Sexual assault counselors/advocates are available immediately 24 hours a day.

You are not required to participate in a medical evidentiary or physical examination.

You will not incur any out of pocket expenses for any forensic examinations.

Sexual assault forensic evidence will be sent to the lab to be tested and analyzed unless the victim requests the evidence not be tested.

Victims may request information about the results of analysis of any sexual assault forensic evidence from the hospital conducting the exam or the Berkeley Police Department.

You have the right to request to be interviewed by a male or female officer.

Sexual assault evidence deteriorates over time. Biological evidence may become impossible to recover as time passes. Biological evidence should be collected and preserved as soon as possible.

Sexual assault forensic evidence will be retained for at least 20 years, or if the victim is under 18, until the victim's 40th birthday.

Restraining Orders and Protective Orders are available to you and information on how to obtain them and get assistance is included in this pamphlet.

As a victim of crime, you also have the rights outlined at the end of the pamphlet in the **VICTIM'S BILL OF RIGHTS MARSY'S LAW** section.

If you intend to report a rape or sexual assault to the police:

1. Help preserve the evidence. Do not bathe, douche, change or wash your clothes, or alter anything at the location of the assault.
2. Contact the police as soon as possible so they can take you to a hospital and make a report.
3. Although the police will take a detailed report, you can ask that your name not become a matter of public record.
4. You have the right to have an Advocate and a support person of your choice with you during the hospital exam and police questioning.

COMMUNITY RESOURCES FOR VICTIMS

Emergency Services.

Domestic Violence Counselors are available 24-hours a day if you are in need of crisis counseling, emergency relocation to a safe place, seeking safety planning, or restraining order information. You can contact the Family Violence Law Center's Mobile Response Team at (800) 947-8301.

Legal Assistance

Family Violence Law Center	(800) 947-8301
	(510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Shelters and Hotlines

A Safe Place	(510) 536-7233
	(510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT
	(866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women’s Shelter	(415) 924-6616
Asian Women’s Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE
	(800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Counseling for Survivors

Being the victim of a crime can be extremely traumatic and difficult. It is very important that you get the support that you need to take care of yourself. The following agencies provide counseling and assistance.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233

Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clinica de la Raza (Spanish)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Counseling for Children

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children’s Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Counseling for Offenders

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

STATE OF CALIFORNIA CRIME VICTIM COMPENSATION PROGRAM

Victims of crime or their dependents may be paid by the State of California for expenses relating to the criminal act. California’s Victim Compensation Program may pay for expenses such as:

- Medical and dental treatment
- Mental health counseling
- Relocation for your safety
- Home security
- Lost income

NOTE: California Victim's Compensation Program cannot pay for property damages.

For further information about this Program or to get an application, please contact:

California Victim Compensation Program

Statewide (800) 777-9229
Alameda County (510) 272-6180

Alameda Co. District Attorney's Victim/Witness Assistance Program

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Alameda County Family Justice Center

470 27th Street Oakland, CA 94612 (510) 267-8800

VICTIM'S BILL OF RIGHTS MARSY'S LAW

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

1. Fairness and Respect

To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse throughout the criminal or juvenile justice process.

2. Protection from the Defendant

To be reasonably protected from the defendant and persons acting on behalf of the defendant.

3. Victim Safety Considerations in Setting Bail & Release Conditions

To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.

4. The Prevention of the Disclosure of Confidential Information

To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the

victim or the victim's family, or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.

5. Refusal to be interviewed by the Defense

To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.

6. Conference with the Prosecution and Notice of Pretrial Disposition

To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant and, upon request, to be notified of and informed before any pretrial disposition of the case.

7. Notice of and Presence at Public Proceedings

To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.

8. Appearance at Court Proceedings and Expression of Views

To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

9. Speedy Trial and Prompt Conclusion of the Case

To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.

10. Provision of Information to the Probation Department

To provide information to a Probation Department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.

11. Receipt of Pre-Sentence Report

To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.

12. Information on Conviction, Sentence, Incarceration, Release, and Escape

To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.

13. Restitution

- A. It is the unequivocal intention of the People of the State of California that all persons, who suffer losses as a result of criminal activity, shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
- B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
- C. All monetary payments, monies, and property collected from any person, who has been ordered to make restitution, shall be first applied to pay the amounts ordered as restitution to the victim.

14. The Prompt Return of Property

To the prompt return of property when no longer needed as evidence.

15. Notice of Parole Procedures and Release on Parole

To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.

16. Safety of Victim and Public are Factors in Parole Release

To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.

Information about these 16 Rights

To be informed of the Rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices.

To obtain information on the Victim Witness Assistance Center nearest to you, contact:

Attorney General's Victim Services Unit (877) 433-9069

Additional Information for University of California Affiliates

If you are affiliated with UC Berkeley you are being provided with this valuable resource guide because you have been recently impacted by criminal activity, or may need resources the University can provide. The University of California, Berkeley has many resources available to assist you during what may be a difficult time. Please know we are committed to addressing your needs in conjunction with our community partners.

UCPD Berkeley
For more information visit:
<http://safetycounts.berkeley.edu>
<http://survivorsupport.berkeley.edu/>
CARE Confidential Advocates:



(510) 642-1988

REPORT

Center for Student Conduct

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

SUPPORT

Gender Equity Resource Center

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsrvs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICAL

University Health Services, Urgent Care Clinic

2222 Bancroft Way (The Tang Center)
(510) 643-7197 (advice after hours), www.uhs.berkeley.edu

This material is available in alternative formats upon request. Alternative formats include audio-format, braille, large print, electronic text, etc. Please contact the Disability Services Specialist and allow 7-10 days for productions of the material in an alternative format.

Disability Services Specialist

Email: ADA@cityofberkeley.info

Phone: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims Pamphlet

NOTICE OF REPORT
Berkeley Police Department
Tsukamoto Public Safety Building
2100 Martin Luther King Jr. Way
Berkeley, CA 94704
(510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number:

Date:

Type of Report/Offense:

Officer's name:

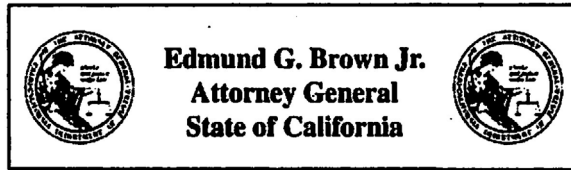
Badge #:

Officer's duty hours:

Days off:

If you have questions regarding the status of the investigation of your case, please contact the Police detail indicated below. Inquiries should be made Monday – Friday, 8:00am-4:30pm.

Crimes Against Property	(510) 981-5737
Domestic Violence	(510) 981-5736
Sex Crimes	(510) 981-5716
Youth Services	(510) 981-5715
Homicide/Assault	(510) 981-5741
Robbery	(510) 981-5742
Traffic	(510) 981-5980



Victims' Bill of Rights
Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect**
To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse, throughout the criminal or juvenile justice process.
- 2. Protection from the Defendant**
To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail and Release Conditions**
To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
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To obtain information on the Victim Witness Assistance Center nearest to you contact:

Attorney General's Victim Services Unit
1-877-433-9069
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BERKELEY COMMUNITY MEETING FEEDBACK

Overview:

The three virtual Community Meetings were the culmination of the Community Engagement process. Following the distribution of the survey and 15 listening sessions focused on vulnerable populations and stakeholders, the Community Meetings were scheduled after the submission of NICJR's Draft Final Report and Recommendations. The intention with the timing of these events was to offer the broader Berkeley community an opportunity to provide feedback on the Draft Final Report while also sharing thoughts and ideas on ways in which the City of Berkeley can continue this process of Reimagining Public Safety.

Each meeting identified a specific group of districts listed below:

January 13, 2022: Districts 1,2

January 20, 2022: Districts 3,4

February 3, 2022: Districts 5, 6, 7, 8

NICJR incorporated several ways in which feedback could be provided during the Community Meetings. In addition to a Question and Answer session the following pages include direct feedback from interactive platforms Mentimeter and Jamboard; which was utilized during the Breakout Rooms.

What are the most pressing public safety issues impacting you and your community?



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What are the most pressing public safety issues impacting you and your community?



What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Cheryl-some of your retorts are invalidating. *Listening* doesn't require a response. The purpose of these meetings should be *listening* to what the community's concerns, not railroading through your agenda

In my experience, the BPD have been professional and courteous. I do not agree with the premise that fewer officers will result in increased safety.

2017 through September 2021 shows the department responded to an average of 72,738 calls for service per year and averaged 2,804 arrests. = 0.038! Why are reimagining safety for such a small

It sounds like you are removing the ability of officers to be proactive - by reducing interactions, by reducing police, by reducing their ability to be effective. This is not what we want.

CIT left out of the report.

made, Berkeley's Police Department needs to maintain the ability to respond to and investigate violent crime, they are an essential institution in Berkeley and have made me and my family safer as we have experienced

there are only ~50 people at this meeting out of ~120k Berkeley residents, how will this potentially dramatic departure from current policies be communicated to a much wider audience?

I am deeply concerned about the implementation of the CERN program. Replacing 911 calls with community personnel instead of police is extremely high risk.

triage of different calls relies on accurate information from callers- this is often not the case, and a well staffed call center, which Berkeley currently does not have. Will the proposed system work without this triage?

less- I am worried this "reimagining" process is being used as an excuse to raise taxes for more from an already overburdened tax base. I would feel much more comfortable supporting this initiative with a pledge for funding

we have CERN and SCU? Should be 1 entity. Seems problematic. We need 1 additional new phone line mental health crisis/ overdoses, etc. Only 1% of calls are actually violent crime in Berkeley. We need police out of mental

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Glad to see Advance Peace has been added to list of recommendations

please don't reinvest further in police reform (such as the new police academy or new QAT bureau)

council members have been for years talking about spending money for a cease fire program and it never happens. looking at our history and why there isn't better community engagement is important.

didn't hear mention of the gangs which have been in the city for a long time

Safety for all - without displacing is complicated and not a concept we actually understand well. A lot of it has to do with actually educating everyone. Berkeley schools hopefully will be engaged in this process and held

While the study is very interesting and great - it takes a lot of effort and openness to change the status quo. How can we build that willingness amongst community members.

we need buy in of city staff for any of the recommendations to work. our elected officials often make policies that staff often doesn't know how to implement and doesn't buy into. I didn't see suggestions for staff

I agree we already have social programs for youth - Under-funding limits their impact.

many of the "recommendations" from NICJR are things already in place/in progress in Berkeley - not sure how helpful they are (e.g., EIS, ending pretext stops)

Very helpful presentation. I see a level of humility that is appropriate in any ground-breaking proposal like this. But we are also being appropriately ambitious due to the challenges we face in revisioning public

Question. Is it possible to train responders into compassion? Compassion would have saved the life of the man who died this weekend just outside the police station.

Training of CERN and who could fill those roles is not well researched/explained

In addition to history of policing, it would have been helpful for report to describe how policing fails to actually prevent most crime and how police "reform" efforts are mostly unsuccessful

concern about nonsworn officers handling DV and traffic stops. also concerned that police are needed to secure situations before mental health and others respond

concerned that some alternatives like CAHOOTS have low percentage effectiveness. again, as i stated, 30-40% of crime in berkeley is committed by out of city offenders.

An A/B pilot test seems reasonable. The other two seem like massive overkill in time, money, and effort in a town where there are mental health services, police review, etc.

Planting trees and neighborhood clean up matters. I've seen research showing that it has a substantial impact on property crime and violence.

Having appropriate non-police response to behavior problems will be a great improvement

Very little here to actually "reimagine" and provide solutions to the underlying root causes of crime (e.g., lack of housing, health care, jobs)

Lighting is a big issue in the city - it makes streets / parks and public spaces safer

we already have social programs for youth

How do the CBOs access the money which supposedly exists for more interaction with the community?

the guaranteed income is really not okay when so many community members are struggling to pay taxes here, which are about the highest in the area

City needs to invest substantially in BerkDOT and self-enforcing streets

I am glad to hear positive mention of the Fair and Impartial Policing plan proposed by the mayor's working group and adopted by the city council. However, the specifics of the program are vital for the "Improve"

Are black community members in favor of these changes? elsewhere that has not been the case, I believe

reflect reality of policing in Berkeley by including officers in your discussions. So far it all seems disrespectful to the folks who make life in Berkeley possible.

Significant need for job training and opportunities for youth starting early (e.g., middle school)

agree with writer about lack of mention of gang in Berkeley

City already has many many programs. Are they working? How will new ones help?

Should also think about traffic safety in terms of passive devices: red light cameras; speeding cameras; speed bumps.

Having lived many places, BPD seems like a good police department if under-staffed.

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

What's the process for intervening with people who live outside the area who are committing (violent) crime within the City. How do we find the people who are causing the crime?

The call types currently assigned to CERN have overlap with calls that the SCU should be responding to. CERN and SCU should be combined into one program that addresses non-criminal calls,

It is confusing and rather unproductive to have CERN separated from the SCU and will likely lead to confusion with dispatch, overlapping jurisdiction and uncertainty within the community. Not to mention the

The mayor asserted a "fair and objective data based" process. I haven't been hearing or seeing the data base for the need for an "alternative" scheme. Nor am I seeing or hearing a data base in terms of any expected results

what does success look like here? What is the problem we're trying to solve? If we're a pilot and the metrics aren't achieved then what?

Being sure things are adequately funded will be so important. CBOs are always underfunded. They will step up to be helpful but will not be able to succeed w/o needed funding. Police are extraordinarily well

Were there recommendations/solutions that are suggested/implemented in other cities, but weren't made to our city/Berkeley, and why?

The inclusion of police at any level will taint the CERN/SCU programs entirely. Rather than working in concert with police, the CERN/SCU should work solely on calls that do not require police assistance or backup.

The problem we are trying to solve is systemic racism and injustices. Restate the facts/evidence of this in Berkeley. That is why we are here.

I passionately support these solutions. We need to implement reimagining public safety in Berkeley

The section on the history of policing in Berkeley doesn't include the history of corruption within the BPD

support the recommendations and curious to see the data that shows what the issue is and how it is addressed through the recommendations

How do we as a community define Public Safety?

Can't find police when you need them.

Is this effort just a new way of framing police and fire and emergency services or are we really reimagining public safety?

word cloud indicates general fear of Berkeley residents. What part of plan (particularly reinvest) addresses/mitigates community fear, thus helping community embrace change from the Reduce Improve and Reinvest

CERN/SCU should not respond to misdemeanors as this will lead them towards being an enforcement power (aka policing power). It is crucial that CERN/SCU value safety over enforcement in order

Suggest a Community Based Organization assessment, showing what the coverage in skills and areas already exists, and where there are gaps. So that reinvestment can proactively start building capacity in gap areas.

The creation of a "progressive" police academy will adversely affect attempts to shrink the footprint and budget of BPD. Instead, create a Public Safety Academy to train CERN/SCU employees, other first responders,

Casual reference to "programs" elsewhere does not provide us "data". Nor do advocacies for alleged "community members" wanting various things is not quantified. Nor results. WHERE IS THE DATA?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen. You will be able to write your feedback on the sticky note, click save and place it on the screen.

We've spent a lot on police and we still have rising crime! Time for a new approach! We need to address the root causes of crime.

Emphasize more how police attention to category 3 and 4 crimes will be enhanced

I have done a lot of podcast listening and reading on RPS and really support the NICJR report!

Is there a recommendation for how the city should organize the implementation of the RPS process? There is a lot to do! Does there need to be a new Department of RPS?

How should the city track the progress of the pilot? What metrics should be used? This seems important to be able to show reduced calls, increased CBO budgets, etc. so we can track successes and lack of successes.

Who will train the CERN staff?

I'm concerned about a lack of city focus on carrying this forward. Seems to me that it should be housed in the city, outside of the PD, with an RPS commission.

How is the savings going to be reinvested? Transparency with how the 6 million mentioned will be spent is important.

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What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Concerns about a decrease in the number of police responding to calls for service.

Thanks for the presentation. I had no idea about this process until now.

Questions about how the CERN pilot is being funded.

How will the CERN pilot be evaluated?

Concerns about non-criminal calls that lead to violent crimes.

Are police involved in the RPSTF process? What are their thoughts on this?

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Loved the question on How do we get ACTION from the City Council?

Will be effective IF implemented

Some aspects of these recommendations should be put under oversight of Police Accountability Board

Need a "czar" in city government whose job it is to KEEP THIS REIMAGINING EFFORT MOVING FORWARD!

Invest serious funding in implementation!

Will be of no use if NOT implemented.

Great report, NIJCR!

How do we respond to South Berkeley concerns about gunfire?

Are there any pilot Phase 1 categories that BPD is on board with? If so, these seem like the ones most likely to move ahead quickly, assuming folks offer the RFP.

What other ways can we ensure that South Berkeley's concerns about gunfire will be more effectively addressed under a re-imagined framework? For example, funds for cameras.

effective traffic (safety) enforcement for several years. If CERN officers could respond to reported incidents AND follow-up that would likely result in many more reports (of dangerous drivers for example). As it stands now few are reported because nobody

Where to find clearer understanding of what police money is being used for other things, e.g. how much does parking enforcement cost - what kind of savings could there be.

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

I like the CERN rubric, but I think questions remain about how where the lines will be drawn and how exactly the decisions will be made on where calls for service should be assigned.

Strengthen focus on F&I and PAB

Concurrent processes like Fair and Impartial TF/SCU. How to ensure programs are actually implemented?

More community outreach

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

How do we go against a system that is inherently racist?

I worry that the police dept will not be willing to make change.

The City is in the process of hiring a new Police Chief - what sort of background would be needed to implement the new program. Has there been discussion with the police union

The police is not cooperating with the Police Advisory Board. why will they cooperate with you?

When are we going to hear from the most impacted people in Berkeley during this process? Meaning the most marginalized and oppressed groups.

What has been the outreach to POC?

Have the city council members been involved with contacting their constituents for these meetings

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

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Partnering seems to be missing in the process. The process seems adversarial and not a partnership with the police.

In 11.23 draft, fn. 7, p. 27, Appendix I "Community members have expressed concerns about MCT's ability to properly assist with calls for service." - seems overly judgmental and under-evidenced

in support of Charles and Cheryl on PD with mental health crisis successes with PD standing nearby

Concern regarding a whole new way of training and providing EMS services. What impact will this have on the emergency communications center?

Having the last resort language in Policy 300 may be problematic. Look at what BPD actually has in their policy.

CIT is left out of the report

Seems like it has become a competition vs lay people take over MH CFS were people are in crisis

Having MH professionals respond to some calls for service seems somewhat appropriate

Community that seems to be resistant to the whole process fears that they will have less protection for public safety

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How does the list of BPD "problems" in the Draft Report compare to other cities our size?

What is the BPD response to this report?

Does your process recognize that many crimes committed in Berkeley are by professional criminals who live in other cities?

My biggest question is no mention that Berkeley has a unified 911 Call Center. How do you propose dealing with that?

What is the expected effect on the crime rate in Berkeley?

As for a stronger restraint on use of force it was the BPD and council members that resisted a stronger policy so how do you advise changing that

The problem identified by the the the policing equity report was disparate treatment by race. I didn't hear anything on racism

Does State Law allow civilians to do traffic stops?

Did your work cover the instance of the resident who called in a "trespasser" and was killed by the trespasser before the BPD arrived

Deschutes county stabilization center
<https://www.deschutes.org>

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Good presentation. Would like to hear more about implementation obstacles re City Council etc.

police. This seems to be a longtime NICJR mission (which is OK), but it seems stuck in 2020's summer of rage. With violent crime spiking, most cities are trying to expand their police forces, with better training and

Using pilot project to learn -- but also to KEEP MOVING FORWARD -- makes a lot of sense.

Totally support using our public safety dollars more effectively to address root causes

To me, it's about efficient use of dollars, not hostility toward police

In many cases, the anticipated CERN people will be in potentially dangerous and escalatory situations. We need to protect THESE people as well as offenders. They will need police backup to stay safe.

Why do we have CERN and SCU when it could be all put under SCU?

Can our city reverse some effects of cash bail reform so offenders can be kept off the streets, rather than coming back and re-offending?

Agree with the intermediate objectives: End pretextual stops; make unarmed people the lead responders to low-hazard calls.

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What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Violent crime is in fact a problem in Berkeley (as in many cities). The number of shootings so far this year is appalling.

How can we pursue the reforms that are needed given the backlash stirred up by the supposed "crime tsunami"?

I appreciate the thoroughness of the report highlighting the most pressing issues within BPD and the fact that investment in violence prevention is critical.

Derek Chauvin did not work for the BPD. We need to focus on our local situation and not transfer our outrage about things happening in other places to our law enforcement folks.

public safety, we need to also realize that many of the people arrested for crimes, including violent crimes in Berkeley, live in other surrounding communities and we cannot provide services for them.

I recommend that the city looks within organizations that are connected and have relationships with community members to be most effective.

should be given to the BPD's feedback on types of calls that need police response. I'm sure officers would be glad to have other calls covered by appropriately trained responders, but many of the calls may need a police response at the outset regardless

other surrounding communities and we cannot provide services for them. Again, we need to focus on our actual local situation and what we can do to improve public safety

hope its recommendations can be implemented. I'm concerned that the UBI proposal, which is race-based rather than solely based on income, is a political liability. For example, a demagogue could readily use the racial

Our BPD should be supported for the challenging and mostly excellent work they do. We need to fully staff the police department to have the necessary resources to keep our city safe.

I think it would be valuable to specify the difference between CERN and the Specialized Care Unit because it seems like the default with CERN is to still have police on the scene

Traffic enforcement is a huge gap in current public safety. Too many dangerous drivers are endangering the public with no consequences. We need a much larger staff to handle traffic enforcement all over the city.

I would like to see the data that shows a problem with pretextual stops as an issue in Berkeley. Abandoning traffic enforcement leads to more problems and less safety.

Glossary of Terms

ACPD:	Alameda County Probation Department
ACPI:	American Crime Prevention Institute
ACR:	Alternative Crisis Response
ACS:	Albuquerque Community Safety Department
ANOVA:	Analysis of Variance
ASUC:	Associated Students of the University of California
APD:	Albuquerque Police Department
APD:	Austin Police Department
BACS	Bay Area Community Services
BAPA:	Bay Area Progressive Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT:	Berkeley Department of Transportation
B-HEARD:	Behavioral Health Emergency Assistance Response Division
BI:	Business Intelligence
BIPOC:	Black, Indigenous People of Color
BOSS:	Building Opportunities for Self Sufficiency
BPC:	Business and Professions Code
BPD:	Berkeley Police Department
BPSA:	Black Public Safety Alliance
BRG:	Bright Research Group
BWC:	Body Worn Camera
BYA:	Berkeley Youth Alternatives
CAD:	Computer Aided Dispatch
CAHOOTS:	Crisis Assistance Helping Out on The Streets
CATT:	Community Assessment and Transportation Team
CBO:	Community Based Organization

CBTSim:	Counter Bias Training Simulation
CCD:	Crisis Call Diversion
CDC:	Center for Disease Control
CE:	Community Engagement
CEO:	Center for Employment Opportunity
CEO:	Chief Executive Office
CES:	Coordinated Entry System
CERN:	Community Emergency Response Network
CFS:	Calls for Service
CHP:	California Highway Patrol
CJC:	Community Justice Center
CPD:	Chicago Police Department
CPTCE:	Crime Prevention Through Community Engagement
CRU:	Crisis Response Unit
CSO:	Community Service Officer
CSP:	Community Safe Partnership
CWC:	Creative Wellness Center
DBA:	Downtown Berkeley Association
DJJ:	Department of Juvenile Justice
DMH:	Department of Mental Health
DPD:	Denver Police Department
DPN:	Delinquency Prevention Network
EIS:	Early Intervention Systems
EMCOT:	Expanded Mobile Crisis Outreach Team
EMS:	Emergency Medical Services
EMT:	Emergency Medical Technician
EPIC:	Ethical Policing Is Courageous
ESOP:	Ethical Society Of Police
EU:	European Union
EWIS:	Early Warning Intervention System

FAIR Girls:	Free Aware Inspired Restored
FBI:	Federal Bureau of Investigation
FOP:	Fraternal Order of Police
FTE:	Full Time Employee
FTO:	Field Training Officer
FY:	Fiscal Year
GF:	General Fund
GVRs:	Gun Violence Reduction Strategy
HACLA:	Housing Authority of the City of Los Angeles
HALO:	Highly Accountable Learning Organization
HPD:	Houston Police Department
HRC:	Housing Resource Center
HVIP:	Hospital Violence Intervention Program
IHOT:	In-Home Outreach Team
IPV:	Intimate Partner Violence
JJCPA:	Juvenile Justice Crime Prevention Act
LAPD:	Los Angeles Police Department
LEAP:	Leadership, Education, and Athletics in Partnership
LGBTQ:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning
LGBTQIA+:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual
MACRO:	Mobile Assistance Community Responders of Oakland
MAP:	Mayor's Action Plan for Neighborhood Safety
MCT:	Mobile Crisis Team
MHD:	Mental Health Division
MISD:	Misdemeanor

MISSEY:	Motivating, Inspiring, Supporting & Serving exually Exploited Youth
NBF:	New Bridge Foundation
NC:	Non-Criminal
NCA:	Neighborhood Change Agent
NEED:	Needle Exchange Emergency Distribution
NEP:	Needle Exchange Program
NIBRS:	National Incident Based Reporting System
NV FEL:	Non-Violent Felony
NYC:	New York City
NYCHA:	New York City Housing Authority
NYPD:	New York Police Department
ONS:	Office of Neighborhood Safety
OPD:	Oakland Police Department
OPD:	Olympia Police Department
OPS:	Police Operations
PD:	Police Department
PERF:	Police Executive Research Forum
POC:	People of Color
Project ABLE:	Active Bystandership for Law Enforcement
PTSD:	Post Traumatic Stress Disorder
QAT:	Quality Assurance Training
QTBIPOC:	Queer, Trans, Black and Indigenous People of Color
RAMS:	Richmond Area Multi-Services
RIPA:	Racial Identity and Profiling Advisory
RPD:	Richmond Police Department
RPSTF:	Reimagining Public Safety Task Force
SARA model:	Scanning, Analysis, Response, Assessment

SCRT:	Street Crisis Response Team
SCU:	Specialized Care Unit
SEEDS:	Services that Encourage Effective Dialogue and Solutions
SIF:	Safe Injection Facilities
SNAP:	Supplemental Nutrition Assistance Program
SPARQ:	Social Psychological Answers to Real World questions
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Income
SSP:	Syringe Services Programs
STAR:	Support Team Assisted Response
STAIR:	Stability, Navigation and Respite
SV:	Sexual Violence
SV FEL:	Serious Violent Felony
TAY:	Transition Age Youth
TF:	Task Force
TVIT:	Trafficking Victim Identification Tool
UCLA:	University of California, Los Angeles
UCPD:	University of California Police Department
UCR:	Uniform Crime Report
VOIP:	Voice Over Internet Protocol
WSCJTC:	Washington State Criminal Justice Training Commission
YOBG:	Youth Over Budget
YSA:	Youth Spirit Artworks

OVERVIEW

REIMAGINING
PUBLIC SAFETY
PROCESS

On July 14, 2020, the Berkeley City Council (Council) made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directives known as The George Floyd Community Safety Act.

Direction was given to the City Manager to collaborate with the Mayor and select Councilmembers to:

- Inform City of Berkeley (City) investments and reallocations to be incorporated into future Budget processes
- To contract with independent subject matter experts to analyze the scope of work and community needs addressed by the Berkeley Police Department (BPD)
- To identify a more limited role for law enforcement, and to identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments.

Concurrent Berkeley Public Safety Reform Initiatives:

- Reimagining Public Safety consultant team (NICJR)
 - Research, Community Engagement, issue series of reports, participate in Taskforce
- Reimagining Public Safety Taskforce
- Specialized Care Units (SCUs)
- Berkeley Department of Transportation (BerkDOT)
- Mayor's Working Group on Fair and Impartial Policing
- Police Review Commission transition to Police Accountability Board (July 2021)
 - Hire a full-time Director of Police Accountability
- Disaster and Fire Safety Commission - Measure FF

NICJR has completed:

Each report was submitted as a draft to the CM's office and each draft was to the TF. We received written feedback and questions from TF members for each report, made adjustments and edits as warranted and then presented the updated draft report again to the TF. Each report had at least 2 iterations with feedback/edits from the TF prior to this Final Report.

- New and Emerging Models of Community Safety and Policing report
- Calls for Service analysis
- Alternative Responses report
- Community Engagement
- Reimagining Public Safety website
- Draft Final Report and Implementation Plan





RECOMMENDATIONS



Reduce
Improve
Reinvest

Reduce

- Implement Tiered Dispatch & CERN model, thereby reducing BPD patrol duties
- End pre-text stops
- Eliminate BPD vacant positions through attrition
- Creation of BerkDOT

INFOGRAPHIC SUMMARY

Improve

- Implement Highly Accountable Learning Organization (HALO)
- Launch new Progressive Police Academy
- New Police Accountability Board
- Implement BPD improvement measures

Reinvest

- Launch Guaranteed Income program
- Launch Community Beautification Employment Program
- Increase funding to CBOs for "fundamental cause" services
 - Poverty
 - Homelessness
 - Education
 - Substance abuse
 - Unemployment and underemployment
- Implement Advance Peace program

REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

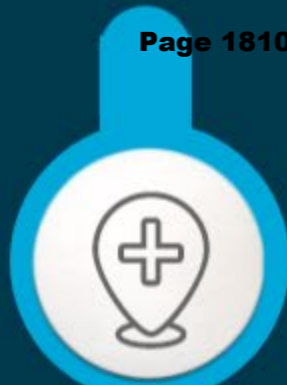
RECOMMENDATIONS:

REDUCE

- 1. NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program**, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program
- 2. NICJR recommends contracting with local Community Based Organizations (CBOs)** who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

RECOMMENDATIONS:
REDUCE

1



CERN Dispatched Only

Non-Criminal

2



CERN + Officers Present

Misdemeanors

CERN + Officers arrive:

- ✓ Low potential for violence
- ✓ Arrest unnecessary or unlikely

3



Officers Leave

Officers Leave



Non-violent Felony

Officers + CERN arrive:

- ✓ Low potential for violence
- ✓ Arrest unnecessary or unlikely

4



CERN Only

Serious Violent Felony

Officers Leave



IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

RECOMMENDATIONS: IMPROVE



HALO

Highly Accountable Learning Organization

- 3.** NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization.
 - a.** **BPD should join the ABL program** to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles and practices of the program.
 - b.** NICJR recommends that the **EIS should also be expanded** to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.
 - c.** NICJR recommends that **BPD transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau and rename it the Quality Assurance and Training Bureau** and amend the duties of those officers to achieve the above goals.
 - d.** BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

RECOMMENDATIONS: **IMPROVE**

- 4.** **NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy** built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality.
- 5.** **NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.** All other force must be absolutely necessary and proportional.

REINVEST

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

RECOMMENDATIONS:

REINVEST

- 6. Berkeley should launch a Guaranteed Income pilot program** similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000. Each family should receive \$750 per month.
- 7. Launch a Community Beautification Employment Program.** NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated people to help beautify their own neighborhood. Hire and train no less than 100 formerly incarcerated Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.

RECOMMENDATIONS:

REINVEST

- 8. Increase Funding for Community Based Organizations:** CBOs that provide services to those who are unhoused, live in poverty, have mental health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ should receive an increase in funding using Reinvest dollars.

- 9. The City of Berkeley should increase funding to Community Based Organizations in one of Two Ways:**
 - a.** An across the board 25% increase of grant amounts to currently funded CBOs

 - b.** Create a local government agency to be the centralized point of coordination, such as a Department of Community Development to develop a detailed plan to increase the investment in local CBOs that provide services to address fundamental cause issues.

RECOMMENDATIONS:

REINVEST

- 10. Implement Advance Peace Program:** to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in gun violence. This would include implementing Neighborhood Change Agents (NCAs) and the Peacemaker Fellowship.



IMPLEMENTATION PLAN

REDUCE

Recommendation	Estimated Cost	Funding Source	Timeline
Establishment of a Tiered Dispatch/CERN Pilot Program.	\$2,532,000, plus some costs associated with training for Dispatch.	Current BPD vacant positions.	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.
Contracting with local Community-Based Organizations (CBOs).			
Full Implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.	\$7,596,000	Reduction of BPD Patrol Division by 50%.	Two years after implementation of the pilot initiative.

IMPROVE

Recommendation	Cost	Funding Source	Timeline
Berkeley Police Department should become a Highly Accountable Learning Organization (HALO).			
BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.	Joining ABLE is free of cost.	N/A	Within six months of approval from City Council.
Expand the Early Intervention System to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.	No additional costs.	N/A	Within six months of approval from City Council.
Transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau. Rename it the Quality Assurance and Training Bureau and amend the duties of those officers to achieve the above goals.	No additional costs.	N/A	Within six months of approval from City Council.
BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.	Internal re-organization can achieve this goal without additional costs.	N/A	First report should be issued July 1, 2022.

Develop a Bay Area Progressive Police Academy (BAPPA).	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies.	Launch two years after City Council approval.
Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.	Training costs.	Savings from eliminating patrol positions through attrition.	Within six months of approval from City Council.

REINVEST

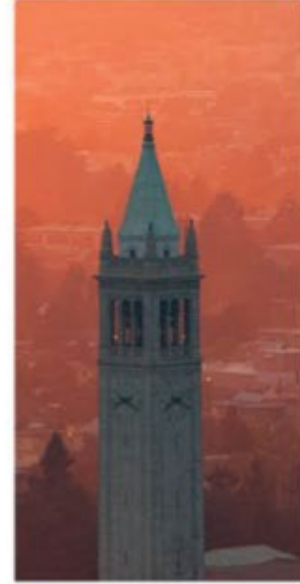
Recommendation	Cost	Funding Source	Timeline
Launch a Guaranteed Income pilot program.	\$1,800,000	General Fund; federal funding already received or forthcoming, from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.	Launch within six months of approval from City Council.
Launch a Community Beautification Employment Program.	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents.	Launch one year after approval from City Council.
Increase Funding for Community-Based Organizations.	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the Infrastructure Bill; and concerted efforts to increase philanthropic dollars.	FY 22-23.
Launch the Advance Peace Program	\$500,000	General fund	Launch in first quarter of FY 2023, on going for at least three years.



QUESTION AND ANSWER

BERKELEY REIMAGINING PUBLIC SAFETY

NEW AND
EMERGING MODELS
OF COMMUNITY
SAFETY AND
POLICING



NICJR
National Institute for
Criminal Justice Reform

Introduction

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing.

Main Sections of the Report

-Emerging Non-Enforcement Models of Community Response

-Non-Law Enforcement Crime Reduction Strategies

-Community-Driven Violence Reduction Strategies

-Policing Strategies



Emerging Non-Enforcement Models of Community Response

CAHOOTS (Crisis Assistance Helping Out On The Streets)

Eugene, OR

24/7 mobile emergency intervention service

Units consist of an EMT & mental health service provider

Staff undergo classroom education and supervised field work

Evaluations have found 5-8% of calls were diverted from the Eugene PD

CRU (Crisis Response Unit)

Olympia, WA

Teams consist of mental health professionals that provide supports like referrals to additional services to their clients

Calls for service originate from community-based service providers, the 911 hub, and law enforcement personnel



Non-Law Enforcement Crime Reduction Strategies

Mayor's Action Plan (MAP)

New York City, NY

Traffic Enforcement

Launched in 15 NYC Housing Authority properties with high violence rates

Focal point is NeighborhoodStat, a process that allows residents to have a say in NYC's allocation of public safety resources

Pretextual stops are in the process of being regulated across the U.S.

Washington, D.C. has transferred certain traffic enforcement duties to an agency of unarmed staff at the Department of Transportation



Community-Driven
Violence Reduction
Strategies such as Gun
Violence Reduction
Strategy (GVRS)
incorporate three main
elements.

Identifying and focusing
on those at the highest
risk of being involved in
violence

Employing community
outreach workers to
engage those individuals/
groups in a positive and
trusting manner

Providing ongoing
services, supports, and
opportunities to high-risk
individuals



Policing Strategies

Ethical Policing Is Courageous (EPIC)

New Orleans, LA

Early Intervention Systems (EIS)

Peer-to-peer intervention strategy that involves training officers to be accountable to each other and intervene when necessary

Aims to alter the 'warrior' culture surrounding policing and promote a collaborative environment

Systems analyze indicators of potentially problematic behavior such as use of force incidents and citizen grievances

If an officer is identified by the EIS for habitual misconduct, supports and services are provided to the officer to encourage officer well-being and aid in behavioral change

Thank you!



ALTERNATIVE RESPONSES

BERKELEY REIMAGINING PUBLIC SAFETY

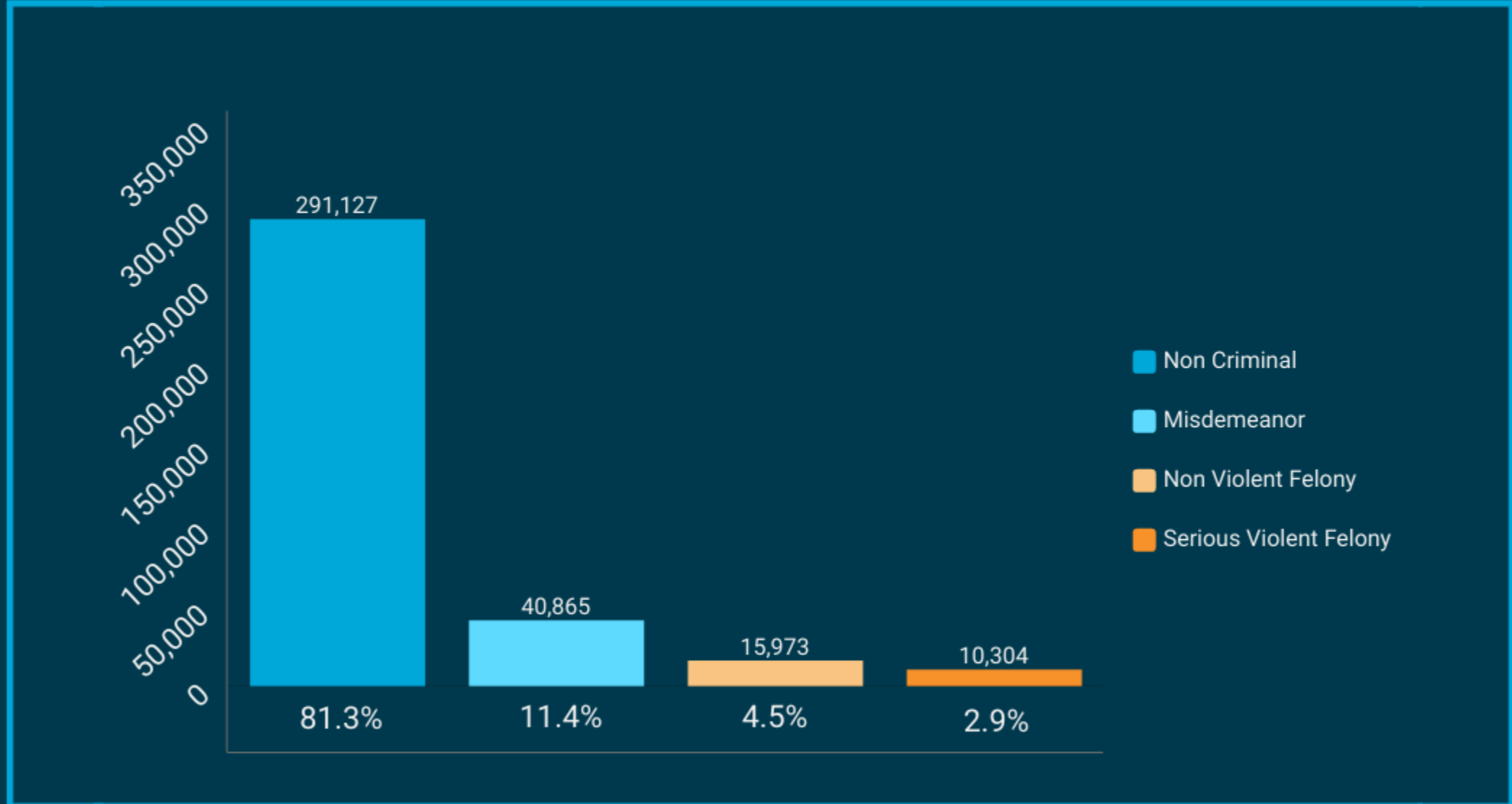




Calls for Service

ANALYSIS

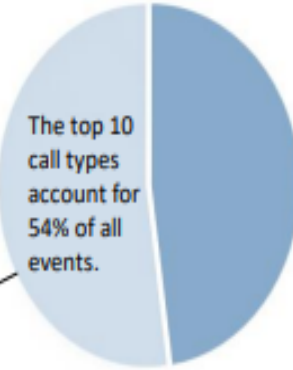
NICJR RESULTS



The top 10
call types
account for
54% of all
events

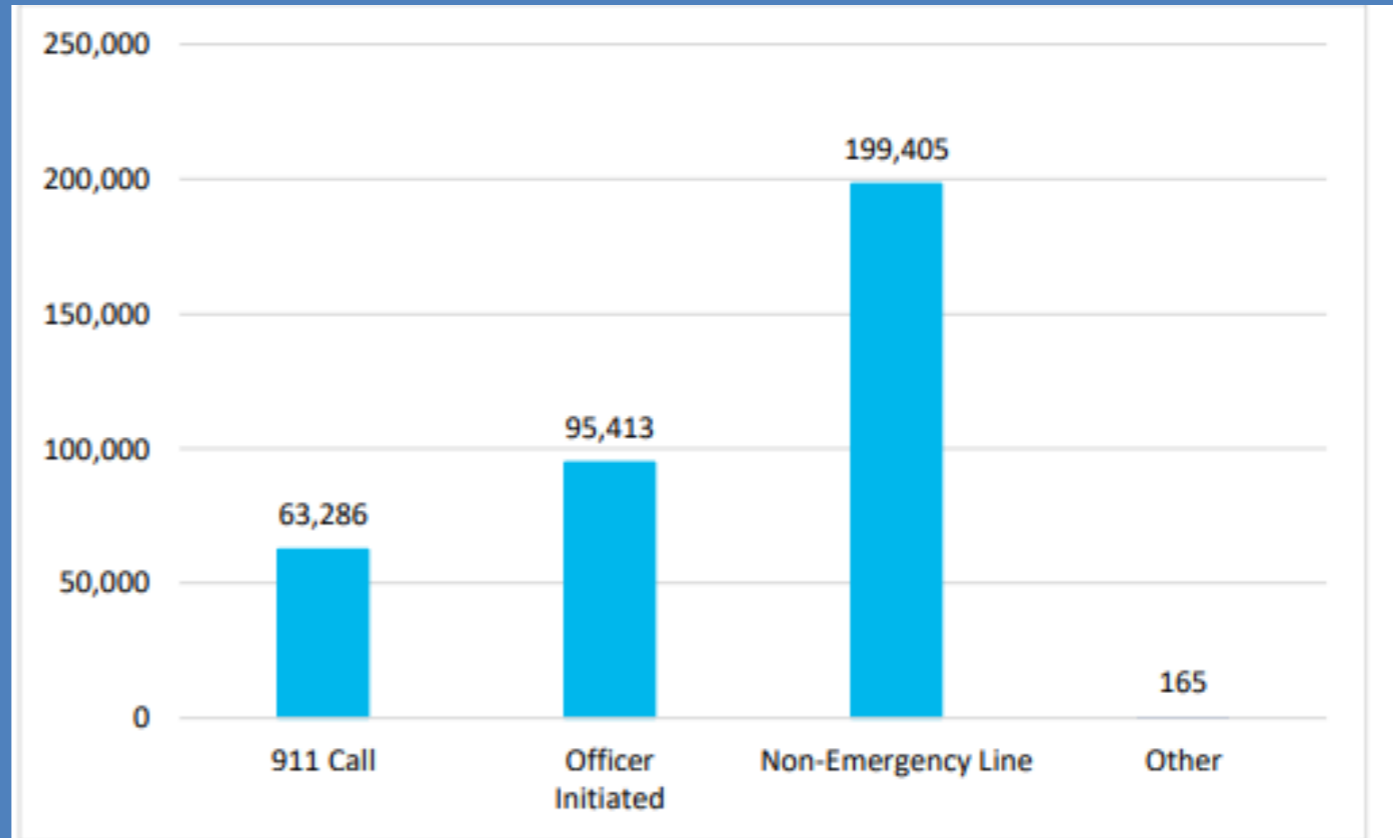
Table 1. Top 10 Call Types, Auditor Report

Call Types	Total Events
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899



The top 10
call types
account for
54% of all
events.

Call type initiation source



* Does not include calls with missing values

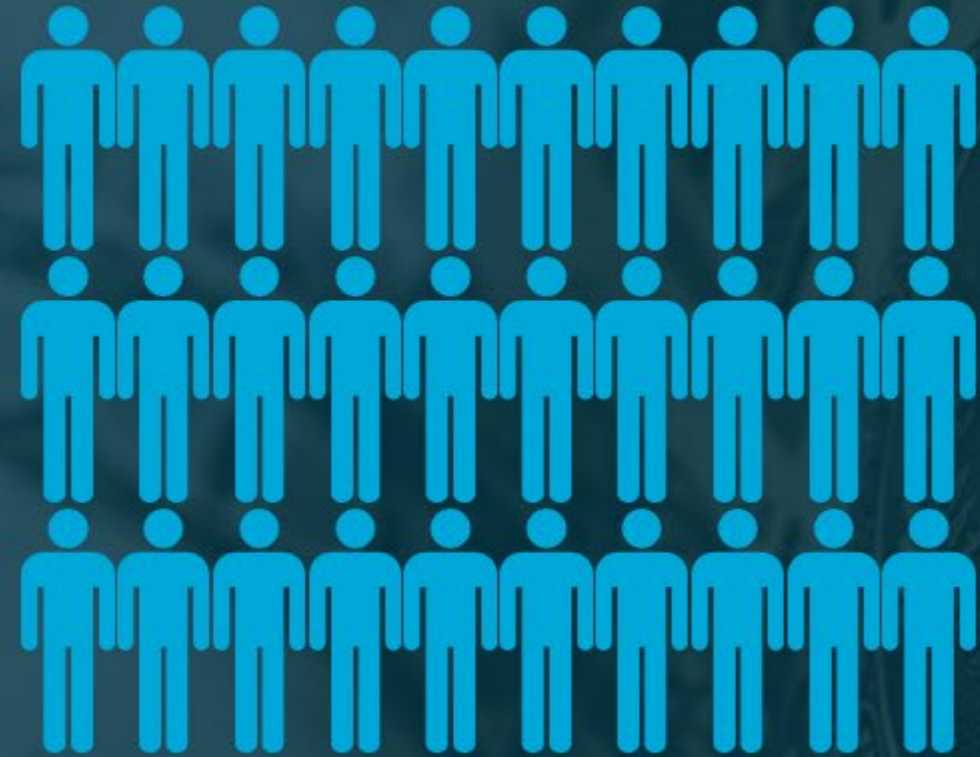
Top 10 Call Types by Initiation Source

Officer Initiated	911 Emergency	Non-Emergency Line
Traffic	Disturbance	Disturbance
Security Check	Wireless 911	Audible Alarm
Pedestrian Stop	Ascertain 911	Noise Disturbance
Officer Flagged Down	Welfare Check	Welfare Check
Suspicious Vehicle	Suspicious Circumstances	Trespassing
Parking Violation	Battery	Petty Theft
Bike Stop	Suspicious Person	Advice
Abandoned Vehicle	Family Disturbance	Suspicious Circumstances
Found Property	Petty Theft	Parking Violation
Disturbance	Mental Illness	Suspicious Person

Fiscal IMPLICATIONS



FISCAL IMPLICATIONS:
TIER 1 BPD COSTS, CREATE TO CLOSE



25.7 FTEs

BREAKDOWN OF TIER 1 CFS



Public Order

Animal

Investigation

Alarm

Traffic

Administrative

Municipal

**Substance
Use**

**Quality of
Life**

**Medical or
Mental Health**

Other

QUESTIONS? COMMENTS?

BERKELEY

REIMAGINING PUBLIC SAFETY COMMUNITY ENGAGEMENT



NICJR, along with Bright Research Group (BRG), Pastor Michael Smith and with significant input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy designed to engage as many Berkeley residents from diverse populations as possible as well as elevate the voices of those most impacted by police contact.

COMMUNITY ENGAGEMENT: OVERVIEW

Survey

- Report submitted by BRG July 6, 2021
- Raw data submitted by BRG Sept. 3, 2021

Listening Sessions:

- 15 listening sessions were conducted

Community Listening Sessions:

- 3 virtual listening sessions were conducted

Website:

- Dedicated website for the Reimagining Public Safety work in Berkeley

Newsletters:

- Submitted for distribution through City networks

COMMUNITY ENGAGEMENT: SURVEY

Number of respondents: 2,729

Three zip codes (94702, 94705, 94707) overrepresented

Survey respondents skewed older

- 70% over age 45
- 40% over 60

SUMMARY OF SURVEY FINDINGS

- Respondents expressed a range of Perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe”
- Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe.
- Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe.
- Most important public safety concerns:
 - homelessness
 - sexual assault
- Lowest priorities in public safety:
 - substance use
 - drug sales
 - police violence

SUMMARY OF SURVEY FINDINGS

- 80.8% indicated a **preference for trained mental health providers** to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed.
- 19% indicated a **preference for a police response**, with over two-thirds of those respondents indicating that mental health providers should be available for support.
- 83.6% indicated a **preference for homeless services providers** to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed.
- 15.7% indicated a **preference for a police response**, with the majority of those respondents indicating that homeless services providers should be available for support.

COMMUNITY ENGAGEMENT:

LISTENING SESSION SUMMARY - BRIGHT RESEARCH GROUP

Targeted communities identified by the City of Berkeley and BRG

- Black
- LatinX
- Formerly incarcerated
- low-income individuals struggling with food and/or housing insecurity

Focus Group Description	Number of Participants
Black residents	18
Housing- / food-insecure residents	27
Black and LatinX youth	4
Justice system impacted students	6
TOTAL NUMBER OF PARTICIPANTS	55

COMMUNITY
ENGAGEMENT:
LISTENING SESSION
SUMMARY - NICJR

Focus Group Description	Number of Participants
BPD Command Staff	15
BPD Line Staff Session 1	12
BPD Line Staff Session 2	12
Downtown Berkeley Merchant's Association	13
Total Number of Participants:	52

COMMUNITY ENGAGEMENT: LISTENING SESSION SUMMARY - LED BY TASK FORCE COMMISSIONERS

Additional Listening sessions were conducted based on the needs identified by Task Force Commissioners:

Communities of Focus:

- Those who have experienced Mental Health Crises
- LGBTQ+
- LatinX
- Gender-Equity and Violence

Listening Session	Number of Participants
Those who have experienced Mental Health Crises	12
LGBTQ+ MH Service Providers	6
LatinX- 2 listening sessions	Information pending
Gender Equity and Violence - 2 listening sessions	8 organizations represented
TOTAL NUMBER OF PARTICIPANTS	26 Known attendees

SUMMARY OF LISTENING SESSION THEMES

Safety:

- Many areas of Berkeley are relatively safe, however:
 - Neighborhoods below Martin Luther King Boulevard are unsafe
 - The hills and neighborhoods above Martin Luther King Boulevard are safe
- Business districts are increasingly less safe
- Young people of color are concerned about their personal safety and being victims of robberies, shootings, and police violence.

“It does not feel safe especially during the later hours of the day.”

SUMMARY OF LISTENING SESSION THEMES

Community investments:

- Increase Mental Health Dept. visibility, capacity and leverage to provide services for people in crisis beyond when there is a direct and immediate threat of harm.
- Building an infrastructure to support a higher quality of life for homeless and low-income residents.
- Increase sustainable capacity for community-based organizations and those with lived experience to provide the magnitude of services needed in their respective communities.
- Account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges.
- Concern that racism and inequity are broader issue than BPD and need for true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs.

“We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community.”

SUMMARY OF LISTENING SESSION THEMES

Opportunities for Community-Centered Public Safety:

- Increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum
- Increase community policing: Bike detail, Ambassador program
- Invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies
- Hiring social workers, mental health clinicians, and traffic-enforcement staff who live in and reflect the communities they serve, will be essential to ensuring equitable interactions between residents and any new programs or city departments

SUMMARY OF BPD LISTENING SESSION THEMES

Trained mental health providers/responders respond to disturbance incidents, like someone screaming outside of a business, but is not harming or threatening anyone:

- We need to fix the system for when we do pick someone up on a mental health hold (5150), they are right back out on the street the next day
- Mobile Crisis Team workers are huge resource but won't work without PD
- Redesigning the Communications/Dispatch center to change how calls are dispatched will be very difficult and time consuming and require new and additional staff.
- Reimagining is not about law enforcement – we deal with the same people over and over and there is nothing on the back end to solve the problem (mental health services, frequent flyers, etc)

SUMMARY OF BPD LISTENING SESSION THEMES

Biggest crime problem in Berkeley:

- Property Crime
- Quality of life crime; elected leaders say we should stop responding to these but the public is calling
- People in doorways of businesses; littering; defecating in street; loitering; disturbances to businesses (mental health/addiction)
- PD set up to fail with hypocrisy; public doesn't want PD involved but behind closed doors we are called to fix these problems

Need for improvement in BPD?:

- More officers and more training
- Improve the communication of the good work we do and how it results in lower crime rates in Berkeley.

COMMUNITY ENGAGEMENT: DATA UTILIZATION



COMMUNITY ENGAGEMENT: COMMUNITY MEETINGS

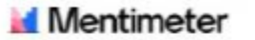
Four Community Meetings
Planned:

Virtual:

- Districts 1,2
- Districts 3,4
- Districts 5,6,7,8

In-person meeting canceled

What are the most pressing public safety issues impacting you and your community?



What are the most important investments in the community that would support increased public safety?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Glad to see Advance Peace has been added to list of recommendations

please don't reinvest further in police reform (such as the new police academy or new QAT bureau)

council members have been for years talking about spending money for a cease fire program and it never happens. looking at our history and why there isn't better community engagement is important.

didn't hear mention of the gangs which have been in the city for a long time

Safety for all - without displacing is complicated and not a concept we actually understand well. A lot of it has to do with actually educating everyone. Berkeley schools hopefully will be engaged in this process and held

While the study is very interesting and great - it takes a lot of effort and openness to change the status quo. How can we build that willingness amongst community members.

we need buy in of city staff for any of the recommendations to work. our elected officials often make policies that staff often doesn't know how to implement and doesn't buy into. I didn't see suggestions for staff

I agree we already have social programs for youth - Under-funding limits their impact.

many of the "recommendations" from NICJR are things already in place/in progress in Berkeley - not sure how helpful they are (e.g., EIS, ending pretext stops)

Very helpful presentation. I see a level of humility that is appropriate in any ground-breaking proposal like this. But we are also being appropriately ambitious due to the challenges we face in revising public

Question. Is it possible to train responders into compassion? Compassion would have saved the life of the man who died this weekend just outside the police station.

Training of CERN and who could fill those roles is not well researched/explained

In addition to history of policing, it would have been helpful for report to describe how policing fails to actually prevent most crime and how police "reform" efforts are mostly unsuccessful

concern about nonsworn officers handling DV and traffic stops. also concerned that police are needed to secure situations before mental health and others respond

concerned that some alternatives like CAHOOTS have low percentage effectiveness. again, as i stated, 30-40% of crime in berkeley is committed by out of city offenders.

An A/B pilot test seems reasonable. The other two seem like massive overkill in time, money, and effort in a town where there are mental health services, police review, etc.

Planting trees and neighborhood clean up matters. I've seen research showing that it has a substantial impact on property crime and violence.

Having appropriate non-police response to behavior problems will be a great improvement

Very little here to actually "reimagine" and provide solutions to the underlying root causes of crime (e.g., lack of housing, health care, jobs)

Lighting is a big issue in the city - it makes streets / parks and public spaces safer

we already have social programs for youth

How do the CBOs access the money which supposedly exists for more interaction with the community?

the guaranteed income is really not okay when so many community members are struggling to pay taxes here, which are about the highest in the area

City needs to invest substantially in BerkDOT and self-enforcing streets

I am glad to hear positive mention of the Fair and Impartial Policing plan proposed by the mayor's working group and adopted by the city council. However, the specifics of the program are vital for the "Improve"

Are black community members in favor of these changes? elsewhere that has not been the case, I believe

reflect reality of policing in Berkeley by including officers in your discussions. So far it all seems disrespectful to the folks who make life in Berkeley possible.

Significant need for job training and opportunities for youth starting early (e.g., middle school)

agree with writer about lack of mention of gang in Berkeley

City already has many many programs. Are they working? How will new ones help?

Should also think about traffic safety in terms of passive devices: red light camera; speeding camera; speed bumps.

Having lived many places, BPD seems like a good police department if under-staffed.


CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. These reports summarize the key findings from the community engagement strategies conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.

RPSTF response to NICJ

— March 10, 2022 —

 Reimagining

 Public

 Safety

 Berkeley Task Force

Equity

RPSTF votes on NICJR Recommendations:

	<i>NICJR Recommendation</i>	<i>Vote by Task Force</i>	<i>Reason for vote</i>
1	Establish tiered dispatch/CERN model	More analysis needed	Multiple inquires that must be addressed
2	Contracting with local CBOs for Tier 1 CERN response	More analysis needed	Multiple inquires that must be addressed
4			
5	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	More analysis needed	No analysis was provided by NICJR for how police department would be reduced by 50%
6	Reduce BPD budget through attrition only and no layoffs	Reject	This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
7	End pretextual stops	Reject	This work is already well underway and thus does not constitute a useful recommendation
8	BerkDOT	Accept with Conditions	The description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT only as a move of traffic enforcement away from BPD).

RPSTF votes on NICJR Recommendations: "Imp

9	BPD become Highly Accountable Learning Organization (HALO)	Reject	<ol style="list-style-type: none"> 1. Not credible that this change comes at "no additional cost" 2. The reimagining process should be focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining policing
10	BPD join ABLE program	(Did not vote unless this is part of the HALO program)	Same as #8 above
11	Expand EIS to assess all Use of Force	Reject	This work is already well underway and thus does not constitute a useful recommendation
12	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training (QAT) Bureau	Reject	<ol style="list-style-type: none"> 1. RPSTF focused on spending less on BPD, not more 2. More training does not necessarily lead to changes in police culture 3. This process is not about re-imagining police
13	Transfer 5 officers and 2 civilian staff to new QAT Bureau (p. 32)	Reject	Rejecting #11 above, so rejecting this related item
14	BPD provide semi-annual reports to public	Accept with Conditions	<ol style="list-style-type: none"> 1. Data is available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating.

RPSTF votes on NICJR Recommendations: “Imp

15	Develop a Bay Area Progressive Police Academy (BAPPA)	Reject	<ol style="list-style-type: none"> 1. RPSTF is focused on reducing BPD spending, not increasing. 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. Not clear a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, Task Force recommends spending on a Public Safety & Community Solutions Institute. 	Improve
16	Increase diversity of BPD leadership	Accept with conditions	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture.	Improve
17	Increase Standards for Field Training Officers	Needs more analysis	Many questions exist around how useful a policy like this would be. Ongoing work by the PAB is already likely to address these issues.	Improve
18	Revise BPD's Use of Force policies	Reject	This work is already well underway and thus does not constitute a useful recommendation	Improve

RPSTF votes on NICJR Recommendations: “Reinvest”

19	Launch a guaranteed income pilot program	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Reinvest
20	Launch a community beautification employment program	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks - could be expanded to include other communities e.g. youth, unhoused population 3. Remove the word beautification that is superficial 4. Develop a program that is responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Reinvest
21	Increase funding for CBOs in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/department (Department of Community Development)	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it coming from Measure W 2. Recommendation is too general, and funding of CBOs should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOs 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOs and funds, and oversee increased funding 	Reinvest

Gender based violence

See neighbors' vigil for three girls killed by their father at The Church in Sacramento



12 recommendations for addressing gender violence

1. Increase investment in survivor services
2. Invest in services for those who cause harm
3. Support faith-based leaders through education and technical assistance
4. Enhance prevention education for our children (K-12)

Plus 8 additional recommendations to improve policing in these cases.

Underlying Premises and Agreement TF and Consumer

- Many calls for service do not require a badge or gun
Can be better handled by non-police response
- Most MH, homeless-related, other fit this category
- Continuing role for police
Focus on community crime and violence

Agreements mask complex questions studied

- What new systems required for receiving calls/routing responses;
- Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU) and how do they mix and match;
- Who will staff these non-police responses (i.e., City staff or contractor; and professional credentialed or community responders) and if contractors, under what color of authority will they provide City service;
- When will the requisite staffing be available? Either City staff or contractor
whatever merits of replacing police, can't replace something with nothing;
- What is the back-up system in case seemingly benign calls turn violent and/or criminal);

cont'd

- Is BPD involved (e.g., as co-responder, as back-up, etc.) in all calls or are they required to be separate from some/all non-police responses?
- What impact does reallocating some number/percentage of calls from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence.
- What liability issues do these new responses present to the City

Inquiry 1: Determining what is considered a Tier 1

- No clear agreement between Dispatch and NICJR as to how to interpret or dispatch many types of calls.
 - calls considered CERN-referrals by NICJR may be considered BPD calls by Dispatch.
 - why: frequently the call provides insufficient information to know what is actually happening until someone was dispatched to the scene

contd

- no serious vetting of the NICJR proposal by Dispatch in TF meetings, senior Dispatch officials took serious objection
- Dispatch seemed reluctant to send police officers to some calls without available officer back-up.
 - Query: would Dispatch refer these, and other, calls to a non-police unit
- BPD agrees that many calls for service may ultimately not require police, but they argue that can't know until the officer is dispatched to the scene to assess
- view of consultant – most calls don't require police

Inquiry 2 Defining the Relationship between CERN, SCUother

- Reimagining and SCU processes were distinct, though occurring in parallel
 - However, the **NICJR proposals did not seem informed by the SCU process or recommendations.**
- Unclear how CERN would relate to whatever SCU dispatch system is forthcoming
- Unclear whether successful SCU build -out would replace/reduce demand for CERN.
- **Could be substantial confusion and complexity in piloting both SCU and CERN at the same time.**

Inquiry 3 Backup by Police for Alternative Responders

- There was no NICJR discussion as to whether CERN (or SCU) staff would have back-up from BPD should that become necessary or requested.
- Important for two reasons:
 - (i) for the security of the non-police responders; and
 - (ii) the strongly held view of both SCU and Task Force members that it is important for callers to be assured that their call for assistance will not result in referral to police and the criminal justice system.
- The future of any non-police response system depends on the continued security of non-police responders.
- Protecting callers for service from any police involvement for certain types of calls was considered of major importance.

Inquiry 4 Staffing and Organizational Capacity for Piloting Progra

- NICJR indicates that CERN responses to be provided by local non-profits.
 - Some non-profits briefly identified, however **no analysis of their capacity to handle the CERN work** .
- Assuming CERN system makes sense, important debate whether staffing should be by City staff or outside contractors. **Not analyzed by NICJR.**
- For some calls for service, particularly mental health ones to be handled by the SCU, contract responders may provide excellent service.
 - **HOWEVER**
- For other Tier 1, serious questions re staffing qualifications and whether better handled by City vs non -profit contractors. In particular, question whether non -profit contractors - City staff would have the legitimacy or authority to address conflicts between residents.

Inquiry 5 Screening, Triaging, and Dispatching Calls for Service

- Dispatch issues are at the core of any Reimagining process.
- Whatever changes are recommended must consider Dispatch realities
- Dispatch currently has limited triage responsibilities. It essentially dispatches officers to respond to calls for service.

If a call seems to be a mental health call, and when the MCT is on duty (roughly 25% of the time), Dispatch also sends the MCT.

- If SCU, CERN mental health, homeless, or other Tier 1 calls get routed through Dispatch, will require a major change for Dispatch
 - will now have to determine who to send the call to: BPD or some other responders.
 - if dispatching to non-BPD, will these calls require some form of back-up.

contd

- Questions requiring consideration and not analyzed by consultant:
- How to mix/match/coordinate 911 calls for police, SCU, CERN
- How will the community know who to call for which services, especially if want no BPD involvement?
- How will responses be coordinated if some calls go to Dispatch and others go to a separate dispatch phone number?
- What is the process for resolving these issues?

Inquiry 6 Effects on Patrol Staffing and Potential Police Savings

- NICJR recommends that by removing 50% of non-violent, non-criminal calls for service from BPD that Patrol staffing could be reduced by 50%.
- NICJR explicitly maintains a BPD role to focus on crime and violence, but **NICJR does no analysis of the Patrol staffing levels necessary to perform the new BPD Patrol role.**
- **Bottom line** : the operational question is not the number of calls for service of different types per the consultant approach; rather, it is the minimum police staffing, at any point in time, required to respond to those calls for service that the City deems should be responded to by BPD as well as any other BPD Patrol duties. **This remains to be analyzed.**

contd

Re: Consultant Recommendation of 50% Patrol Reduction

Query: Regardless of # of Tier 1 calls taken from BPD, can they handle the crime/violence responsibilities with reduced staff?

- how many fewer Patrol officers on duty at any particular time are sufficient to provide adequate coverage
- Would two-thirds of current staffing be sufficient (i.e., 14-16 officers on duty during major hours and 6 officers in the wee hours)?
- Would half of current staffing be sufficient as stated by the consultant (i.e., 11-12 officers on duty per principal shifts and 4-5 officers for the entire city during the wee hours)?

.

contd

- We can make assumptions, but determining the magnitude of such reductions and creating a reduced number of police beats requires analysis and **this was not studied by the consultant** .
- Task Force attempted to elicit information from the Acting Police Chief during her many presentations, but she was not forthcoming (presumably not wanting to negotiate Patrol staffing reductions in public.)

Inquiry 7: CERN and BerkDOT

- CERN pilot proposal includes many BerkDOT type calls.
 - abandoned vehicles, inoperable vehicles, non-injury “accident” vehicle blocking driveway, vehicle blocking sidewalk, double parking.
- Should be considered under BerkDOT process rather than CERN?
- Requires more analysis as it relates to BERKDOT.

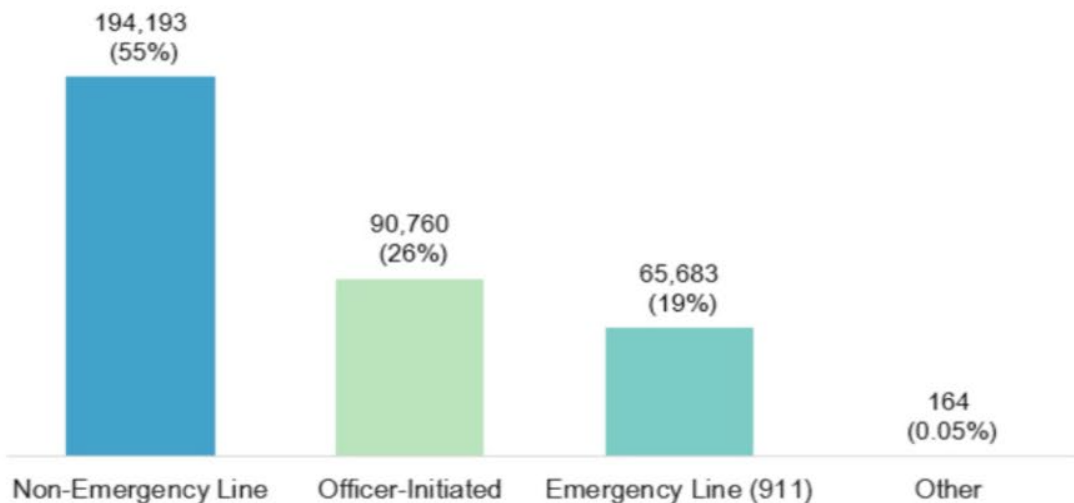
Inquiry 8: CERN Staffing and its Sufficiency

- NICJR CERN staffing model seems insufficient - understates pilot cost
- NICJR proposes:
 - Two CERN districts with contracts to two CBOs (1/district).
 - Each to have three teams (one team per shift) of two CERN responders plus two additional floaters to cover staff who call out or are on vacation.”
- Claims to cover 3 shifts per day with 3 teams but seems to ignore weekends. Mentions some coverage for vacation, but also sickness, training, and other drains on staffing.
- As indicated re policing, it roughly takes 5x staff to cover one full staff slot 24/7. NICJR is only indicating coverage at 3x.
- Minor concern but understates requisite staffing and consequent costs.

COB Auditor - 350,800 Call Events - 2015-2019

911: 66K, 19%, non-911: 194K, 55%, officer initiated: 90K, 26%

Figure 7. Initiation Source of Events, 2015-2019 (n = 350,800 events)



Note: "Other" includes: some alarm calls, some cell phones, California Highway Patrol, Counter, OnLine, and Voice Over Internet Protocol (VoIP). Officer-initiated includes traffic stops.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

City of Berkeley, Mental Health Calls for Service, 2015-2019

“significantly undercounted”

Table 9. Results of Scan for Events Related to Mental Health, 2015-2019

		Narrative Report	Disposition Report	Call Types	Mobile Crisis	Unduplicated Count
		Mental Health-related events identified in Narrative Reports	Events with an “MH” Disposition Report	Events with Mental Health-related Call Types	Events with response by Mobile Crisis	Narrative report, disposition, call types, and/or Mobile Crisis response
Identified events	#	28,959	9,553	20,950	4,298	42,427
	%	8%	3%	6%	1%	12%
Total Events		350,800	350,800	350,800	350,800	350,800

Note: Call Types includes: 1056 – Suicide, 5150 - Mental Illness and 1042 - Welfare Check

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

City of Berkeley, Homelessness Calls *for* Service, 2015-2019

“significantly undercounted”

Table 11 below shows the unduplicated events we were able to identify as related to homelessness based on the call type or narrative description.

Table 11. Results of Scan for Events Related to Individuals Experiencing Homelessness, 2015-2019

		Homeless-Related Events Identified in Narrative Reports	Events with Call Type Lodging in Public	Unduplicated Count (Call type and/or Narrative Terms)
Identified events	#	20,768	2,221	21,683
	%	5.9%	0.6%	6.2%
Total Events		350,800	350,800	350,800

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Reimagining Public Safety for Berkeley

Reducing the Risk of Police Violence & Liability

- The Fatal Force Project found about 1 in 5 people of all fatal encounters by police were experiencing a mental or emotional crisis (Burke, 2021). Other research has indicated 1 in 4 people in crisis (Saleh et al, 2018; TAC, 2015).
- There is stark racial bias revealed in police killings of older, unarmed Black men with signs of mental illness. Black men who are perceived as a threat tend to be criminalized while white men are more likely to get services (Manke, 2020; Thomas et al, 2020). Young Black men generally impacted.
- 10 cities with the largest police depts paid out \$248.7 Billion in settlements & court judgments in 2014, much of which were wrongful death suits of people in mental health crisis (Elinson & Frosch, 2015).

NICJR: 80.6% Non-Criminal Calls; 11.3% Misdemeanor Calls

Berkeley CALLS FOR SERVICE BY OFFENSE TYPE 2015-2019

Berkeley Police Department CFS: 2015-2019



Berkeley Research Findings: Grps Avoid or Not Call 911

Citywide Survey:

- Black respondents were extremely reluctant to call 911 for mental health or substance use issues v. for other emergencies compared with other groups.

People with Behavioral Health Challenges (PEERS) Listening Session:

- PEERS felt stigmatized as “public safety threats” to be controlled by police and not treated as human beings. They discussed fears of police violence, trauma from past experiences, not wanting to call 911, and 911 as the only option.

Queer/Trans Mental Health Provider Listening Session - Pacific Center:

- QTBIPOC staff discussed difficult situations in which there is violence, but the person does not want to call the police.

Reducing Policing & Improving Access to Services Task Force 911 & Behavioral Health Recommendations

Establish 24/7 Public Behavioral Health System for the City of Berkeley

Adopt City Auditor's Reforms for Improving 911 CAD System, including mental health & homelessness calls; add substance use -related ones

Behavioral Health Procedures and Call Scripts

Implement Alternative Non -Police Responder, Specialized Care Unit (SCU)

Examples: Eugene (CAHOOTS), Portland, Seattle, Olympia, Sacramento, San Francisco, Oakland, Santa Cruz, Los Angeles, Denver, Austin, Houston, Chicago, Atlanta, Ithaca, NYC (Durham, Albuquerque - separate govt dept)

Establish Crisis Stabilization Center for Behavioral Health in Berkeley

Develop Behavioral Health General Order for BPD that Emphasizes Diversion Away from Policing Whenever Possible

911 Communications Center Operation

General 911 Communications Center Operations Manual for Berkeley

- 911 Call Processing and Dispatching Procedures

911 Operations Resources:

National Emergency Number Association's (NENA) Industry Standards

Association of Public Safety Communications Professionals' (APCO), National 911 Industry Standards

University of Chicago, National Best Practices Recommendations, 6/22

Transportation Related Recommendations

1. (Short-Term) Transfer collision analysis and school-crossing-guard management from BPD and to Public Works
1. (Medium -Term) Review Transportation Laws, Fines and Fees to Promote Safety and Equity
1. (Short-Term) Fully Fund the BerkDOT Planning Process (at an estimated \$200,000)

Community Violence Prevention Investment/Prog

Research and invest into existing or new programs that curb community violence through:

- a. Prevention
- b. Education
- c. Mentorship
- d. Trauma stewardship
- e. Economic Opportunity

Community Violence Prevention Investment/Program

Drawing from successful models throughout the Country

- **Cure Violence - New York, Baltimore, Chicago, Philadelphia**
 - Reductions of
 - 45% violent crime (Trinidad)
 - 63% shootings (New York City)
 - 30% shootings (Philadelphia)
 - 45% shooting **in first week of program** (Chicago)
- **Advance Peace - Sacramento**
 - Reduced homicide and nonfatal injury shootings by 20% from January 2018 and 2019
 - Every \$1 spent on program saved between \$18 and \$41 dollars in emergency response, health care, and law enforcement - saving the city money!
- **United Playaz - SF**
 - Taking anywhere from 200-300 guns off the streets through annual events while hiring formerly incarcerated and empowering youth to reduce violence in the community

Community Violence Prevention Investment/Program

Minimum criteria for Community Violence Prevention programs:

- Center violence impacted families, youth, and individuals
- Create meaningful opportunities for community to tap into these programs
- Programs *must* hire staff who are from the same background as the community they serve
- Work diligently to educate and visible and accountable to the community
- Funding for programs should remain flexible, allow it to grow and adapt to emerging needs

Support City efforts to establish an Office of Race & Social Justice

- This idea isn't new in Berkeley or the Bay Area
- As a task force we recognize current efforts to create one but offer the following as guidance to ensure it is done intentionally and with integrity:
 - **Partner with trusted Community Organizations and Leaders**
 - **Integrate a community oversight and support body**

Support City efforts to establish an Office of Race & Social Justice

- **Partner with trusted Community Organizations and Leaders:**
 - Lead listening session in an equitable and inclusive way across all of Berkeley's district to inform and solicit feedback/directions of what this office should prioritize
 - Language access is paramount to accomplishing this
 - Budget for a low-barrier form of compensation for participants of listening sessions
 - Compensate community organizations for their involvement in organizing, planning, and launching sessions

Support City efforts to establish an Office of Race & Social Justice

- **Establish a Community Oversight/Support Body**
 - This body should be comprised of a variety of Berkeley residents, community leaders, and youth that bring a variety of perspectives and insights on community needs
 - This body should exist to provide guidance on emerging issues, evaluate impact of ongoing work, and ultimately serve as a partner to the City of Berkeley to ensure success

