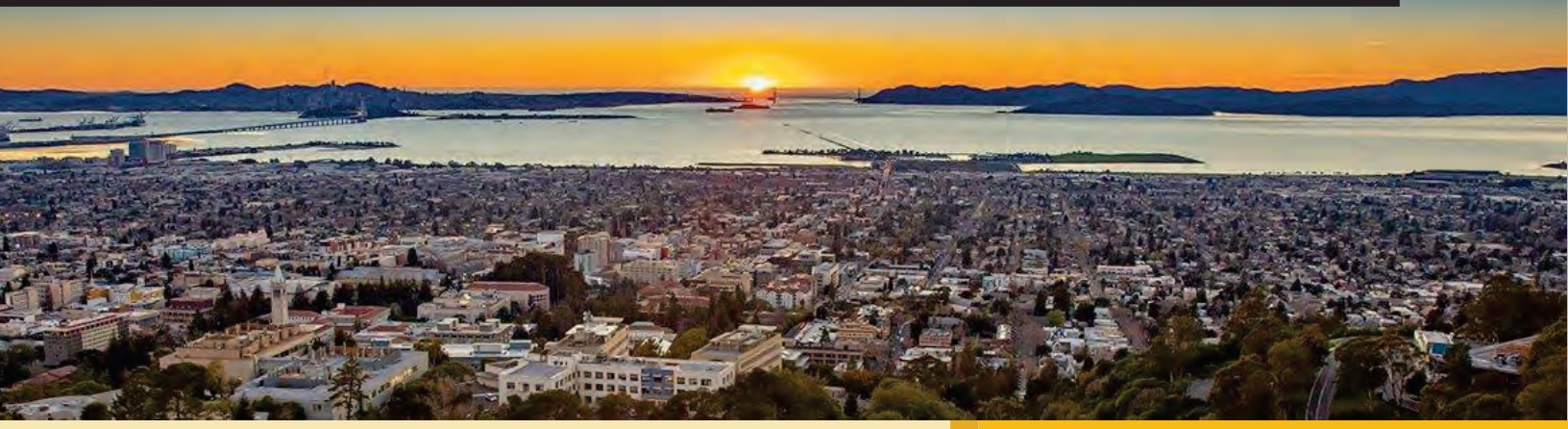
REIMAGINING PUBLIC SAFETY

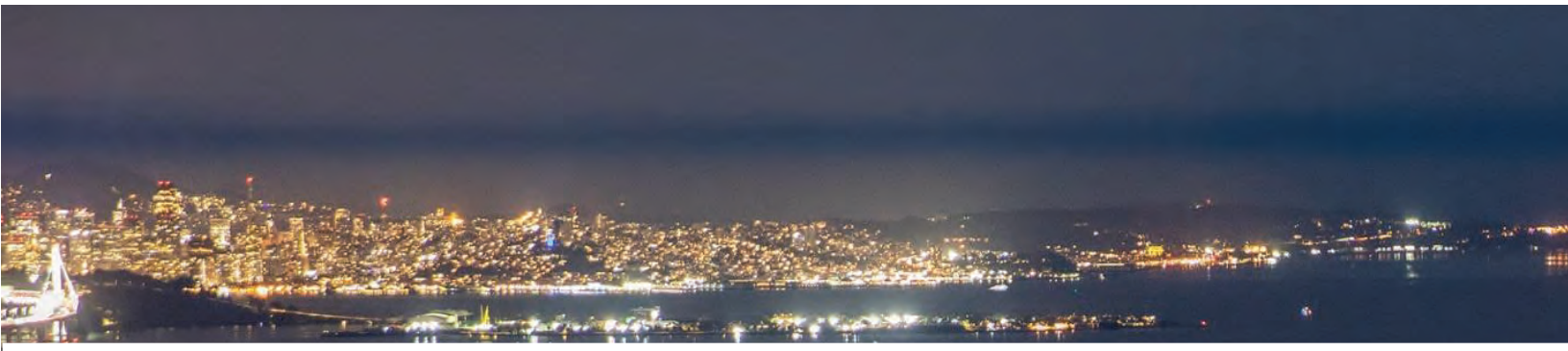


Status Update and Report Out

City Manager's Office

Summer 2025

COMPANION APPENDIX



Introduction

The companion appendix document for the Reimagining Public Safety Status Report serves a dual purpose. Firstly, it acts as an archival record, detailing the work conducted in Phase 1, Phase 2, and currently, Phase 3 of the initiative. Secondly, it aims to ensure transparency by supplying supporting documents relevant to the initiative's direct engagements. This includes details such as impact reports, presentations, contract numbers and scope of services for contractor role agreements, with the full contracts being accessible through public record requests. This document reflects the commitment to both accountability and due diligence in the ongoing process of redefining public safety measures.

Summer 2025 RPS Status Update
Appendix Legend

Appendix A	Live Free USA GVIPP Report
Appendix B	Berkeley Junior Jackets FY 2025 Report
Appendix C	Preliminary Fines & Fees Assessment
Appendix D	Specialized Care Unit Supporting Materials
Appendix E	Mental Health & Wellbeing Coordinator Impact Report
Appendix F	Domestic and Intimate Partner Violence Draft Recommendations
Appendix G	Fair & Impartial Policing (FIP) Supporting Materials
Appendix H	Translated Domestic Violence Brochure Samples

APPENDIX A

Live Free USA GVIPP Report

Reimagining Public Safety CBO Annual Report

GVIPP/Berkeley CVI Program, LIVE FREE California

Program Information

Program Calendar Link: Available through Live Free's website event page and internal scheduling system Mobilize: Berkeley CVI Collaborative Action Forums.

Program Description: The Berkeley Community Violence Intervention (BCVI) program is a comprehensive community-based initiative launched in July 2024 to prevent and reduce gun violence in Berkeley, California. The program employs evidence-based strategies including life coaching for high-risk individuals, crisis response and intervention, community outreach and engagement, school-based conflict mediation, and regional collaboration with neighboring jurisdictions.

This annual report includes information collected from July 2024 to May 2025.

Goals:

- Reduce fatal and non-fatal shootings in Berkeley
- Interrupt cycles of violence through community-based intervention
- Provide intensive life coaching and support services to high-risk individuals
- Build community capacity for violence prevention and healing
- Establish regional collaboration for cross-jurisdictional violence reduction

Target Audience:

- High-risk individuals aged 16-35 involved in or at risk of gun violence
- Families and community members affected by violence
- Students in Berkeley United School District experiencing conflict
- Community members in South and West Berkeley neighborhoods
- Regional networks spanning Berkeley, Oakland, and Richmond

Key Activities:

- 24/7 crisis response to shooting incidents and community conflicts
- Intensive life coaching sessions (2-3 times weekly with participants)
- School-based mediation and conflict resolution
- Community outreach and engagement events
- Pre-release services at Santa Rita Jail

- Regional coordination with Oakland DVP and Richmond ONS

Number of People Served | Individuals: 589+ across all program components

Breakdown by Age Group (June-December 2024):

- Children (Ages 0-10): 75 individuals (15 carried over, 60 new admissions)
- Youth (Ages 11-17): 105 individuals (35 carried over, 70 new admissions)
- Young Adults (Ages 18-24): 130 individuals (50 carried over, 80 new admissions)
- Parents/Legal Guardians: 65 individuals (25 carried over, 40 new admissions)
- Additional Family Members: 14 individuals (4 carried over, 10 new admissions)

Service Type Breakdown:

- Life Coaching Participants: 15+ individuals receiving ongoing intensive services (200+ total sessions conducted)
- Crisis Response: 12+ individuals directly engaged during shooting scene responses
- School Mediation: 75+ students and parents engaged in conflict resolution
- Community Outreach: 400+ community members reached through events and forums

Additional Metrics

Violence Reduction Outcomes (January-May 2025 vs. 2024):

- Fatal Shootings: 100% reduction (3 incidents in 2024 → 0 incidents in 2025)
- Non-Fatal Shootings: 100% reduction (3 incidents Jan-May 2024 → 0 incidents Jan-May 2025)
- Incidents with Shots Fired: 50% reduction (8 incidents Jan-May 2024 → 4 incidents Jan-May 2025)
- Year-over-year Shots Fired reduction: 81% (21 incidents 2024 → 4 incidents 2025 to date)

Crisis Response Metrics:

- 4 shooting scenes responded to (July - December 2024)
- 0 shooting scenes responded to (May 2025) - demonstrating significant improvement
- Multiple school crisis interventions across Berkeley High, B-Tech, Willard Middle, and Longfellow Middle
- Regional crisis support provided for Oakland and Richmond incidents affecting Berkeley residents

Community Engagement

Community Meetings and Events**:**

- 2 Major Community Forums: December 6, 2024 (in-person) and December 14, 2024 (virtual)
- Community Collaborative Sessions: Multiple sessions throughout the year including CVI Collaborative launch February 2025
- Neighborhood Block Parties: Participation in local community events for relationship building
- Faith and Community Events: Partnership with McGee Avenue Baptist Church including press events and harvest festivals, Voices against Violence and other community based events
- School Engagement: Regular presentations and interventions at BUSD middle and high schools

Attendance Numbers:

- December Community Forums: 100+ participants across both sessions
- Berkeley Jr. Jackets Summit: 200+ attendees with family engagement focus
- Harvest Festival events: 200+ community members reached
- School-based interventions: 75+ students and parents engaged
- Regional violence prevention showcase: Multi-agency collaboration event

Community Asset Mapping:

- Comprehensive mapping of South and West Berkeley resources and stakeholders
- Connection with 20+ community-based organizations
- Identification of credible messengers and community influencers
- Establishment of elder and community-led council concepts for shooting review processes

Workshops and Training Sessions

Number of Workshops Conducted: 4 training events plus ongoing capacity building

Training Events:

1. Life Coaching and Street Outreach Training (November 18-19, 2024)
    - 2-day intensive training facilitated by NICJR
    - 14 participants including BCVI staff, credible messengers, and community members

    - Curriculum covered evidence-based intervention strategies and trauma-informed care
2. Mental Health First Aid Training (March 2025)
    - All-day training for entire BCVI team
    - Focus on crisis response and trauma-informed care
    - Integration with ongoing service delivery protocols
3. Custom Notifications Training (March 20, 2025)
    - Collaborative training with BPD, Live Free, and City staff
    - NICJR-facilitated session on purpose and format of Custom Notifications
    - Planning for implementation protocols
4. Internal Life Coaching Model Training (ongoing)
    - Weekly internal training sessions on motivational interviewing
    - De-escalation strategies and crisis response techniques
    - Case conferencing and documentation protocols

Topics Covered:

- Evidence-based violence intervention strategies
- Life coaching and mentoring techniques
- Crisis response and de-escalation
- Trauma-informed care and mental health first aid
- Conflict mediation and restorative practices
- School engagement and family involvement strategies

Participant Feedback:

- Strong positive reception for hands-on, practical training approaches
- Request for ongoing technical assistance and refresher training
- Emphasis on value of peer learning and cross-agency collaboration
- Integration requests for BPD partnership building and role clarification

Partnerships and Collaborations

Primary Partners:

- National Institute for Criminal Justice Reform (NICJR): Technical assistance, training, and program design support for life coaching, street outreach and focused deterrence strategies
- Center for Food, Faith and Justice (CFFJ): Community engagement, street outreach and life coach management, and faith-based support through McGee Avenue Baptist Church

- City of Berkeley Departments: City Manager's Office, Berkeley Police Department, Health Housing and Community Services, GVIPP All Hands group and Reimagining Taskforce/GVIPP Steering Committee
- Oakland DVP (Violence Prevention): Regional coordination and case referrals
- Richmond Office of Neighborhood Safety (ONS): Regional coordination and case referrals

Community-Based Organization Partners (20+and creation of a Resource Guide):

- Berkeley Unified School District
- Berkeley Junior Jackets Football and Cheer
- Good Brotha Network
- Berkeley Faith and Justice Coalition
- Berkeley Black Ecumenical Ministerial Alliance (BBEMA)
- The Way Berkeley Christian Center
- Healthy Black Families
- Berkeley Community Hub
- Youth ALIVE
- Friends of Adeline
- Family Spirit Center
- Berkeley NAACP
- Green the Church
- Berkeley People's Alliance
- BOSS
- UC Berkeley

Regional and County Partners:

- Alameda County Probation (Youth Services Division and reducing youth violence coordination)
- Santa Rita Jail (pre-release services partnership)
- Alameda County Office of Violence Prevention
- Felton Institute Program (Vallejo and Antioch)
- San Francisco Violence Intervention Program (SFVIP)

Educational and Research Partners:

- University of Chicago CVI Leadership Academy
- Evidence-based program model implementation partnerships

Collaboration Impact:

- Seamless regional crisis response coordination

- Shared resource allocation and service delivery
- Joint training and capacity building initiatives
- Coordinated community engagement strategies
- Cross-jurisdictional information sharing for violence prevention

Success Stories and Testimonials

Individual Success Stories:

Case Study - Juvenile Justice Success: GP was referred to BCVI through the juvenile justice system while facing probation violations. Through intensive life coaching sessions conducted 2-3 times per week, family engagement support, and coordination with probation officers, GP successfully completed program requirements. On April 29, 2025, GP's juvenile probation case was dismissed - a significant milestone demonstrating the program's effectiveness in supporting youth through the legal system while addressing underlying risk factors.

Case Study - School Conflict Resolution: BCVI teams successfully intervened in a multi-school conflict involving Berkeley High and B-Tech students that had escalated. Through coordinated mediations involving students, families, and school administrators, the team prevented retaliatory violence and established ongoing agreements between the parties. Follow-up monitoring confirmed sustained conflict resolution with no further incidents.

Case Study - Regional Crisis De-escalation: When violence in Oakland threatened to spill over into Berkeley involving cross-jurisdictional networks, BCVI teams worked closely with Oakland DVP and Richmond ONS to provide coordinated crisis response. Through credible messenger engagement and family mediation, the team successfully prevented retaliatory violence while supporting affected families through crisis services.

Family Testimonials:

"The BCVI team was there for us when we needed them most. After [family member] was shot, they didn't just show up once - they stayed with us through the whole process. They helped us navigate everything from the hospital to the funeral planning, and they made sure we had the support we needed to heal as a family." - Family member supported through crisis response

"My son was heading down a really bad path, getting involved with the wrong people. The life coach from BCVI didn't judge him or lecture him - they met him where he was and helped him see that he had other choices. Now he's thinking about his future differently." - Parent of life coaching participant

Community Leader Testimonials:

"The BCVI program has brought something to Berkeley that we've been missing - real community-based intervention that works. When there's a crisis, we know we can call them and they'll be there. But more than that, they're building relationships and trust that prevent crises from happening in the first place." - Community organization leader

"What I appreciate about BCVI is that they understand this work has to be regional. Violence doesn't stop at city boundaries, and neither should our response. The coordination between Berkeley, Oakland, and Richmond has made all of our communities safer." - Regional partner organization

School Staff Testimonials:

"Having BCVI available when conflicts arise has been invaluable. They have the credibility and skills to de-escalate situations that might otherwise have led to suspensions, expulsions, or worse. They're helping us create a culture of resolution rather than punishment and retaliation." - Berkeley High School administrator

Credible Messenger Testimonials:

"Being part of the BCVI team has given me a way to use my own experiences to help young people avoid the mistakes I made. The training and support they provide helps me be more effective, and knowing I'm part of a larger team makes the work feel sustainable." - Community Peace Ambassador

Feedback and Surveys

Participant Satisfaction Ratings:

Life Coaching Participants (N=15):

- Overall satisfaction with services: 92% positive
- Feeling of safety and trust with life coach: 95% positive
- Perception of program helpfulness: 88% positive
- Likelihood to recommend to others: 90% positive

School-Based Intervention Feedback:

- Students: 78% reported improved understanding of conflict resolution
- Parents: 85% satisfaction with mediation process and outcomes
- School Staff: 92% found BCVI intervention helpful and effective

Community Partner Feedback:

- Collaboration effectiveness: 88% rated partnership as "very effective" or "extremely effective"
- Communication quality: 85% positive
- Mutual benefit: 90% agreement that partnership benefits both organizations
- Sustainability: 83% confidence in long-term partnership viability

Areas for Improvement (Based on Feedback):

Service Delivery Enhancement:

- Request for expanded evening and weekend availability
- Desire for more Spanish-language services and materials
- Interest in additional mental health and trauma counseling resources

Community Engagement Expansion:

- Expanded resources and capacity building for grassroots community
- Desire for neighborhood-specific engagement strategies
- Interest in youth-led programming and increased mentorship
- Request for enhanced family engagement programming

Regional Coordination Strengthening:

- Need for faster information sharing protocols during crisis situations
- Desire for joint training opportunities across jurisdictions
- Interest in shared resource development and funding strategies
- Request for standardized data collection and outcome measurement

Program Enhancement Suggestions:

- Integration of technology platforms for service delivery and communication
- Development of alumni network for program graduates
- Enhanced career development and employment services
- Expansion of pre-release services and reentry support

Implementation Timeline for Improvements:

- Immediate (0-3 months): Enhanced evening and weekend availability, strengthen communication protocols
- Short-term (3-6 months): Spanish-language materials, quarterly community forums

- Medium-term (6-12 months): Youth and adult leadership institute launch, alumni network development
- Long-term (12+ months): Technology platform integration, expanded reentry services

Feedback Collection Methods:

- Regular participant surveys
- CVI Collaborative meetings with community members and partners
- One-on-one feedback sessions with life coaching participants
- Community forum feedback interviews/surveys
- Partner organization feedback interviews/surveys
- School staff and administrator interviews/surveys
- Family member feedback collection during crisis response follow-up

The feedback collection is ongoing and integrated into program operations, ensuring continuous quality improvement and community-responsive service delivery.

APPENDIX B

Berkeley Junior Jackets FY 2025 Report

ANNUAL REPORT

View videos in Canva by scanning the QR Code:

PROGRAM DESCRIPTION

The Berkeley Junior Jackets is a nonprofit youth football and cheerleading organization based in Berkeley, California.

Established in 2017, it operates under the YLM Foundation and is sanctioned by NorCal American Youth Football (AYF).

The mission of the Berkeley Junior Jackets program is to provide a positive sports experience that includes leadership training, violence prevention, and activities that support participants' physical and mental well-being.

PROGRAM SNAPSHOT

Organization Name: YLM Foundation
Program Title: Berkeley Junior Jackets
Fiscal Year Covered: 2025

Contact Person & Title:
LynnMarie Reed, Co-Founder
Email: info@TheYLMFoundation.org

Program Calendar Link

PROGRAM SNAPSHOT

Football

PROGRAM SNAPSHOT

Cheer

SEASON 8 KPI'S & DEMOGRAPHICS

- Berkeley Residents: 107
  Total Participants: 148
- **Ethnicity:**
  - Hispanic: 16
  - Black/African American: 129
  - Other: 3

SEASON 8
KPI'S
DEMOGRAPHICS

Football: 113
- Boys: 111
- Girls: 2

Cheer: 35
- Boys: 0
- Girls: 35

Age Breakdown:
- 6U: 22
- 8U: 18
- 10U: 20
- 12U: 31
- 14U: 22

Competition Participation:
- D6: 1 (sideline)
- D6: 13 (competition)
- D10: 11 (competition)
- D12: 10 (competition)

FINANCIAL SUMMARY

Budget Overview: Use of City Funds ($150,000)

	Amount Spent	Actual % of Total
Personnel		
Board Stipends	23,000.00	
Staff Stipends	4,167.00	
Coach Compensation	8,150.00	
Personnel Subtotal	**$35,317.00**	**23.54%**

	Amount Spent	Actual % of Total
Program Materials & Facilities		
Apparel (Uniforms, Gear)	2,555.00	
Equipment (e.g., balls, pads, etc.)	13,625.59	
Game Fees (league costs, refs, etc.)	33,490.57	
Field Rental	18,320.00	
Program Materials & Facilities Subtotal	**$67,991.16**	**45.33%**

FINANCIAL SUMMARY

Budget Overview:
Use of City Funds ($150,000)

	Amount Spent	Actual % of Total
Participant Support		
Youth Scholarships	8,000.00	
Events (banquet, retreats, family days)	28,188.95	
Participant Support Subtotal	**$36,188.95**	**24.13%**

	Amount Spent	Actual % of Total
Capacity Building & Professional Development		
Staff Training & Certification	1,728.71	
Strategic Planning & Capacity Building	974.18	
Capacity Building & Professional Development Subtotal	**$2,702.89**	**1.80%**

FINANCIAL SUMMARY

Budget Overview: Use of City Funds ($150,000)

	Amount Spent	Actual % of Total
Community Engagement Activities		
Community Engagement	**$6,718.79**	
Cheer Competition	28,215.23	
Community Engagement Activities Subtotal	**$34,934.02**	**23.29%**
Admin/Operations	**$7,800.00**	**5.20%**

GOALS

Goal 1: Ensure a Professional and Stable Coaching Team
Goal 2: Strengthen Coaching Capacity
Goal 3: Maintain Equitable Access to Youth Sports
Goal 4: Promote Team Culture and Staff Cohesion
Goal 5: Strengthen Organizational Infrastructure
Goal 6: Diversify Funding Streams
Goal 7: Deepen Community Engagement
Goal 8: Track Program Reach and Inclusion
Goal 9: Support Youth Development and Safety
Goal 10: Retain Skilled Staff and Volunteers
Goal 11: Report Progress and Maintain Transparency
Goal 12: Evaluate Program Impact Annually
Goal 13: Document and Share Long-Term Outcomes

GOAL 1:

Ensure a Professional and Stable Coaching Team

Objective 1.1: Compensate coaches with monthly stipends.

Milestone Achieved:
- Initiated monthly payments September 2024.

Measure:
- Verified stipend disbursement records
- Coach performance evaluation framework under development--plan is to implement next season

GOAL 2:

Strengthen Coaching Capacity

Objective 2.1: Implement biannual training for all coaches.

Milestone Achieved:
- Completed initial training sessions by December 2024.

Measure:
- Attendance logs and post-training evaluations when available

GOAL 3:

Maintain Equitable Access to Youth Sports

Objective 3.1: Offer low- or no-cost enrollment to all participants.

Milestone Achieved:
- Enrollment open each July–August.
- 75% of athletes, received financial scholarships

Measure:
- Enrollment documentation, number of youth served, and financial aid distribution.

GOAL 4:

Promote Team Culture and Staff Cohesion

Objective 4.1: Host annual and quarterly events to build community.

Milestone Achieved:
- Annual Banquet: December each year.
- Coaches' Dinner: June annually.
- Staff Meetings: Held quarterly.

Measure:
- Event plans and attendance logs.

GOAL 4:

Season 8 Annual Banquet

GOAL 5:

Strengthen Organizational Infrastructure

Objective 5.1: Develop and adopt a multi-year strategic operational plan.

Milestone Achieved:

- Strategic operational framework completed by January 2025, including:
  - Quarterly board meeting schedule
  - Annual Junior Jacket Day
  - Pre-season camp timelines
  - Leadership development and violence prevention programming
  - Completion of board training and orientation

Measure:

- Documented operational plan, board training materials, and calendar of key organizational activities.

GOAL 6:

Diversify Funding Streams

Objective 6.1: Implement a comprehensive fundraising strategy.

Milestone Achieved:

- Actively sought private foundation grant awards
- Received UC Chancellor's Grant for new BL2T Program.

Measure:

- Number of grants submitted, dollars raised, and events held.

GOAL 7:

Deepen Community Engagement

Objective 7.1: Enhance outreach to local stakeholders and boost volunteerism.

Milestone Achieved:

- Participated in key community events:
  - National Night Out
  - Harvest Fesitval
- Hosted signature events open to all Berkeley youth:
  - Jr. Jacket Day
  - Trunk or Treat
  - Toys for Tots

Measure:

- Feedback from YLM staff and families reflecting enthusiasm for continued involvement
- Planning underway for additional community-based events in future program years

GOAL 8:

Track Program Reach and Inclusion

Objective 8.1: Monitor and analyze participation and demographic trends.

Timeline:

- Quarterly updates.

Measure:

- Participation records and demographic reports.

GOAL 9:

Support Youth Development and Safety

Objective 9.1: Integrate enriching experiences, leadership development, and violence prevention programming.

Milestone Achieved::

- Hosted developmental outings and safe social activities, including:
  - Fishing trip for football players
  - NBA HBCU All-Star Game outing
  - Local boxing match experience
  - Swim party for cheerleaders
  - Joint skating party for football players, cheerleaders, coaches, and staff
- Launched youth leadership programs:
  - Girl Power and Boys to Men sessions held simultaneously for all Jr. Jacket youth

Measure:

- Participation logs, pictures, and videos of events

GOAL 10:

Retain Skilled Staff and Volunteers

Objective 10.1: Monitor and improve staff retention.

Milestone Achieved:

- Initiated milestone payments for completing pre- and post-season activities

Measure:

- Retention rates.

GOAL 9:

Girl Power & Boys to Men

GOAL 11:

Report Progress and Maintain Transparency

Objective 11.1: Submit bi-annual and annual reports aligned with Reimagining Public Safety program.

Reporting Dates:

- September 16, 2024 | Fall/Winter 2024 Update
- May 15, 2025 | Spring/Summer 2025 Update
- TBD | Fall/Winter 2025 Update
- TBD | Spring/Summer 2026 Update

Deliverables:

- Program updates, KPI's, and financial reports.

GOAL 12:

Evaluate Program Impact Annually

Objective 12.1: Conduct a comprehensive annual evaluation.

Measure:

- Year-end impact summary, and improvement recommendations based upon learning's documented in **Goal 13**.

GOAL 13:

Document and Share Long-Term Outcomes

Objective 13.1: Prepare a final report for the City Council at the end of the funding period.

Deliverables:

- Final impact report including lessons learned .

Lessons Learned:

- YLM needs more infrastrucutre in place to make things more cohesive

Upcoming Focus:

- Beginning conversations with sponsors for a turfed, lined football field can promote equity by expanding access to high-quality, safe athletic space—particularly for BIPOC and underserved youth.
- It creates a year-round, inclusive environment for sports, leadership programs, and community gatherings, affirming that all young people in Berkeley deserve investment, dignity, and opportunity.
- This space can also serve as a visible symbol of community pride and a platform for values-aligned partnerships that center racial and economic justice.

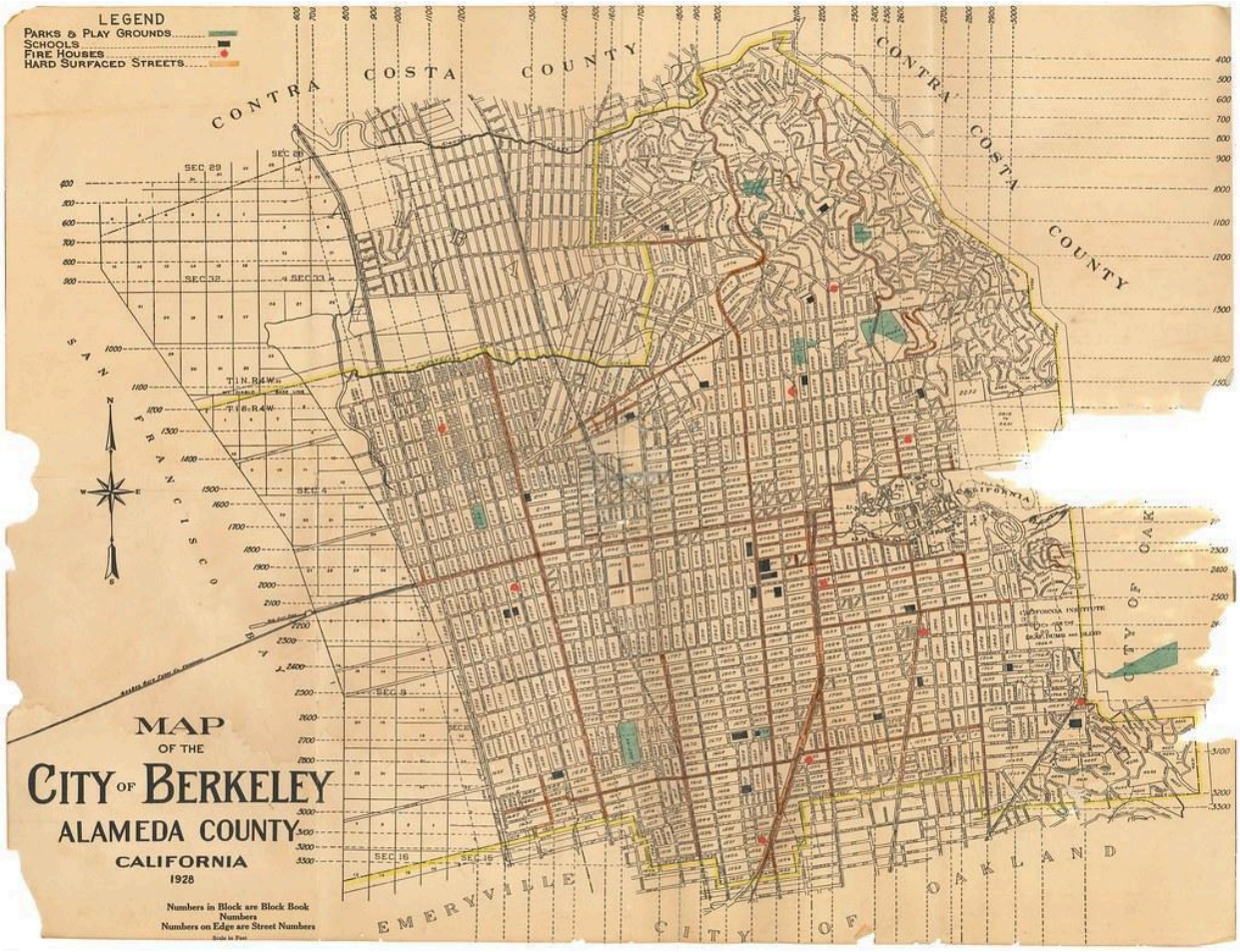
THANK YOU

APPENDIX C

Preliminary Fines & Fees Assessment

The Fines and Fees Report:

Advancing Equity in Berkeley, California



Daniel V. Muñoz MPP 2025

Goldman School of Public Policy

University of California Berkeley

This document was prepared for the City of Berkeley's Fines and Fees Steering Committee and the Berkeley City Council

The author conducted this study as part of the program of professional education at the Goldman School of Public Policy, University of California at Berkeley. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Goldman School of Public Policy, by the University of California, or by any other agency.

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Statement of Positionality

My engagement throughout this Capstone and Berkeley's Fines & Fees system is inseparable from my lived experience. I am a multi-racial Hispanic male who grew up—and, for much of my adult life, remained—in low-income circumstances, living paycheck-to-paycheck. I am formerly incarcerated and have personally carried the weight of punitive fines and fees that compounded economic insecurity for me and my family.

Having navigated the criminal legal system from the inside, I understand how cumulative financial penalties can trap people in cycles of debt, surveillance, and marginalization. This perspective grounds my insistence that policy proposals be evaluated not only for fiscal efficiency but also for their capacity to restore dignity, promote due process access, and reduce racial- and socio-economic disparities. Equity is not an abstract goal for me—it is a tangible necessity tied to survival and self-determination.

At the same time, I recognize that my proximity to the issue may introduce bias toward favoring reforms that reduce or eliminate fines altogether. To mitigate that bias, I rely on rigorous empirical evidence, dialogue with stakeholders of varied backgrounds, and transparent methodology. I strive to balance the urgency of lived experience with the discipline of data-driven public policy analysis.

Ultimately, my position in this project is both scholar-advocate and community voice. I leverage personal insight to spotlight systemic harms that might otherwise remain hidden, while committing to rigorous standards that make our recommendations credible to policymakers. My aim is to ensure that Berkeley's fines and fees framework advances fiscal responsibility *and* justice—so that no one's ability to meet basic needs is derailed by punitive costs.

Executive Summary

Introduction

Berkeley's multi-department fines and fees framework, while designed to meet diverse operational needs, has led to challenges around consistent communication, administrative efficiency, and equitable enforcement for low-income residents. In the first half of Fiscal Year 2025, parking citation volume rose by 12.9 percent while related revenues fell by 9.9 percent, indicating a growing disparity between enforcement actions and actual collections.[1] This gap highlights the limits of relying on punitive, lump-sum charges and underscores the need to realign the City's approach to promote both fiscal stability and equitable access for all residents.

[1] "Fiscal Year 2025 Mid-Year Budget Update." City Budget. City of Berkeley, March 25, 2025. https://berkeleyca.gov/sites/default/files/documents/2025-03-25%20Item%2011%20FY%202025%20Mid-Year%20Budget%20Update%20Report.pdf.

This report examines Berkeley's multilingual, multi-department fines and fees framework to identify opportunities for improving fiscal stability, administrative efficiency, and equitable access. It assesses how reliance on punitive, lump-sum penalties can exacerbate financial hardships for low-income residents and strain public trust, setting the stage for targeted reforms to realign policy with broader equity and transparency goals.

Criteria Used to Evaluate

This study evaluates six targeted interventions using a mixed-methods approach: mapping departmental fee schedules, analyzing budget and revenue data, conducting semi-structured interviews with staff from multiple City departments, and benchmarking against other Bay Area jurisdictions, such as San Francisco, Alameda, and Oakland, as well as other jurisdictions across the U.S.

To ensure a transparent and data-driven assessment of each reform, a criteria matrix was developed that quantifies their performance across five key dimensions. The study's criteria matrix assigns each proposed reform a score from 1 to 10 across each dimension—political feasibility, implementation cost, anticipated effectiveness, long-term sustainability, and potential externalities—to facilitate an objective, side-by-side comparison of policy options. By quantifying each recommendation against these standardized measures, the matrix highlights top-scoring interventions and illuminates trade-offs, enabling decision makers to prioritize actions that balance impact with practicality and equity.

Key Findings and Challenges

The disproportionate burden that fines and fees impose on low-income individuals and communities of color has been documented across California. A UCLA Summer Programs for Undergraduate Research (SPUR) study in 2021 found that nearly half of Californians with outstanding fines or fees were unable to pay other essential bills, with 40 percent skipping utilities and 37 percent missing grocery payments.[2] Concurrently, a 2023 analysis by the California Budget and Policy Center revealed that 63 percent of households earning under $35,000, 46 percent earning $35,000–$74,999, and 30 percent earning $75,000–$149,999 reported difficulty meeting basic expenses.[3] These findings illustrate how unexpected municipal charges can exacerbate financial fragility and erode trust in local governance.

Recognition of these harms has grown alongside broader public safety reforms. Berkeley's Reimagining Public Safety Task Force called for non-punitive interventions and restorative

[2] Denney, Jacob. "More Harm Than Good: Building a More Just Fine and Fee System in California," June 2021. https://www.spur.org/sites/default/files/2021-06/SPUR_More_Harm_Than_Good_0.pdf
[3] California Budget and Policy Center. "Millions of Californians Are Struggling to Make Ends Meet." Accessed April 13, 2025. https://calbudgetcenter.org/resources/millions-of-californians-are-struggling-to-make-ends-meet/.

approaches to reduce reliance on traditional enforcement,[4] while the City Council's Care First, Jails Last resolution shifted focus toward prevention and community-centered support.[5] Yet, without targeted reforms to the fines and fees framework, efforts to advance equity risk being strained by financial barriers that may contribute to financial hardship for vulnerable residents.

Although some City departments use informal, case-by-case discretion to extend deadlines, waive minor penalties, or guide residents through the fines and fees process, these accommodations depend on individual staff availability, lack clear, uniform procedures, and remain unevenly accessible, which can inadvertently reinforce inequities.

Recommendations

First, ***consolidating all fees, deadlines, and relief programs into a single, multilingual online resource page***—complemented by a council-adopted Master Fee Schedule—could vastly improve transparency and reduce administrative overhead. San Francisco, who publishes a biennial Master Fee Schedule, reports measurable increases in voluntary compliance and reductions in staff time spent responding to routine inquiries.[6] Also, embedding clear instructions and QR codes on physical notices can further guide residents to assistance at the point of citation.

Second, ***updating Berkeley Municipal Code section 14.40.100[7] to align with the ADA Amendments Act of 2008[8] and California Vehicle Code § 295.5[9]*** would broaden eligibility for disabled-parking placards to include individuals with blindness, cardiopulmonary conditions, or episodic impairments, and would allow caregivers to use placards when they are providing transportation to disabled persons. Harmonizing local law with federal and state definitions reduces legal risk and expands equitable access without substantive revenue loss.

Third, ***converting mandatory bicycle licensing under BMC 14.68 to a voluntary program*** removes a punitive requirement that discourages sustainable transportation and disproportionately penalizes second-hand bike owners who often lack sales documentation. State law under Cal. Veh. Code § 39002(a) prohibits enforcement against unlicensed bicycles,[10] and Berkeley's Climate Action Plan reported that sustainable modes—including cycling—accounted for 34 percent of trips in 2023, underscoring the

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[4] "Reimagining Public Safety." Berkeley Task Force Report, March 2022. https://berkeleyca.gov/sites/default/files/legislative-body-meeting-attachments/TaskForceReport-2322-653pm2-8-2022.pdf.
[5] Jones, Monica. "Resolution to Adopt a City-Wide 'Care First, Jails Last' Policy," July 25, 2023. https://dev.berkeleyca.gov/sites/default/files/documents/2023-07-25%20Item%2031%20Resolution%20to%20Adopt%20a%20City-Wide.pdf.
[6] City and County of San Francisco Staff Interview. Financial Justice Project, 2025
[7] Berkeley Municipal Code, § 14.40.100 (1952).
[8] ADA Amendments Act of 2008, Pub. L. No. 110–325, Stat. 3553, 2559, § 8, 122 (2008). https://archive.ada.gov/nprm_adaaa/nprm_adaaa.htm.
[9] Legislature, Cal. "Cal. Vehicle Code § 295.5." Accessed April 18, 2025. https://california.public.law/codes/ca_veh_code_section_295.5.
[10] Registration and Licensing of Bicycles, Vehicle Code § 39002(a) (2023). https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?article=&chapter=&division=16.7.&lawCode=VEH&part=&title=.

importance of barrier-free bike access.[11] Forecasts project the global used bike market to grow from $47 billion in 2025 to $72.4 billion by 2035,[12] highlighting the need for accessible, voluntary registration.

Fourth, ***evaluating a centralized, end-to-end fines and fees management platform***—either by extending the City's existing Enterprise Resource Planning (ERP) software framework or deploying an end-to-end solution—could streamline workflows, eliminate tedious data entry, and enable real-time visibility into citation lifecycles. When taken a step further and complemented by Robotic Process Automation (RPA), which automates repetitive tasks in legacy systems, the combined technology reduces errors and frees staff for more strategic work.[13]

Fifth, ***extending Berkeley's Indigent Payment Plan***—currently limited to parking citations—to all eligible fines and fees would align obligations with residents' financial realities and bolster compliance. In San Francisco, their Ability-to-Pay model, which reduces the entry fee for payment plans by over 90 percent led to a 400 percent enrollment increase and nearly $160,000 in additional revenue within two months.[14]

Finally, ***embedding automatic installment plans as the default for every citation***—offering three- or four-month payment schedules at the point of ticket issuance—aligns fiscal obligations with household cash-flow patterns. Research shows that many households facing modest but unexpected expenses are more likely to maintain compliance when payments are spread over time.[15] One study of installment plans reported a 16:1 advantage in dollars collected compared to lump-sum enforcement, illustrating both revenue gains and administrative savings.[16]

Implementation Considerations

Implementation of these reforms will require phased investments, targeted staff training, and robust public outreach—particularly to limited-English-proficiency communities—to ensure broad awareness and uptake. While some benefits, such as increased compliance and streamlined operations, may emerge quickly, others—like cumulative revenue

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[11] "Climate Action Plan and Resilience Update." Berkeley City Council, April 15, 2025. https://berkeleyca.gov/sites/default/files/documents/2025-04-15%20Item%2023%20Climate%20Action%20Plan%20and%20Resilience%20Update_0.pdf.

[12] "Used Bike Marketplace Size, Share & Forecast 2025 to 2035." Accessed April 20, 2025. https://www.futuremarketinsights.com/reports/sales-of-used-bikes-through-used-bike-marketplace.

[13] Digital Robots. "Benefits of Integrating RPA with ERP: Savings and Efficiency." Accessed April 24, 2025. https://www.digital-robots.com/en/news/beneficios-de-integrar-rpa-con-erp-ahorro-y-eficiencia.

[14] Rodriguez, Joe Fitzgerald. "City Says Reduced Fee for Parking Citation Payment Program Boosting Revenues." San Francisco Examiner, May 14, 2018. https://www.sfexaminer.com/news/city-says-reduced-fee-for-parking-citation-payment-program-boosting-revenues/article_520d8832-0300-5643-8267-3ad4c041176f.html.

[15] Hasler, Andrea, and Annamaria Lusardi. "Financial Fragility among Middle-Income Households: Evidence Beyond Asset Building." Working Paper. Global Financial Literacy Excellence Center: The George Washington University School of Business, March 4, 2019. https://gflec.org/wp-content/uploads/2019/04/Financial-Fragility-among-Middle-Income-Households-WP-2019-1-v2-3.pdf.

[16] "Payment Plans as a Compliance Tool: Best Practices For Florida Courts." Fines and Fees Justice Center, August 2019. https://finesandfeesjusticecenter.org/content/uploads/2020/05/Payment-Plans-Final-1.pdf.

stabilization—may appear over longer timeframes. Moreover, reforms touching county- or state-mandated fees will necessitate intergovernmental coordination.

Conclusion

The report proposes options to consolidate communication, update legal standards, review current mandates, leverage technology, and incorporate income-sensitive payment options to support a fines and fees system in Berkeley that promotes transparency, operational efficiency, and fiscal stability while advancing equity goals. A strategic, phased approach will enable the City to establish benchmarks, while building the foundation for more comprehensive, sustainable change.

Project Scope

This capstone undertakes a comprehensive review of Berkeley's system of municipal fines and fees to determine how current practices affect equity, fiscal stability, and administrative efficiency. The primary emphasis is on Berkeley-specific fines and fees structures and opportunities for local reform; however, it is important to note that some fines and regulations are governed by Alameda County ordinances or California state law, which are beyond the City's authority to modify.

This memorandum first maps the status quo: a decentralized network of department-specific schedules, payment portals, and appeal procedures that, despite generating large volumes of citations, often yield declining revenues and create or exacerbate burdens on economically vulnerable populations. In addition to reviewing municipal fee schedules, budget data, and comparative research, semi-structured interviews were conducted with staff from multiple departments, including the City Manager's Office, Planning and Development, Police Department, Parks, Recreation and Waterfront, Public Works, Finance, and the City Attorney's Office. These interviews provided critical insights that helped identify operational challenges and pinpoint areas where fines and fees reforms would be most impactful and administratively feasible.

Guided by a multi-criteria analytical framework that weighs political feasibility, cost, effectiveness, sustainability, and externalities, the scope extends beyond diagnosis to targeted reform design. Six principal interventions are developed: (1) a city-wide communication strategy and consolidated master fee schedule; (2) modernizing disability parking provisions to align with federal and state standards; (3) making bicycle registration voluntary; (4) unifying and simplifying the citation-appeals process; (5) offering automatic installment payment plans to everyone at the point of citation; and (6) expanding the Indigent Payment Plan model across the Berkeley Municipal Code (BMC).

The project further evaluates how automation, such as Robotic Process Automation software and Enterprise Resource Planning platforms, can reduce clerical workload,

improve accuracy, and ensure consistent rule application when administering payment plans.

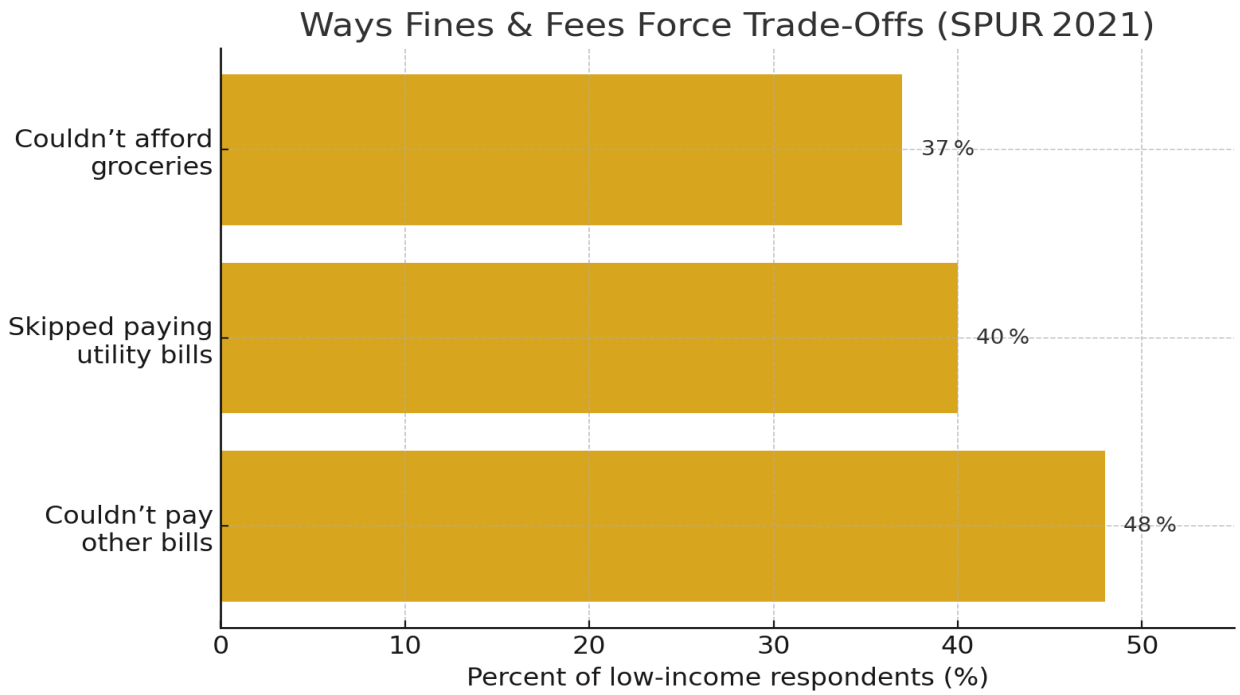
Overall, the scope encompasses problem analysis, stakeholder engagement, legal review, best-practice benchmarking, and the development of actionable policy and technology recommendations aimed at making Berkeley's fines and fees framework more equitable, transparent, and fiscally resilient.

Limitations

While this project employed a rigorous mixed-methods approach, several limitations should be noted. Access to comprehensive, granular data across departments and national partners was limited, which constrained the ability to perform a deeper quantitative analysis of fines and fees distribution and impacts. The timeline of the study also naturally limited the breadth of inquiry, including the opportunity to conduct direct interviews with low-income Berkeley residents most affected by municipal fines and fees. Additionally, while the project engaged multiple City departments and offices, further connections with additional departments could have strengthened the comprehensiveness of the findings. Future studies could build on this work by incorporating direct community engagement to further validate and refine recommendations. Additionally, some fines and regulations fall under Alameda County or California state authority, which places natural boundaries on the reforms that the City of Berkeley can independently implement. These factors should be considered when interpreting the findings and recommendations presented in this report.

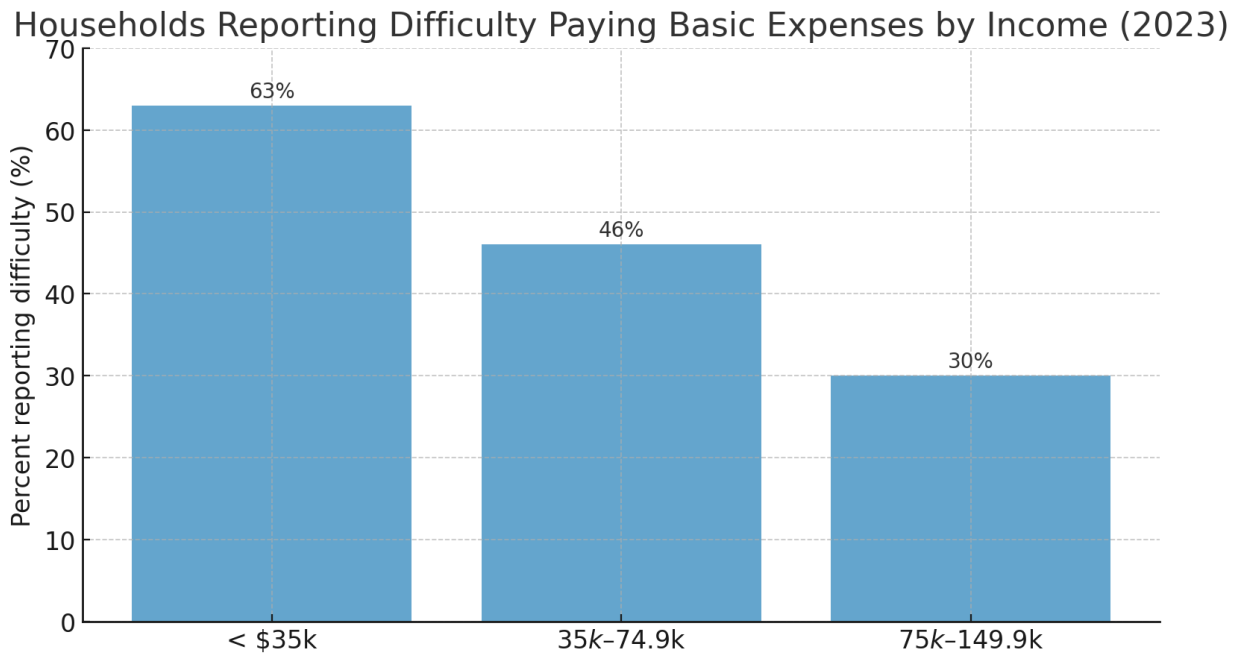
Background

The City of Berkeley imposes a range of fines and fees on individuals for various violations and services. Although intended to maintain public order and offset administrative costs, studies show that such charges may place a disproportionate burden on low-income residents. Research indicates that relatively minor fees can lead to substantial financial hardship, as individuals with limited resources may need to choose between paying fines and covering basic necessities such as food, rent, or utilities.



A report by SPUR in 2021 highlighted that fines and fees disproportionately harm low-income Californians, pushing many families into debt and impeding their ability to meet basic needs.[17] The report noted that 48 percent of individuals grappling with fines and/or fees could not pay their other monthly bills, 40 percent had to skip paying utility bills, and 37 percent could not afford groceries.[18] These findings underscore the significant burden that fines and fees can impose on low-income individuals, often leading to difficult choices between fulfilling legal obligations and meeting essential living expenses.

[17] Denney, Jacob. "More Harm Than Good: Building a More Just Fine and Fee System in California," June 2021. https://www.spur.org/sites/default/files/2021-06/SPUR_More_Harm_Than_Good_0.pdf
[18] Ibid.



Source: California Budget & Policy Center (2023) cite turn8file0

Data at the California Budget and Policy Center shows that in 2023, 63 percent of households making less than $35,000 per year, 46 percent making $35,000-$74,999, and 30 percent making $75,000-$149,999 per year, reported difficulty paying for basic expenses.[19] Households living paycheck-to-paycheck can be highly vulnerable to unanticipated expenses, as their budgets are already stretched thin by necessities like rent, food, and transportation. The lack of disposable income and emergency savings means that a significant portion of Californians, not just those who fall under the "low-income" threshold, are at risk of falling into deeper financial hardship with any unexpected cost.

Research suggests that fines and fees undermine efforts to alleviate poverty and strengthen social mobility by creating cumulative financial burdens that may contribute to financial hardship for vulnerable residents, ultimately perpetuating economic insecurity and reinforcing broader patterns of social and economic inequality. Recognizing these adverse impacts, policymakers and community advocates are increasingly calling for reforms to fine and fee structures, aiming for greater financial equity reflected in the City's municipal code.

Problem Statement

Across the United States, fines and fees related to minor offenses, court costs, and administrative penalties place a significant burden on individuals and families, particularly

[19] California Budget and Policy Center. "Millions of Californians Are Struggling to Make Ends Meet." Accessed April 13, 2025. https://calbudgetcenter.org/resources/millions-of-californians-are-struggling-to-make-ends-meet/.

in communities of color, disproportionately harming those with lower incomes.[20] In Berkeley, a city with more than 118,000 residents[21] and a federal poverty threshold of $15,650 per year in California[22], 17.7 percent of residents live below that mark, placing them at higher risk of hardship when faced with compounding municipal fines.[23] This dynamic can lead to spiraling debts and other consequences that can significantly impact those already struggling to meet basic needs.

The City of Berkeley recognizes the importance of addressing economic disparities and expanding opportunities that support financial and physical security for low-income individuals and families through accessible local government programs. Through the city's efforts to create a public safety system that prioritizes equity and care, this comprehensive re-evaluation stems from the need to address concerns about the disproportionate impact of punitive fines on low-income residents and communities of color, as highlighted in both the Reimagining Public Safety initiative and the Care First, Jails Last resolution.

The Care First, Jails Last resolution shifts public safety toward prevention, treatment, and community-based interventions rather than criminalization and incarceration.[24] The resolution also calls for financial investments in restorative justice and survivor support, guided by City Council and the Mental Health Commission. Reimagining Public Safety is a Berkeley led, council-mandated initiative and Task Force effort to develop a community centered safety paradigm that moves beyond traditional policing by repairing historical harm, advancing equity, and integrating non-police responders for mental health, substance use, and quality-of-life calls.[25] Grounded in extensive community engagement and interdisciplinary research, it seeks to foster restorative justice, enhance transparency, and invest in alternative public safety solutions—such as specialized care units, transportation reforms, and violence-prevention programs—to build lasting, inclusive well-being across every neighborhood.[26]

The disproportionate impact of fines and fees often exacerbates existing inequalities, placing additional barriers before residents who are already facing significant economic challenges. When fines and fees escalate due to an individual's inability to pay immediately, they can escalate into larger debts, which may affect credit scores, housing opportunities, and vehicle registration, among other impacts, which is crucial in order to be legally able to get to and from a place of employment. These cascading consequences create cycles of

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[20] Firefly Advocates. "The Hidden Cost of Justice: Fines, Fees, and Their Impact on Communities of Color," February 14, 2025. https://www.fireflyadvocates.org/blog/the-hidden-cost-of-justice-fines-fees-and-their-impact-on-communities-of-color.
[21] "U.S. Census." Accessed April 5, 2025. https://www.census.gov/quickfacts/fact/table/berkeleycitycalifornia/PST045223.
[22] "2025 Poverty Guidelines: 48 Contiguous States (All States except Alaska and Hawaii)," n.d. https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf.
[23] "U.S. Census." Accessed March 24, 2025. https://data.census.gov/all?q=residents+below+the+federal+poverty+line+Berkeley+city,+California.
[24] Jones, Monica. "Resolution to Adopt a City-Wide 'Care First, Jails Last' Policy," n.d. https://dev.berkeleyca.gov/sites/default/files/documents/2023-07-25%20Item%2031%20Resolution%20to%20Adopt%20a%20City-Wide.pdf.
[25] "Reimagining Public Safety." Berkeley Task Force Report, March 2022. https://berkeleyca.gov/sites/default/files/legislative-body-meeting-attachments/TaskForceReport-2322-653pm2-8-2022.pdf.
[26] Ibid

debt that hinder economic mobility and deepen the very poverty such penalties may unintentionally exacerbate, despite intended regulatory purposes..

Research and experiences from other jurisdictions highlight viable alternatives to punitive approaches, emphasizing restorative practices and income-sensitive fine structures. Cities implementing tiered systems or income-based fee waivers have seen reduced financial burdens on marginalized communities without compromising the efficacy or intent behind fines as regulatory tools; effectively promoting compliance without imposing undue hardship.

In alignment with the values articulated in the Reimagining Public Safety initiative and the Care First, Jails Last approach, the City of Berkeley is uniquely positioned to put forth comprehensive reforms that not only mitigate economic disparities but also reinforce community trust in local governance. Engaging directly with impacted communities to understand lived experiences and soliciting input on equitable fine structures can help Berkeley craft policies that better reflect the city's commitment to fairness, justice, and inclusion. Ultimately, these reforms serve as integral components of a broader strategy to build safer, healthier, and more resilient communities, ensuring that local government actions consistently align with the principles of equity and compassion.

Methodology

This project employed a mixed-methods approach anchored in rigorous evidence analysis. The first phase combined documentary analysis—examining the BMC, department-level fee schedules, recent budget updates, and revenue reports—with 15 semi-structured interviews, including correspondence through numerous follow up emails with City staff across Parking Enforcement, Code Enforcement, Finance, the City Attorney's Office, and the Indigent Payment Plan program, as well as staff at San Francisco's Financial Justice Project and the Fines and Fees Justice Center.

These steps mapped the current fines and fees ecosystem, surfaced operational pain points, and recorded equity concerns from frontline perspectives. Concurrently, Berkeley was benchmarked against other jurisdictions, including, but not limited to, San Francisco, Alameda, Oakland, and extensive literature review to identify legally and administratively viable reform models. All findings were cross-checked for consistency and accuracy.

Each potential reform is measured by a multi-criteria decision matrix—political feasibility, cost, effectiveness, sustainability, and externalities—scored on a 1-10 scale to generate comparative rankings. Quantitative scores were paired with qualitative insights from interviews and existing evidence supported the prioritization of six recommendations measuring for equity, fiscal soundness, and administrative practicality. Iterative peer review and reconciliation of data discrepancies ensured internal validity, while continuous

stakeholder feedback helped to mitigate any potential bias and maintain fidelity to community needs throughout the project.

Analytical Framework

The preferred package of six recommendations:

1) publish a consolidated, multilingual Master Fee Schedule and plain-language portal
2) update BMC 14.40.100 to align disability-parking rules with federal and state standards
3) convert mandatory bicycle licensing in BMC 14.68 to a voluntary program
4) explore internal software options
5) extend the Indigent Payment Plan beyond parking tickets to all eligible fines and fees
6) Offer an installment payment option for every citation

It is important to note that the order of the recommendations reflects a strategic sequencing based on relative ease of implementation. Recommendations are prioritized beginning with actions that present lower operational barriers and fewer interdependencies, and progressing toward reforms that involve broader structural considerations, require additional coordination, or present higher complexity. This approach is intended to support a phased implementation process that maximizes early gains while preparing for more comprehensive changes over time.

When evaluating policy recommendations for fines and fees reform, we assess each option's viability. Using specific criteria, this framework promotes a balanced approach that considers political, economic, social, and practical implications. Each recommendation involves trade-offs that influence the effectiveness and sustainability of the policy. The following matrix summarizes the considerations of a set of policy alternatives that follow. Each criteria is based on a 1-10 score, with 10 being the best score. As it pertains to externalities, lower scores lean to more negative externalities, while higher scores lean to more positive externalities.

A. Political Feasibility - Will the policy gain the political support needed to be adopted?
B. Cost Effectiveness - Do the policy outcomes outweigh the cost?
C. Effectiveness - Will the policy achieve its intended goals?
D. Sustainability - Can the policy be maintained over the long-term?
E. Externalities - What are the unintended side-effects of the policy?

Criteria Matrix

Criteria	Status Quo	Develop Clear Comm Strategy	Amend BMC 14.40.100 Disabled Parking Rules	Amend BMC 14.68 Bicycle License And Registra -tion	Explore Internal Software Options	Indigent Payment Plan Extended to Other Areas of BMC	Automatic Payment Plans Available to Anyone	Community Service
Political Feasibility	8	9	7	7	7	5	4	4
Cost Effective-ness	3	9	8	7	6	8	8	5
Effective-ness	3	8	9	9	9	9	9	6
Sustain-ability	2	8	9	9	9	8	8	3
External-ities Low=Neg High=Pos	2	8	8	8	7	8	8	5
Total Score	15	42	41	40	38	38	37	23

Considerations:

Implementation Considerations

Following the evaluation of policy alternatives through the multi-criteria analytical framework, it is important to acknowledge key considerations that could impact the practical implementation of the recommendations. While the reforms identified offer clear opportunities to advance equity, fiscal stability, and operational efficiency within the City of Berkeley's fines and fees system, successful implementation will require careful navigation of administrative, fiscal, and structural realities inherent to municipal governance.

Several considerations are outlined below:

1) **Budgetary Constraints:** Although many proposed reforms, such as updates to the BMC and the development of a centralized communication strategy, are relatively low-cost, initiatives involving technological investments—such as integrating Enterprise Resource Planning (ERP) systems or Robotic Process Automation (RPA)—will require initial capital outlays. Given competing fiscal priorities across City departments, implementation may require phased funding strategies or pursuit of external grants to offset costs.
2) **Administrative Capacity and Workload:** Consolidating department-specific schedules into a Master Fee Schedule, modernizing appeals processes, and expanding payment plan access will necessitate significant interdepartmental coordination, updates to workflows, and staff training. In the short term, these reforms may increase administrative burdens before longer-term efficiencies are fully realized. The City would need to consider how to strategically allocate resources, project management support, and technical assistance during the transition period
3) **Public Awareness and Compliance:** The effectiveness of reforms such as automatic installment plans and expanded access to financial relief options depends heavily on robust public communication. Without intentional outreach—particularly to low-income and limited-English-speaking communities—improvements in system design may not immediately translate into higher compliance rates or improved user experience. A comprehensive education and engagement campaign would be necessary to ensure that impacted residents are aware of and able to access new programs.
4) **Timing of Fiscal Benefits:** Although many reforms are designed to strengthen Berkeley's fiscal resilience over time, cost savings and revenue stabilization may not be immediately apparent. As demonstrated in peer jurisdictions, there may be a lag between initial implementation and the realization of measurable fiscal outcomes. Berkeley should build this lag into its financial projections and maintain regular

monitoring—using key performance indicators such as plan enrollment rates and delinquency trends—to sustain internal support for continued funding.

5) **Jurisdictional and Legal Boundaries:** Certain fines and fees affecting Berkeley residents are governed by Alameda County ordinances or California state law, limiting the City's direct authority to enact reforms in those areas. Any recommendations pertaining to fines set outside the City's jurisdiction would require coordination with county or state entities to fully realize intended impacts.

Incorporating these considerations into a phased implementation plan—with defined milestones, dedicated resources, and ongoing stakeholder engagement—will enable Berkeley to establish a fines and fees system that is transparent, impartial, and financially sustainable.

Community Service Considerations

Additionally, community service in lieu of monetary fines has long been proposed by countless jurisdictions, including Berkeley, as an alternative for individuals unable to pay, but past implementations in Berkeley proved financially unsustainable. Police officials noted that the prior program, facilitated through an outside agency, required officers to work overtime in order to supervise participants, driving up costs without commensurate revenue or compliance gains.[27] Multiple Parking Enforcement Officers stated that, "the cost to run the program and where the money goes or doesn't go are factors"[28] and, "the cost was too high to pay officers the overtime required to staff a program like that."[29]

Other interview respondents nonetheless suggested an expanded community service model, pointing to recent legislative reforms in other states that broaden acceptable service activities beyond roadside cleanup, would be necessary if Berkeley was to revisit a program like this.[30] In Texas, for instance, courts under Article 45.049(c) of the Code of Criminal Procedure may grant credit for participation in addiction counseling, victim impact panels, or social service outreach—rather than strictly manual labor.[31] Likewise, New Mexico's 2023 amendment to Section 31-12-3 of its statutes explicitly allows community service credit "including enrollment in job training or an academic or vocational program or participation in social service or rehabilitation programs," offering a more flexible framework for fulfillment of court-ordered hours.[32]

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[27] City of Berkeley Police Department Staff Interview, 2025.
[28] City of Berkeley Staff Interview. Parking Enforcement 2, 2025.
[29] City of Berkeley Staff Interview. Parking Enforcement, 2025.
[30] Policy and Research Director at Fines and Fees Justice Center, n.d.
[31] FindLaw. "Texas Code of Criminal Procedure - CRIM P Art. 45.049. Community Service in Satisfaction of Fine or Costs." Accessed April 23, 2025. https://codes.findlaw.com/tx/code-of-criminal-procedure/crim-ptx-crim-pro-art-45-049/.
[32] Justia Law. "2024 New Mexico Statutes :: Chapter 31 - Criminal Procedure :: Article 12 - Fines, Fees and Costs :: Section 31-12-3 - Paying Fines, Fees or Costs in Installments; Community Service Option." Accessed April 23, 2025. https://law.justia.com/codes/new-mexico/chapter-31/article-12/section-31-12-3/.

In light of these findings, a future community service alternative would need to incorporate a broader array of service options, while ensuring staffing and supervision costs are controlled to maintain both accessibility and fiscal responsibility.

Exemption Considerations

Exemptions to certain municipal fines and fees is an eventual objective; viewing them as a mechanism to advance equity and restorative public safety practices beyond strictly punitive measures. However, the City's current fiscal environment—marked by a tightly constrained general fund and recent mid-year revenue shortfalls[33] renders broad fee waivers infeasible at this time, as any reduction in revenue would deepen existing budgetary pressures and risk displacing critical services.

Under the present deficit state, allocating resources to cover foregone fine and fee revenues would require significant reallocation within an already balanced budget, making comprehensive exemptions in the near term, unfeasible. Once the City's finances recover—through the steady and sustained revenue streams the proposed reform in this report is intended to provide, it can revisit and phase in targeted exemptions that align with the City's long term equity goals, ensuring that financial capacity and policy intent advance in tandem.

Recommendations

Status Quo:

Current State of City of Berkeley's Fines and Fees

Berkeley assesses administrative fines and fees through a decentralized system in which multiple departments—such as Parking Enforcement, Code Enforcement, Planning and Development, Public Works, Parks and Recreation, Finance, and the City Attorney's Office—manage their own distinct schedules, billing systems, appeal procedures, and enforcement protocols. Parking citations, for example, operate under a separate framework from business license penalties or code violations, and each maintains its own payment forms and deadlines. An income-screened Indigent Payment Plan is available for parking citations, while most other fines require the assessed amount to be paid before an appeals hearing can be requested.

Information about fines and fees is dispersed across department-specific webpages and office counters, requiring residents—especially those with limited digital access or English

[33] "Fiscal Year 2025 Mid-Year Budget Update." City Budget. City of Berkeley, March 25, 2025. https://berkeleyca.gov/sites/default/files/documents/2025-03-25%20Item%2011%20FY%202025%20Mid-Year%20Budget%20Update%20Report.pdf.

proficiency—to contact several departments to determine the status of their citation, payment options, or eligibility for waivers. Staff have shared that some of the complaints from residents was their lack of knowledge that these programs exist.[34] Additionally, some third-party portals that handle payments lack translation capabilities, creating further access barriers. According to multiple staff interviews, this decentralization not only confuses residents but also increases clerical workload, as employees must repeatedly explain disparate procedures and policies[35] that could otherwise be unified under a central platform.

Currently, the City does not have a fully integrated case management system that spans departments. While some internal coordination tools are used for fiscal tracking and administrative operations, these tools do not track citations in real-time or automate installment plan management. Adjudication Staff shared that their department uses a citation management software that assists with their processes, but the software is exclusive to their department and does not crossover to other departments.[36] For the most part, City of Berkeley staff must rely on manual coordination and independent data entry, creating duplication of effort and inconsistent user experiences.

Current City Statute

Several provisions in the BMC further compound both operational inefficiencies and equity concerns. BMC § 14.68, which mandates annual bicycle licensing and registration,[37] is misaligned with California Vehicle Code § 39002(a), which prohibits municipalities from enforcing penalties for unlicensed bicycles.[38] In practice, this outdated requirement can confuse residents, especially youth and low-income individuals who acquire secondhand bikes without formal documentation. Staff are left to explain or enforce a law that is rarely applied consistently and may not be legally enforceable—creating administrative friction and exposing the City to reputational or legal risk without generating meaningful public benefit.

Similarly, BMC § 14.40.100, which restricts disability related parking waivers to individuals with specific physical impairments and requires that the disabled person be the vehicle's driver,[39] does not reflect current definitions under state law or the federal ADA.[40] This can limit access for individuals with blindness, respiratory illness, or cognitive impairments, and burden caregivers who assist disabled residents with transportation. Operationally, this has the potential to create ambiguity for enforcement staff and eligibility reviewers, who must reconcile local requirements with broader legal standards. From an equity standpoint, the

[34] City of Berkeley Staff Interview. Code Enforcement, 2025
[35] Ibid.
[36] City of Berkeley Staff Interview. Adjudication Staff, 2025.
[37] Berkeley Municipal Code § 14.68.020 (1976).
[38] Registration and Licensing of Bicycles, Vehicle Code § 39002(a) (2023). https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?article=&chapter=&division=16.7.&lawCode=VEH&part=&title=.
[39] Berkeley Municipal Code, § 14.40.100 (1952).
[40] ADA Amendments Act of 2008, Pub. L. No. 110–325, Stat. 3553, 2559, § 8, 122 (2008). https://archive.ada.gov/nprm_adaaa/nprm_adaaa.htm.

restrictive language can result in unnecessary financial or mobility barriers for disabled residents—undermining the City's broader commitments to accessibility and inclusion.

Departmental Practices and Informal Flexibility

While Berkeley's current fines and fees structure is decentralized, it is important to note that some departments have developed informal practices to support residents. Staff from Planning and Development, Parks and Recreation, and the Finance Department reported taking case-by-case approaches to extend deadlines, waive minor penalties, or explain procedures to individuals unfamiliar with the system.[41] [42] [43] These discretionary practices are rooted in a strong commitment to public service and, in some cases, help residents avoid deeper noncompliance.

However, such efforts remain dependent on individual staff availability, discretion, and a resident's ability to reach the right person. Without a codified, transparent process for requesting relief, these accommodations are not universally accessible and can inadvertently perpetuate inequity. The absence of clear, uniform rules also places pressure on staff to make judgment calls in the absence of policy guidance—adding to administrative workload and introducing the risk of inconsistent outcomes.

Research at the state level confirms that fines and fees disproportionately harm low-income communities and may cost more to administer and collect than they ultimately generate in revenue.[44]

Evaluation of the Status Quo Based on Criteria

Total Score: 15/50

Based on the criteria evaluation, the proposed approach received a score of 15 out of 50. On the positive side, it requires no new policy implementation, allowing the City to maintain short-term administrative continuity without the disruptions and learning curves associated with entirely new processes.

However, several significant drawbacks accompany this status quo. Rising default rates are placing increasing strain on both revenue collection and administrative capacity. Low-income residents continue to face inequitable outcomes, unable to afford large lump-sum payments or to navigate the City's decentralized system of fines and fees. Finally, by forgoing modern platforms, the City misses opportunities to reduce staff workload through automation, streamline communication with residents, and boost overall compliance.

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[41] City of Berkeley City Staff Interview. City Planning, March 2025.
[42] City of Berkeley Staff Interview. Parks and Recreation, April 2025.
[43] City of Berkeley Staff Interview. Finance Department, 2025
[44] Denney, Jacob. "More Harm Than Good: Building a More Just Fine and Fee System in California," June 2021. https://www.spur.org/sites/default/files/2021-06/SPUR_More_Harm_Than_Good_0.pdf?utm_source=chatgpt.com.

Financial Implications

If Berkeley continues operating under its current structure, it is likely to face ongoing fiscal and operational strain. The City's Fiscal Year 2025 Mid-Year Budget Update revealed a 12.9 percent increase in parking citations during the first half of the year, but a simultaneous 9.9 percent drop in related revenue—indicating that enforcement alone is not producing proportional returns. Departments are required to maintain their own intake, appeals, and payment processes, preventing the City from realizing cost savings that could be achieved through automation, centralized intake, shared administrative tools, or payment plans.

Recommendation 1: Develop a Clear Fines and Fees Communication Strategy

Current State

The BMC, contains provisions that allow for flexibility or assistance in payment of some fines and fees; however, when these provisions are not clearly communicated, eligible residents may remain unaware that help exists as the fines and fees system can be difficult to navigate.[45] In its current state, the City of Berkeley has multiple sites and departments that receive and determine eligibility for payment plans or waivers.[46]

One of the most significant lessons learned through our research is the necessity of framing information in a manner easily understandable to diverse populations. Even when local laws or ordinances (such as sections of the BMC) allow for exemptions or alternative payment schedules, instructions are delivered in overly technical language or strewn across multiple websites.[47] [48] [49] [50] [51] [52] This places additional challenges on residents who may face barriers in navigating complex systems.[53]

Proposed Change

In line with the broader goals of this project, the development of a clear communication strategy has emerged as a pivotal first step toward ensuring that fines and fees do not compound or create punitive barriers for vulnerable individuals. Therefore, a primary component of the recommended communication strategy is the consolidation of vital

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[45] "Targeted Fines and Fees Against Communities of Color Civil Rights & Constitutional Implications," September 2017. https://www.usccr.gov/files/pubs/docs/Statutory_Enforcement_Report2017.pdf.
[46] "Indigent Payment Plan for Parking Citations Application and Guidelines." City of Berkeley, n.d. https://berkeleyca.gov/sites/default/files/documents/Indigent-Payment-Plan-for-Parking-Citations-Application-and-Guidelines%202025.pdf.
[47] City of Berkeley Staff Interview. Parking Enforcement, 2025.
[48] City of Berkeley Staff Interview. Parking Enforcement 2, 2025.
[49] City of Berkeley Staff Interview. Finance Department, 2025
[50] City of Berkeley Staff Interview. Code Enforcement, 2025.
[51] City of Berkeley Staff Interview. Adjudication Staff, 2025.
[52] City of Berkeley Staff Interview. City Attorney's Office, 2025.
[53] Herd, Pamela, Donald Moynihan, and Amy Widman. "Identifying and Reducing Burdens in Administrative Processes," December 5, 2023. https://www.acus.gov/sites/default/files/documents/Identifying-and-Reducing-Burdens-in-Administrative-Processes-Final-Report-2023.12.05_2.pdf.

details—like eligibility for fee reductions, application procedures for indigent payment plans, and relevant deadlines—into a single, widely accessible platform, such as a dedicated city webpage, along with a Master Fees Schedule with a fines and fees guide that contains and describes all known fees associated with the various city departments across Berkeley, fully translated into the multiple languages commonly spoken by Berkeley residents.

Improving Access and Compliance

According to multiple City of Berkeley staff interviews, while an Indigent Payment Plan for parking citations[54] or low-income ambulance waivers are available in Berkeley, some individuals miss critical enrollment windows or remain unaware of their eligibility.[55] [56] This outcome likely stems from decentralized information, which is often scattered across department-specific websites and physical offices. Staff at the City of Berkeley Finance Office shared that only 120-140 parcels out of around 3000 each year are utilizing their low-income program as it relates to property taxes.[57]

Consolidating essential details about fines and fees into a single, user friendly platform can be vital for increasing awareness and compliance. Cities that centralize payment information and provide clearer instructions see a measurable rise in compliance and a decrease in overall default rates.[58] A centralized website, available in multiple languages, can outline steps for entering payment plans, applying for fee reductions, and understanding deadlines; all in plain language. Although the City's web portal allows for language translation, once users are directed to third-party payment pages, translation features may not persist, which could pose challenges for non-English speakers when entering sensitive payment information.

Neighboring jurisdictions demonstrate that consolidating every municipal charge in a single, council-adopted Master Fee Schedule (MFS) is both feasible and beneficial. San Francisco issues a combined "Master Fee Schedule & Fee Certification" with its biennial budget, listing licenses, service charges, fines, and the percentage of each fee's cost recovery.[59] Alameda publishes an annual MFS that incorporates Consumer Price Index adjustments and impact-fee studies,[60] while Oakland posts a searchable web page with the full PDF of its adopted MFS for each fiscal year, updated every July 1.[61]

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[54] "Indigent Payment Plan for Parking Citations Application and Guidelines." City of Berkeley, n.d. https://berkeleyca.gov/sites/default/files/documents/Indigent-Payment-Plan-for-Parking-Citations-Application-and-Guidelines%202025.pdf.
[55] City of Berkeley Staff Interview. Parking Enforcement, 2025.
[56] City of Berkeley Staff Interview. Finance Department, 2025
[57] Ibid.
[58] Hernandez, Pete. "Court E-Payments: External Service Providers, In-House Solutions and Beyond," n.d. https://www.ncsc.org/__data/assets/pdf_file/0021/15915/court-e-payments.pdf.
[59] Office of the Controller Budget and Analysis Division. "Combined Fees Certification & Master Fee Schedule FY 2024-25 & FY 2025-26," City and County of San Francisco, May 24, 2024. https://www.sf.gov/sites/default/files/2024-05/FY24-25%20Master%20Fee%20Schedule%20and%20Fees%20Certification.pdf.
[60] "Master Fee Schedule." City of Alameda, July 2024. https://www.alamedaca.gov/files/assets/public/v/1/finance/master-fee-schedule-fy-2024-25.pdf.
[61] City of Oakland. "City of Oakland Master Fee Schedules." Accessed April 17, 2025. https://www.oaklandca.gov/documents/city-of-oakland-master-fee-schedules.

These documents do more than aggregate numbers; they increase transparency for residents and businesses, reduce repetitive staff inquiries, and give policymakers a clear view of how closely each fee aligns with the cost of providing the service. The Government Finance Officers Association (GFOA) recommends that local governments "adopt formal policies regarding charges and fees," measure the full cost of each service, and house the results in a single document that is reviewed regularly.[62]

Berkeley, by contrast, posts fee schedules individually—Planning and Building updates appear in individual council items or departmental PDFs, Engineering fees live on separate forms, and Environmental Health fees are embedded in staff reports. Because the information is scattered across multiple webpages and file types, residents must hunt for the total cost of a permit or appeal, while staff spend extra time explaining where to look.

Public Trust and Clear and Consistent Communications

Another critical aspect is ensuring that any official notices, such as traffic citations or billing statements, link directly to resources. Something as simple as a QR code on the back of a parking ticket can direct an individual to a frequently asked questions (FAQ) page or a payment plan enrollment form. When individuals receive the information at the moment they need it—right when they open a ticket—it reduces confusion and can increase the likelihood of timely compliance.

Equally important is the equity dimension of clear communication. Providing instructions in multiple languages, offering large-print materials for visually impaired individuals, and furnishing straightforward, user-focused FAQs exhibits a commitment to equity.

Clarity and consistency also reduce administrative burdens and enhance public trust. Currently, citations and the Parking and Transportation website inform residents that their vehicles can be towed or booted strictly for unpaid citations.[63] [64] According to a Parking Enforcement staff interview, that penalty no longer aligns with current policy.[65] Updating official texts and website content to reflect actual practice not only preserves trust but also prevents repetitive queries and appeals. Parking Enforcement staff further explained that, although the city no longer tows for purely delinquent citations, a vehicle will be denied registration until a delinquent citation is paid, and subsequently, a vehicle recognized on the street without registration can be towed and impounded, incurring an additional set of fees.[66] Such discrepancies can cause confusion and may impact public confidence. A targeted and continuous communication campaign—one that clarifies actual policy—could resolve these conflicts, reduce confusion, and enhance compliance among residents.

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[62] "Establishing Government Charges and Fees." Accessed April 17, 2025. https://www.gfoa.org/materials/establishing-government-charges-and-fees?utm_source=chatgpt.com.
[63] "Notice of Parking Violation." City of Berkeley, n.d. https://drive.google.com/drive/folders/1w1DolG3cc4-sBhMBjMulkRhRVi-YscFy.
[64] "Paying Citations | Parking and Transportation." Accessed April 23, 2025. https://pt.berkeley.edu/citations/paying-citations.
[65] City of Berkeley Staff Interview. Parking Enforcement, 2025.
[66] City of Berkeley Staff Interview. Parking Enforcement 2, 2025.

Evaluation of Recommendation 1 based on Criteria

Total Score: 42/50

Based on the criteria evaluation, the proposal achieved a score of 42 out of 50. Consolidating all fines, fees, deadlines, and relief programs onto a single, plain-language webpage would provide significant administrative relief and improve accuracy: clerks would spend less time answering repetitive questions or correcting payment errors caused by misinformation. In addition, clear presentation of what individuals owe and how to apply for relief in multiple languages can foster higher voluntary compliance and build trust—payment rates tend to rise and public resentment diminishes when people understand their obligations and options.

Nevertheless, maintaining this streamlined schedule poses its own challenges. Keeping the webpage perfectly up to date will require ongoing inter-departmental coordination, and any lapses could quickly recreate confusion. Moreover, residents without reliable internet access or mobile data may still miss digital notices unless the City supplements the portal with documents sent in the mail and provided at public buildings, or includes QR codes directly on paper tickets.

Financial Implications

From a fiscal perspective, an informed public is more likely to seek relief rather than simply not pay. Cities can then avoid burdensome collection tactics that siphon resources away from more pressing community needs. When people understand their obligations, deadlines, and available financial assistance, they tend to comply more swiftly, lowering the administrative cost of follow-up actions and possible legal enforcement.[67]

When residents easily grasp what they owe, why they owe it, how to request relief, and where to go for assistance, they are less inclined to ignore or contest citations, thus saving time and resources for both the public and city officials.[68] This level of transparency fosters stronger, more respectful relationships between local government and its constituents. Consolidating relevant information, fostering partnerships with community organizations, and adopting a multilingual, multimodal outreach approach could help Berkeley lower default rates, sustain stable revenue, and prevent residents from incurring additional penalties.

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[67] Johnson, Shanelle. "First Steps Toward More Equitable Fines and Fees Practices," n.d. https://finesandfeesjusticecenter.org/content/uploads/2020/11/FFJC_Policy_Guidance_Ability_to_Pay_Payment_Plan_Community_Service_Final_2.pdf.

[68] "Online Infraction Adjudication and Ability-to-Pay Determinations." Report to Legislature, n.d. https://courts.ca.gov/sites/default/files/courts/default/2024-08/2024_online-infraction-adjudication-and-ability-to-pay-determinations.pdf.

Recommendation 2: Amend BMC 14.40.100 to align with federal and state standards on disability parking standards and accommodations.

Current State

Berkeley's parking ordinance, 14.40.100 for disabled persons, still uses a 1950s statute that recognizes disability only when someone "has completely lost by paralysis the use of one or both feet or one or both legs, or who has had one or both feet or one or both legs amputated" and insists that the individual be the one behind the wheel.[69] In practice, that wording bars blind residents, people with cardiopulmonary disease, wheelchair users who cannot drive, and anyone whose disability is episodic or cognitive from enjoying the fee waiver that was meant to guarantee access. The text also clashes with national civil-rights law: Congress defines disability far more broadly as "a physical or mental impairment that substantially limits one or more major life activities," or a record or perception of such an impairment, and demands that the term be "construed broadly" after the ADA Amendments Act of 2008.[70] California codifies this broader view in Vehicle Code § 295.5, which adds blindness, severe lung and heart disease, and other mobility-impairing conditions to the list of qualifying disabilities.[71]

CA Department of Motor Vehicle Guidelines and Supportive Persons

Because Berkeley's ordinance also states that "the disabled person shall operate the motor vehicle themselves," a resident who cannot drive must either pay the meter or forgo the trip unless a costly alternative is arranged. State law and the Department of Motor Vehicles, by contrast, expressly allow a disabled-person placard to be "moved from one vehicle to another," which "makes them a good option for a caregiver who transports a disabled person."[72]

The local restriction translates into concrete barriers to daily life. If a blind resident's friend cannot legally use the placard while driving the resident to a doctor's appointment, the pair may have to pay curbside fees they cannot afford or resort to ADA paratransit. Paratransit is reliable but expensive and inflexible: federal rules permit providers to insist on next-day reservations and one-hour pick-up windows,[73] and fares may legally run up to twice the regular bus fare.[74] Diverting travelers onto vans inflates public costs while denying disabled residents the spontaneity and dignity enjoyed by nondisabled neighbors.

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[69] Berkeley Municipal Code, § 14.40.100 (1952).
[70] ADA Amendments Act of 2008, Pub. L. No. 110–325, Stat. 3553, 2559, § 8, 122 (2008). https://archive.ada.gov/nprm_adaaa/nprm_adaaa.htm.
[71] Legislature, Cal. "Cal. Vehicle Code § 295.5." Accessed April 18, 2025. https://california.public.law/codes/ca_veh_code_section_295.5.
[72] California DMV. "Disabled Person Parking Placards & Plates." Accessed April 18, 2025. https://www.dmv.ca.gov/portal/vehicle-registration/license-plates-decals-and-placards/disabled-person-parking-placards-plates/.
[73] "ADA Complementary Paratransit Requirements." Accessed April 18, 2025. https://www.nationalrtap.org/Toolkits/ADA-Toolkit/Service-Type-Requirements/ADA-Complementary-Paratransit-Requirements.
[74] Ibid.

This amendment can be accomplished almost immediately, aligning local law with federal and state standards, by substituting the following language: " 'Disabled person' means an individual who meets the definition of disability under 42 U.S.C. § 12102[75] or California Vehicle Code § 295.5.[76] The parking privilege applies when the disabled person is the driver or is present as a passenger in a vehicle operated by a support person." This single amendment harmonizes Berkeley's code with prevailing civil-rights norms, protects the City from discrimination claims, and immediately extends equitable parking access to blind individuals, dialysis patients, and many others whose impairments do not involve limb loss. Allowing family or friends to drive also reduces unnecessary reliance on paratransit, easing both public budgets and riders' pocketbooks, and it facilitates easier access to daily activities for disabled residents..

Evaluation of Recommendation 2 Based on Criteria

Total Score: 41/50

Based on the criteria evaluation, the proposal earned a score of 41 out of 50. By aligning Berkeley's local ordinances with both the ADA and the California Vehicle Code, the City would reduce its legal risk—shielding itself from potential discrimination suits and DOJ enforcement actions. At the same time, expanding eligibility for parking waivers enables blind or cardiopulmonary-impaired residents to travel with friends and family rather than rely on costly paratransit vans, advancing equity goals while relieving pressure on transit subsidies.

However, this approach carries some drawbacks. Meter revenue may decline modestly as a greater number of vehicles qualify for fee waivers, and parking enforcement officers will need to learn and apply a broader set of placard rules.

Financial Implications

Updating the section requires only an ordinance revision. Such a modest administrative step would modernize Berkeley's code, advance disability equity, and trim avoidable transportation costs—all while honoring the City's broader commitment to accessible public spaces.

[75] "42 USC 12102: Definition of Disability." Accessed April 18, 2025. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section12102&num=0&edition=prelim
[76] Legislature, Cal. "Cal. Vehicle Code § 295.5." Accessed April 18, 2025. https://california.public.law/codes/ca_veh_code_section_295.5.

Recommendation 3: Amend BMC 14.68 that requires an individual to license and register their bicycles annually to be optional.

Current State

Berkeley's Municipal Code still makes it "unlawful for any person to operate or use a bicycle… which has not been licensed and registered."[77] Yet state law does not make this a requirement. California Vehicle Code § 39002(a) expressly says that when a city adopts a licensing ordinance it may not prohibit the operation of an unlicensed bicycle, confirming that any local program can be voluntary in practice.[78]

Proposed Change

Amending Chapter 14.68 so the words "shall license" become "may license," and deleting the fines that are currently associated with it, would bring Berkeley into alignment with this state standard while still allowing owners who want a theft-recovery sticker to obtain one.

Reinforcing Berkeley's Climate-friendly Mobility Efforts

Encouraging climate-friendly transportation like bicycling requires policies that remove barriers—not create penalties. Mandating bicycle registration, especially with fines for non-compliance, discourages participation and disproportionately affects those who rely on bikes as an affordable, green alternative to cars. Doing so aligns with the city's Climate and Action Plan[79] while fostering equity and encouraging broader adoption of zero-emission travel.

In 2023, Berkeley City Council reported 34 percent of trips taken in the city were made by sustainable modes of transportation; bicycles included.[80] With an ordinance revision, Berkeley can continue to promote sustainable mobility by eliminating punitive requirements and instead, offering a voluntary program that makes riding easier and more accessible for all.

Low-Income Options Carry Compliance Difficulties

Another compelling reason to make bicycle licensing voluntary in Berkeley is the significant burden it places on individuals who acquire their bikes second-hand—particularly youth and low-income residents who often rely on the used bike market for affordability. Under the current BMC, registrants are expected to provide documentation such as a sales receipt

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[77] Berkeley Municipal Code § 14.68.020 (1976).
[78] Registration and Licensing of Bicycles, Vehicle Code § 39002(a) (2023). https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?article=&chapter=&division=16.7.&lawCode=VEH&part=&title=.
[79] "Climate Action Plan and Resilience Update." Berkeley City Council, April 15, 2025. https://berkeleyca.gov/sites/default/files/documents/2025-04-15%20Item%2023%20Climate%20Action%20Plan%20and%20Resilience%20Update_0.pdf.
[80] Ibid.

or proof of ownership to complete registration. However, many used bikes are exchanged informally through garage sales, online marketplaces like Craigslist or Facebook, or given as hand-me-downs within families or communities. Second-hand global sales through bike marketplaces or private sellers are projected to grow from approximately $47 billion in 2025 to $72.4 billion by 2035, reflecting a 4.4% annual growth rate.[81] Many of these transactions do not come with formal receipts or serial number records, which would make it difficult—if not impossible—for the new owner to comply with the city's registration requirements.

Evaluation of Recommendation 3 Based on Criteria

Total Score: 40/50

Based on the criteria evaluation, the proposal received a score of 40 out of 50. By eliminating the mandatory bicycle licensing requirement, the City stands to gain significant climate and public-health benefits: removing this punitive barrier encourages more residents to cycle, directly supporting Berkeley's Climate Action targets. This change also promotes equity for youth and low-income riders, many of whom purchase second-hand bicycles without a sales receipt and currently face fines they cannot realistically contest.

On the other hand, the City would relinquish a modest theft-recovery tool—licensing stickers—that can aid in bicycle recovery unless an optional registry is promoted. Additionally, Berkeley would forgo a minor revenue stream generated by license fees.

Financial Implications

In Washington, Seattle's City Council reached this verdict decades ago. After police reported that keeping the program alive would cost at least $20,000-$25,000 (equal to over $127,000 in 2025)[82] a year while attracting fewer than half of riders, their City Council repealed its mandate outright in 1978, converting registration to a purely voluntary service, citing that it was unnecessary to keep a law in place that was never enforced.[83]

Recommendation 4: Establish a Centralized Platform for Fines and Fees Management

Current State

Berkeley currently relies on multiple internally hosted systems to handle different aspects of its municipal operations: an ERP system for human resources, payroll, and

[81] "Used Bike Marketplace Size, Share & Forecast 2025 to 2035." Accessed April 20, 2025. https://www.futuremarketinsights.com/reports/sales-of-used-bikes-through-used-bike-marketplace.
[82] DollarTimes. "Calculate the Value of $25,000 in 1978." Accessed April 28, 2025. https://www.dollartimes.com/inflation/inflation.php?amount=25000&year=1978.
[83] "Registering Bicycles - CityArchives | Seattle.Gov." Accessed April 20, 2025. https://www.seattle.gov/cityarchives/exhibits-and-education/seattle-voices/registering-bicycles.

disbursements;[84] a separate revenue-accounting application for incoming fines and fees;[85] and a back-end case-management system for parking citations appeals.[86] None of these platforms communicate directly to each other, requiring staff to manually export, transform, and consolidate data; often using spreadsheets.[87]

While the City may be utilizing specific software to coordinate specific internal processes, it may not be being used to its full potential. The City stands to benefit from a tool that can manage the full lifecycle of a fine or fee, from issuance to resolution, including user-facing functionality and automated workflows for payment plans. Significant consolidation and cross-communication of scalable and integrated administrative software would be instrumental in keeping structural inefficiencies from persisting.

Proposed Change

Berkeley can evaluate whether to consolidate and extend its current ERP framework end-to-end to cover both outgoing expenditures and incoming revenues across departments or to deploy a modern, integrated ERP solution capable of end-to-end automation that spans the full lifecycle of fines, fees, and related financial operations.

How Enterprise Resource Planning (ERP) Software Works

An ERP system is a modular suite that centralizes core business processes—finance, human capital management, procurement, and reporting—into a single, unified database, creating a "single source of truth."[88] By automating data flows between functional units, ERP reduces tedious data entry, enforces standardized workflows, and provides real-time visibility into organizational performance metrics.[89]

How Robotic Process Automation (RPA) Software Works

Robotic Process Automation employs software "bots" that watch user interactions with graphical interfaces and then replicate those actions—filling forms, extracting data, and moving information between systems—without direct API integration.[90] RPA excels at automating repetitive, rule-based tasks, lowering the barrier to automation when legacy systems lack programmable interfaces.[91]

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[84] "Contract 10549B Amendment:" City Manager: City of Berkeley, June 27, 2023. https://berkeleyca.gov/sites/default/files/documents/2023-06-27%20Item%2027%20Contract%2010549B%20Amendment%20Tyler.pdf?utm.
[85] Ibid.
[86] Passport, Inc. "Getting Started (OpsMan Web)." Accessed April 24, 2025. https://help.passportinc.com/support/solutions/articles/73000552729-getting-started-opsman-web-.
[87] City of Berkeley Staff Interview. Parking Enforcement, 2025.
[88] SAP. "What Is ERP? The Essential Guide." Accessed April 20, 2025. https://www.sap.com/products/erp/what-is-erp.html.
[89] Ibid.
[90] Lumenalta. "What Is Robotic Process Automation (RPA)," January 7, 2025. https://lumenalta.com/insights/what-is-robotic-process-automation-rpa.
[91] Ibid.

ERP and RPA Can Work Together

When paired, RPA can bridge gaps in an ERP environment by automating tasks before and after core ERP workflows—such as processing incoming citations from a back-end system or generating custom compliance reports—while ERP handles master data, accounting logic, and consolidated reporting. This combination further reduces manual handoffs and accelerates end-to-end transactions.[92]

Broader Opportunity

Having multiple software platforms can make compliance more difficult, create administrative inefficiencies, and hinder the City's ability to ensure equitable treatment across programs. A centralized ERP platform, potentially enhanced by RPA for legacy integrations, has the potential to promote transparency via consistent public dashboards, support fiscal responsibility through tighter budget controls, and lower equity barriers by automating internal processes among departments; thereby simplifying them, as well as residents' interactions with City payment portals.[93]

Insights from Department of Labor Website

The Department of Labor describes how RPA bots are used in unemployment cases; stating that when tasked with adjudication and fact-finding, RPA bots review employer-submitted fact-finding requests and automatically enter the claimant's separation reason into the benefits system.[94] Used similarly, this can be helpful to the Fines and Fees citation ecosystem by eliminating the need for repetitive manual input, reducing both errors and processing time. Additionally, bots can scan relevant databases to determine whether required documentation has been returned by claimants and if documents are missing, the bots automatically generate and send a "failure to respond" notice, ensuring that claimants are aware of what is needed and how to provide it.[95] These automations streamline the adjudication process while reinforcing accuracy and timeliness in case handling.

RPA bots can also be used to assemble and send appeals packets to the involved parties and to the designated Hearing Officer or Administrative Law Judge prior to the appeal hearing.[96] This task, which once consumed considerable staff time, is now completed swiftly and systematically. Further, bots extract key data elements such as the claimant's name and the appeal issue from the request and input them into the system for human validation. After review, the bots complete the docketing of the appeal and ensure all related documentation is included. They are also capable of navigating scheduling systems

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[92] Digital Robots. "Benefits of Integrating RPA with ERP: Savings and Efficiency." Accessed April 24, 2025. https://www.digital-robots.com/en/news/beneficios-de-integrar-rpa-con-erp-ahorro-y-eficiencia.
[93] Ibid.
[94] Department of Labor. "Use Cases for Robotic Process Automation in UI Claims Processing." Accessed April 19, 2025. https://www.dol.gov/agencies/eta/ui-modernization/promising-practices/rpa-use-cases.
[95] Ibid.
[96] Department of Labor. "Use Cases for Robotic Process Automation in UI Claims Processing." Accessed April 19, 2025. https://www.dol.gov/agencies/eta/ui-modernization/promising-practices/rpa-use-cases.

to identify the availability of adjudicators, thereby assigning and scheduling hearings without manual intervention.[97]

States have reported processing time reductions of 70–80% due to bots handling high-volume, rule-based tasks with precision. The automation of such tasks enables staff to shift their attention to more complex, discretionary work that demands human judgment and insight. In doing so, RPA not only mitigates backlogs and reduces errors but also enhances job satisfaction among employees by relieving them of the burden of monotonous administrative work. These outcomes affirm that RPA is not merely a technological upgrade but a strategic tool for improving the capacity, equity, and responsiveness of public benefit systems. Supplementing Electronic Resource Planning with Robotic Process Automation could further enhance administrative feasibility, fiscal soundness, and transparency.

Investing in a modern fines and fees management platform could be critical to making payment plans universally available and to expanding the IPP in a fiscally sustainable, user-friendly way, simultaneously boosting employee satisfaction and relieving burnout and fatigue.

Peer jurisdictions, such as San Francisco, attest to improvements in administrative ease and data accuracy.

San Francisco's Financial Justice Project as a Model

One of the most illuminating local precedents is San Francisco's Financial Justice Project (FJP). Established to address the regressive nature of fines and fees, FJP demonstrated that lowering fines for low-income residents not only improves payment rates but also mitigates the harmful collateral consequences of unpaid debt.[98] [99] Their "MyCitations" income-based fine reductions underscore that expanding streamlined payment strategies can achieve both revenue stability and social equity.[100] This mirrors the observations of Berkeley's Indigent Payment Plan;[101] participants who can see a direct path to resolving their obligations without spiraling penalties are more likely to follow through and pay.[102]

Software Impact on San Francisco

As discussed, purpose-built ERP or platforms can replace time-consuming manual data-entry with a single, scalable system that processes every account according to

[97] Ibid.
[98] City and County of San Francisco Staff Interview. Financial Justice Project, 2025
[99] "Graduating Economic Sanctions According to Ability to Pay | Iowa Law Review - The University of Iowa." Accessed April 13, 2025. https://ilr.law.uiowa.edu/print/volume-103-issue-1/graduating-economic-sanctions-according-to-ability-to-pay.
[100] Byrne, Francine. Report to the Legislature: Online Infraction Adjudication and Ability-to-Pay Determinations (2023). https://jcc.legistar.com/View.ashx?M=F&ID=11695191&GUID=70B48C8A-FE60-48DB-8137-320B528E107D.
[101] City of Berkeley Staff Interview. Parking Enforcement, 2025.
[102] "Payment Plans as a Compliance Tool: Best Practices For Florida Courts." Fines and Fees Justice Center, August 2019. https://finesandfeesjusticecenter.org/content/uploads/2020/05/Payment-Plans-Final-1.pdf.

consistent rules. FJP has implemented specific ERP software and their Payment Plan staff, shared the following in an email:

> Our software handles the bulk of the heavy lifting and is essential to the efficacy of the payment plan administration. The way CSS [Impact] computes and administers the plans is great (and user friendly):
>
> - The system has the flexibility to set rules for the payment plan program parameters that can be specific to a type of debt; The system uses those rule settings to perform the math to calculate the payment installments and terms, and trigger other workflow logic to conduct outreach and identify outlier cases and apply rules for those situations, and progresses each of the plans through its life cycle with no need for human intervention.
> - The system can maintain all of the necessary documents related to the payment plan program (i.e., any financial documents needed to assess eligibility, the application and terms of agreement, critical communications), and set rule restrictions to ensure all plans are handled the same/treated equally
> - Manages the sustained outreach that helps facilitates compliance and helps increase the propensity for payment; We send out enrollment notices once the plans are set-up, a reminder notice 15 days before the due date, another reminder on the due date (if we have the email address or are approved to send text), a notice when they are in default to give an opportunity to cure, and notice when the plans are cancelled
> - Maintains the modern features of convenience, such as interfacing daily with the online payment page to provide clientele with information on the status of their plans, special messaging on the portal, and outreach through email or text messages
> - Provide reports for analysis that can be used to account for trends, change needs in the payment plan program rules, and provide a general status of how the program is performing

They go on to say:

> From my experience the software is absolutely essential to successfully administer and manage the payment plan program. The initial set-up costs can vary based on the complexity of the payment plan program, but in my experience it is worth the investment. It is much more cost effective over time, greatly reduces the administrative burden, greatly reduces the chance for human error or delays, and centralizes the data to a single scalable source vs maintaining multiple spreadsheets, and far easier to make changes as service programs evolve.[103]

[103] City and County of San Francisco Payment Plan Staff. Financial Justice Project, 2025.

When asked what effect the software had on the administrator, staff at the City and County of San Francisco assured that this software is intended to supplement the administrator's job as a tool for efficiency and accuracy, not a replacement.[104]

Evaluation of Recommendation 4 Based on Criteria

Total Score: 38/50

Based on the criteria evaluation, the proposal achieved a score of 38 out of 50. By consolidating Berkeley's fines and fees systems, the City would realize improved administrative efficiency and eliminate time-consuming processes. This streamlined approach would also enhance transparency for residence and provide them with accessible self-service options. In addition, it lays a strong foundation for future capabilities—such as advanced analytics, mobile engagement, and proactive compliance features—that can further strengthen the system over time.

However, these gains come with notable upfront challenges. Implementing a unified platform will demand a significant initial investment and careful transition planning across multiple departments. Furthermore, sustaining its benefits will require ongoing governance and coordination to uphold shared data standards and ensure that workflows remain aligned across the organization.

Financial Implications

With departments routinely resorting to spreadsheets for interim calculations and cross-program reconciliations, such manual processes can consume dozens of hours per month, diverting staff from higher-value tasks and slowing the City's responsiveness to emerging compliance or equity concerns.[105] The current decentralization not only increases maintenance costs for multiple software licenses and support contracts but also amplifies the risk of data entry errors and delays in critical decision-making.[106]

Public-sector studies put the ceiling for national annual savings from cognitive automation at up to $41 billion and 1.2 billion staff hours, with even "minimal" investments freeing 96 million hours and $3.3 billion a year.[107] Federal agencies have already eliminated more than 1.4 million staff hours of low-value work in their first five years of RPA use, redirecting capacity to mission-critical tasks.[108] State unemployment-insurance programs report 70-80 percent faster claim-handling and more than 300,000 staff hours saved after deploying

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[104] City and County of San Francisco Staff Interview. Financial Justice Project, 2025
[105] Schwarz, Lisa. "ERP Automation Benefits and Trends." Oracle Net Suite, June 4, 2023. https://www.netsuite.com/portal/resource/articles/erp/erp-automation.shtml?utm.
[106] TechTarget. "An Explanation of SAP ERP," November 20, 2024. https://www.techtarget.com/whatis/video/An-explanation-of-SAP-ERP?utm.
[107] Deloitte Insights. "AI-Augmented Government." Accessed April 19, 2025. https://www2.deloitte.com/us/en/insights/focus/cognitive-technologies/artificial-intelligence-government.html
[108] Jacobs, Brian. "Intelligent Automation in the Federal Government: Key Factors for Success." *Macro Solutions* (blog), March 6, 2023. https://macrosolutions.com/intelligent-automation-in-the-federal-government-key-factors-for-success/.

bots to copy data and send notices.[109] These figures far outweigh typical licensing and integration fees, especially for cloud solutions that scale elastically.

Cost/Benefit

Low-code suites let non-technical staff drag-and-drop workflows; Los Angeles put up an emergency-rental-assistance app in two months, and New South Wales built a disaster-response hub in a single week, saving AUD $10.5 million and 30,000 work-hours.[110]

Implementing or refining a centralized ERP platform alone, or with complementary RPA capabilities will require interdepartmental coordination and potentially phased investments—similar to other technology projects undertaken by the City. However, modern ERP solutions have consistently delivered strong returns. Nucleus Research found that organizations recouped implementation investments in sixteen months on average and achieved over 200 percent return on investment (ROI), driven by the elimination of legacy system costs and efficiency gains.[111]

Additionally, ERP automation benefits such as reduced human labor, improved productivity, and lower error rates further free staff capacity for strategic work and accelerate revenue collection processes.[112] Over time, these savings can outweigh up-front costs, delivering a sustainable platform that underpins the City's equity, transparency, and fiscal-responsibility objectives.

Certain ERP software have the ability to centralize multiple processes and absorb and facilitate the use of additional software simultaneously. By centralizing and automating fines and fees across all municipal programs, Berkeley stands to achieve a more equitable, transparent, and cost-effective system, while laying the foundation for future enhancements such as advanced analytics and AI-driven customer support.

To achieve a centralized system, convening a dedicated cross-departmental strike team could drive timely coordination and bring the initiative across the finish line.

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[109] Department of Labor. "Use Cases for Robotic Process Automation in UI Claims Processing." Accessed April 19, 2025. https://www.dol.gov/agencies/eta/ui-modernization/promising-practices/rpa-use-cases.
[110] Sturges, Kim Kaull. "3 Ways to Harness the Power of Low-Code in Government & Public Services." servicenow.com, n.d. https://www.servicenow.com/blogs/2024/power-low-code-government.
[111] Nucleus Research. "ERP Pays for Itself--Fast," December 16, 2019. https://nucleusresearch.com/research/single/erp-pays-for-itself-fast/.
[112] Schwarz, Lisa. "ERP Automation Benefits and Trends." Oracle Net Suite, June 4, 2023. https://www.netsuite.com/portal/resource/articles/erp/erp-automation.shtml?utm.

Recommendation 5: Expand the Indigent Payment Plan to Other Areas of the BMC

Current Framework

Currently, Berkeley's Indigent Payment Plan program offers to reduce a parking fine down to its original amount and set up an installment plan for qualifying residents, who qualify by proof of their enrollment in government assistance programs such as EBT or Medi-Cal. According to staff overseeing this initiative, compliance rates under this plan exceed those in regular enforcement.[113] This result hints to the relationship of compliance and the direct alignment of monthly payments with people's financial realities.

Proposed Change

Building on these findings, Berkeley can extend the Indigent Payment Plan beyond parking or specific code enforcement contexts to other parts of the BMC that involve fines and fees. Low-income residents often face collateral consequences—such as vehicle registration holds, towing risks, or even property liens—when they cannot pay large lump-sum fines.

Berkeley officials consistently acknowledged these inequities in interviews. Staff at Berkeley's Code Enforcement highlighted that compounding penalties disproportionately penalize vulnerable populations, creating additional layers of economic hardship for those least able to afford them.[114] Similarly, the National Consumer Law Center's 2022 report documents extensively how punitive municipal fines create harmful financial instability among already struggling residents.[115] Ultimately, once a household falls behind on one fine, additional fees or penalties usually accumulate, reducing the likelihood of eventual payment, subsequently harming the City's bottom line.

Financial Implications

With the numerous benefits and relief that payment plans provide, Ability-to-Pay models have been repeatedly underscored by other jurisdictions. For example, according to the San Francisco Municipal Transportation Agency, when they reduced their fee to enter a payment plan from $60 to $5, enrollment in the payment plan increased by 400 percent; resulting in an increase of nearly $160,000 in total revenue for the City in the first two months.[116]

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[113] City of Berkeley Staff Interview. Parking Enforcement 2, 2025.
[114] City of Berkeley Staff Interview. Code Enforcement, 2025.
[115] NCLC. "No Fresh Start 2022: Will States Let Debt Collectors Push Families Into Poverty as the Cost of Necessities Soars?" Accessed March 30, 2025. https://www.nclc.org/resources/no-fresh-start-2022-will-states-let-debt-collectors-push-families-into-poverty/.
[116] Rodriguez, Joe Fitzgerald. "City Says Reduced Fee for Parking Citation Payment Program Boosting Revenues." San Francisco Examiner, May 14, 2018. https://www.sfexaminer.com/news/city-says-reduced-fee-for-parking-citation-payment-program-boosting-revenues/article_520d8832-0300-5643-8267-3ad4c041176f.html.

Insights from the 2025 Mid-Year Budget Update

The City of Berkeley's Fiscal Year 2025 Mid-Year Budget Update notes that parking-ticket issuance grew by 12.9 percent during the first half of the fiscal year, yet parking-fine revenue fell by $320,386 (9.85 percent).[117] In the report, City staff attribute the revenue decline to a 2018 change in California law that prohibits towing solely for unpaid parking citations[118] however, outstanding citations can still block a vehicle's registration and cars driven without valid registration remain subject to towing, license suspensions, added fines or fees, and can impact insurance coverage.[119]

This analysis has uncovered another possible factor: higher default rates among residents who cannot afford lump-sum payments. A BMC-wide IPP could reverse such losses by transforming large, unrealistic obligations into affordable, enforceable ones.

Scaling the IPP across the BMC has the potential to stabilize municipal finances by converting high-risk debt into steady receipts, lighten administrative workloads by curtailing costly enforcement actions, and fulfill the City's equity mandate by shielding its most vulnerable residents from cascading penalties wherever fines and fees can impact low-income Berkeley residents. In doing so, Berkeley can align itself with a growing national movement that recognizes humane, data-driven policy on fines as both fiscally prudent and socially responsible.

Evaluation of Recommendation 5 Based on Criteria

Total Score: 38/50

Based on the criteria evaluation, the proposal earned a score of 38 out of 50. By extending the IPP, the policy would deliver robust equity gains, safeguarding the lowest-income households from cascading late fees. It also presents a demonstrated fiscal upside, as higher participation rates are likely to boost overall revenue collections.

However, some middle-income residents may perceive the policy as preferential unless it is paired with the universal installment option described in Recommendation 6. In addition, expanding the IPP would increase the burden on staff to verify public-benefit eligibility for a wider range of citation types—unless that workload is mitigated by the software upgrades proposed elsewhere in the Report.

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[117] Friedrichsen, Sharon, and Henry Oyekanmi. "Fiscal Year 2025 Mid-Year Budget Update." City Budget. City of Berkeley, March 25, 2025. https://berkeleyca.gov/sites/default/files/documents/2025-03-25%20Item%2011%20FY%202025%20Mid-Year%20Budget%20Update%20Report.pdf.

[118] Ibid.

[119] LegalClarity. "California Vehicle Code 465: Registration Rules and Penalties," December 27, 2024. https://legalclarity.org/california-vehicle-code-465-registration-rules-and-penalties/.

Recommendation 6: Explore Automatic Fines and Fees Payment Plans Available to Anyone

Current Framework

At present, Berkeley's installment options are restricted almost exclusively to its Indigent Payment Plan, which residents may access only if they can document enrollment in programs, such as CalFresh/EBT, Medi-Cal, or General Assistance.[120] All other citation recipients must either pay the full amount in a single lump sum or navigate ad-hoc appeals, leaving most households without a structured, affordable path to compliance.

Unfortunately, many residents who do not meet the public-assistance test still lack the liquidity to pay large fines at once and the risk of widespread non-payment is poised to grow. As highlighted earlier, 63 percent of California households earning under $35,000, 46 percent earning $35,000–$74,999, and even 30 percent earning $75,000–$149,999 reported difficulty meeting basic expenses.[121] When core living costs already strain the budgets of more than just low-income families, a sudden $75–$100 parking ticket—or a far larger code enforcement penalty—can quickly become unpayable, driving citation holders into default.

Proposed Change

Berkeley can strengthen both fiscal stability and procedural fairness by making installment-based payment plans the default option for every fine or fee assessed under the BMC. Offering three- or four-month schedules at the moment a citation is issued aligns payment obligations with ordinary household cash-flow patterns, fostering timely partial payments instead of sporadic lump-sum defaults. Embedding an *automatic* three- or four-installment option into every notice issued under the BMC therefore meets residents where they are financially, converting what is often perceived as a sudden shock into a series of manageable obligations.

Studies highlight how many individuals hesitate or delay payments if the amount is too large at once, while smaller scheduled payments can encourage individuals to budget more effectively and keep their accounts current.[122] Success stories from other jurisdictions bolster this approach. According to the Brennan Center for Justice's 2019 report, high fines frequently lead to non-payment, resulting in costly enforcement actions, including

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[120] "Indigent Payment Plan for Parking Citations Application and Guidelines." City of Berkeley. Accessed March 23, 2025. https://berkeleyca.gov/sites/default/files/documents/Indigent-Payment-Plan-for-Parking-Citations-Application-and-Guidelines%202025.pdf.

[121] California Budget and Policy Center. "Millions of Californians Are Struggling to Make Ends Meet." Accessed April 13, 2025. https://calbudgetcenter.org/resources/millions-of-californians-are-struggling-to-make-ends-meet/.

[122] Hasler, Andrea, and Annamaria Lusardi. "Financial Fragility among Middle-Income Households: Evidence Beyond Asset Building." Working Paper. Global Financial Literacy Excellence Center: The George Washington University School of Business, March 4, 2019. https://gflec.org/wp-content/uploads/2019/04/Financial-Fragility-among-Middle-Income-Households-WP-2019-1-v2-3.pdf.

administrative expenses, collections procedures, and potential legal actions.[123] Conversely, reasonable fines aligned with individuals' ability to pay can provide more reliable revenue streams and minimize unnecessary expenditures associated with unpaid debts.

Research consistently shows that aligning fines with individuals' economic reality directly improves compliance rates,[124] [125] thereby boosting overall revenue and saving resources that would otherwise be spent on cumbersome enforcement actions.[126]

Berkeley's leadership on this issue would set an important precedent, demonstrating how local governments can cultivate a balanced, inclusive, and fiscally responsible enforcement framework. By adopting comprehensive installment options for all residents, Berkeley can strengthen both its fiscal health and its commitment to an equitable civic environment.

Comprehensive Social Impacts

Municipalities nationwide have reported significant benefits from implementing equitable fine and fee reforms similar to those proposed for Berkeley. Reforms around fines and fees in Las Vegas, for example, improved community relations, enhancing trust between local governments and constituents.[127] This outcome is critical, given the broader societal impacts associated with financial penalties, including diminished community trust, heightened socioeconomic disparities, and perpetuated cycles of poverty.

Financial Implications

Although Berkeley's Indigent Payment options focus on those with demonstrated low income, research indicates that payment plan options offered to all residents can lead to greater compliance and increased revenue, regardless of income. Empirical evidence from other jurisdictions underscores this financial logic. When Palm Beach County clerks placed misdemeanor and traffic defendants on installment plans at the first point of contact, 85 out of 200 cases made payments, generating $11,097 on $61,823 owed; non-plan cases saw just four payers and a meager $678 on $73,693 assigned.[128] The ratio—roughly 16:1 in favor of structured installments—speaks not only to willingness but to capacity: residents

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[123] Menendez, Matthew, Michael F. Crowley, Lauren-Brooke Eisen, and Noah Atchison. "The Steep Costs of Criminal Justice Fees and Fines | Brennan Center for Justice," November 21, 2019. https://finesandfeesjusticecenter.org/articles/the-steep-costs-of-criminal-justice-fees-and-fines-a-fiscal-analysis-of-three-states-and-ten-counties/.

[124] Harris, Alexes. *A Pound of Flesh: Monetary Sanctions as Punishment for the Poor*. New York: Russell Sage Foundation, 2016. https://muse.jhu.edu/pub/207/monograph/book/45636.

[125] Obama Whitehouse Archives. "FINES, FEES, AND BAIL: Payments In the Criminal Justice System That Disproportionately Impact the Poor," December 2015. https://obamawhitehouse.archives.gov/sites/default/files/page/files/1215_cea_fine_fee_bail_issue_brief.pdf.

[126] Menendez, Matthew, Michael F. Crowley, Lauren-Brooke Eisen, and Noah Atchison. "The Steep Costs of Criminal Justice Fees and Fines | Brennan Center for Justice," November 21, 2019. https://finesandfeesjusticecenter.org/articles/the-steep-costs-of-criminal-justice-fees-and-fines-a-fiscal-analysis-of-three-states-and-ten-counties/.

[127] National League of Cities. "5 Lessons from NLC's Cities Addressing Fines and Fees Equitably Initiative," March 20, 2025. https://www.nlc.org/article/2025/03/20/5-lessons-from-nlcs-cities-addressing-fines-and-fees-equitably-initiative/.

[128] "Payment Plans as a Compliance Tool: Best Practices For Florida Courts." Fines and Fees Justice Center, August 2019. https://finesandfeesjusticecenter.org/content/uploads/2020/05/Payment-Plans-Final-1.pdf.

will comply when the obligation fits with a monthly budget cycle. By lowering barriers and placing people on payment plans immediately, the county has increased collections and reduced the number of cases that fall out of compliance.

As another example, in February 2017, the National Task Force on Fines, Fees and Bail Practices issued a bench card to help judges properly apply fees and fines. Later that year, Texas passed a law requiring courts to assess defendants' ability to pay earlier in the process, adjust financial penalties accordingly, limit warrants for noncompliance, and expand community service options—leading to a 7 percent increase in collections.[129]

Reducing Administrative Costs and Default Rates

One commonly overlooked advantage of providing installment plans is a reduction in administrative overhead. According to the Brennan Center for Justice's 2019 report, for every unpaid citation, the City has the potential to incur costs associated with collection; additional administrative paperwork, sending notices, and in some cases, court proceedings.[130] In some municipalities, resources consumed in pursuit of delinquent fines often exceeded the revenue gained. One New Mexico county, for example, spent $1.17 for every $1.00 collected in fines and fees, illustrating how enforcement and oversight expenses rapidly erode any revenue gain.[131] These costs mount as courts and their partners devote resources to paperwork, hearings, and other procedures to pursue unpaid obligations that frequently remain uncollected. Automatically implementing payment plans and shifting to an installment-based system would almost certainly cut any expenses related to collection efforts by turning potential defaulters into willing payers, while simultaneously preventing the City from funneling resources into endless attempts to collect from individuals who lack the immediate means to pay.

Evaluation of Recommendation 6 Based on Criteria

Total Score: 37/50

Based on the criteria evaluation, the proposal earned a score of 37 out of 50. By offering early payment plans, jurisdictions have realized higher net revenue and lower collection costs and have mitigated collateral harms, since timely partial payments prevent vehicle registration holds and other cascading penalties that accompany delinquency.

However, rolling out this approach depends on integrating new software into existing systems and ensuring staff are properly trained to use it.

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[129] "Fees and Fines: The Criminalization of Poverty." Accessed April 7, 2025. https://www.americanbar.org/groups/government_public/publications/public_lawyer_articles/fees-fines/.

[130] Menendez, Matthew, Michael F. Crowley, Lauren-Brooke Eisen, and Noah Atchison. "The Steep Costs of Criminal Justice Fees and Fines | Brennan Center for Justice," November 21, 2019. https://finesandfeesjusticecenter.org/articles/the-steep-costs-of-criminal-justice-fees-and-fines-a-fiscal-analysis-of-three-states-and-ten-counties/.

[131] Miller, Andrea L., and Nikole Hotchkiss. "Policy Reforms for Racial Justice: What Works for Fines and Fees." National Center for State Courts, December 2024. https://ncsc.contentdm.oclc.org/digital/collection/financial/id/293.

Conclusion

This report brings together key insights on Berkeley's fines and fees framework, while underscoring the prospective impact on the CIty's broader civic values. The analysis demonstrates that Berkeley's existing fines and fees system—characterized by decentralized departmental schedules, uneven informational access, and reliance on punitive lump-sum charges—has contributed to growing revenue shortfalls and imposed disproportionate burdens on financially vulnerable residents.

Employing a mixed-methods approach that combines document review, semi-structured staff interviews, budget analysis, and other jurisdiction benchmarking, this report developed a multi-criteria decision matrix to evaluate six targeted reforms. Each recommendation was assessed on political feasibility, cost, effectiveness, sustainability, and externalities, yielding clear prioritization; from low-barrier interventions, such as consolidating all fees into a single Master Fee Schedule; to more complex technology investments, such as centralized ERP and RPA; to expanding access to payment plans.

Early implementation phases should prioritize low-cost, high-impact actions while laying the groundwork for subsequent technology integrations and payment-plan expansions. . Collectively, these reforms promise to enhance transparency, promote equitable access, and stabilize long term revenues. A unified Master Fee Schedule and multilingual online resource page will streamline resident interactions and reduce clerical workload; updates to disability-parking and bicycle-registration ordinances will remove outdated requirements and align local law with state and federal standards; modernized software platforms will automate repetitive tasks, improve data accuracy, and free staff for higher-value work; and expanded income-sensitive and automatic installment payment options will convert high-risk debt into manageable obligations and bolster compliance.

Ultimately, regular reporting to the City Council and the Fines and Fees Steering Committee, including transparent updates on fiscal impacts, compliance metrics, and community feedback, will help maintain momentum and adaptability. By sequencing reforms to secure early administrative relief and building capacity for more complex changes, the City of Berkeley can progressively realize a fines and fees framework that balances fiscal responsibility with equitable access, operational efficiency, and public trust. Such an approach aligns with the City's broader "Care First, Jails Last" and "Reimagining Public Safety" initiatives, illustrating that reforms to fines and fees are not merely revenue tools but integral components of a more just and resilient local government framework.

Appendix I

Additional Sections of the Berkeley Municipal Code (BMC) for Staff to Consider for Inclusion in Payment Plan Eligibility

BMC Section	Description
6.04.080	Bathe, swim, wade in Aquatic Park
6.08.020	Going upon or using the wharf
6.24	Municipal Off-Street Parking Facilities (meters, pay-to-display)
6.32	Parks and Public Pathways—Use Restrictions
6.50.030	Prohibition on feeding wild animals on public property
12.32.050	Garbage collection and fees
12.32.060	Garbage collection and fees
12.36.070	Collecting recyclables from the curbside (aimed at low-income individuals)
12.40.040	Litter, Debris, and Noxious Plants
12.40.050	Litter, Debris, and Noxious Plants
12.40.060	Litter, Debris, and Noxious Plants
13.36.015	Creation of accessibility on commercial sidewalks—related restrictions
13.36.20	Obstructing entrance to or exit from public or private buildings
13.36.040	Obstructing City-owned planters and trees
13.52.040	Parking vehicle on private property
13.52.050	Parking vehicle on private property
13.52	Parking vehicle on private property (entire Chapter 13.52)
13.98.030	Placing graffiti as a nuisance—owner's obligation to have graffiti removed
13.98.040	Penalties if owner does not remove or show good-faith efforts to remove graffiti

16.04.010 Sidewalk repair requirements—property owner's duty to maintain public sidewalks

Appendix II

Public Safety Defined

Public Safety in the context of fines and fees reform refers to the deliberate use of financial penalties not simply as revenue tools or punitive measures, but as instruments for promoting equitable compliance and reinvesting in community wellbeing. A well designed system ensures that penalties deter harmful behavior without imposing disproportionate burdens on low-income residents or triggering secondary sanctions that can worsen economic instability. By providing transparent payment options, relief programs like installment plans and clear communication, municipalities foster voluntary compliance.

Moreover, reducing the administrative and enforcement resources tied up in pursuing delinquent fines frees up capacity to support upstream interventions, such as violence prevention, mental-health outreach, and social services, that address root causes of unsafe behavior. In this way, reforms to fines and fees serve both to uphold individual rights and to enhance collective safety by minimizing collateral harm and enabling proactive, preventive public safety strategies.

APPENDIX D

Specialized Care Unit Supporting Materials

Office of the City Manager

April 22, 2025

To: Honorable Mayor and Members of the City Council

From: Paul Buddenhagen, City Manager

Re: Specialized Care Unit

Introduction
In an effort to best serve Berkeley residents needing mental health crisis support, the City is transitioning the services offered by the pilot Specialized Care Unit (SCU) project to Alameda County Behavioral Health Care Services. This transition, which is expected to be completed by late summer 2025, is made possible by significant changes to the state's policy landscape for mental and behavioral health mobile crisis programs.

Rationale
As of January 1, 2023, California counties were mandated to implement a new Medi-Cal Community-Based Mobile Crisis Intervention Services benefit. This new Medi-Cal benefit aligns closely with the SCU's goals:

- Crisis hotline via a single telephone number.
- Standardized dispatch and response procedures.
- Response for urban areas required within 60 minutes.
- Reduction of unnecessary emergency department and psychiatric inpatient hospitalizations.
- Minimization of unnecessary law enforcement involvement.
- Provision of multidisciplinary care, including EMTs, licensed clinicians, and peer support specialists. State requirement to serve all residents regardless of insurance or ability to pay.

In addition, several operational requirements for mobile crisis teams address several issues of concern by community stakeholders and are more feasibly implemented at the County level, including:

- 24/7 crisis hotline availability.
- Coordination with 988, 911, and other behavioral health providers for dispatch and on-site coordination.
- Coordination with emergency responders for transport to higher levels of care.
- Mandated 72-hour follow-up check-ins.

These requirements have proven challenging for the SCU to meet within its current funding and infrastructure. Currently, the County utilizes 911 for mobile crisis service contact and dispatch.

The County's existing system-wide coordination offers advantages for Berkeley residents, streamlining what would otherwise require extensive City-County coordination and infrastructure development to meet new Medi-Cal billing requirements. Moreover, the SCU's current contractor also provides behavioral health crisis services through Alameda County, facilitating a smoother transition and continuity of care for individuals receiving services.

Pilot Summary
The Specialized Care Unit (SCU) pilot project was launched as part of the City's Reimagining Public Safety initiative to attempt to create a model for providing non-police responses for people having mental health crises and substance use emergencies. While the SCU has been operational since September 5, 2023, significant structural challenges have raised concerns about its sustainability. Key issues include:

- Staffing shortages;
- Hours of operation;
- Long response times;
- Lack of long-term funding;
- Calls are not routed through 911; and
- Unmet community expectations related to support for people who are homeless

Issues with the SCU are exacerbated by the pilot design. An evaluation by Research Development Associates (RDA) is underway that is expected to confirm systemic design flaws that hinder the SCU's long-term viability.

One example under the current structure is response times. With only one team, if a call for assistance comes in when the SCU is working on a different call, it could take several hours to respond. Stakeholders have been clear that this does not meet the expectations of the community.

Additionally, community concerns, operational inefficiencies, and strained relationships with key stakeholders due to misaligned performance expectations have further complicated implementation.

Moving forward, the City will work diligently to support the transition of the SCU to the County, collaborating with stakeholders to address unmet expectations, and ensuring continued service availability for Berkeley residents.

SCU Financial Sustainability Planning
The SCU was initially funded by a combination of one-time ARPA funds, a state grant and Mental Health Service Act funding. Short-term funding creates great difficulty in sustaining a long-term program, which is one of the reasons the city is working to ensure that the service will continue to be available by transitioning it to the Alameda County. Ongoing Medi-Cal funding can be secured for the SCU if it is part of County services.

Since the SCU's original design and initial launch in 2023, the California policy landscape for mental and behavioral health mobile crisis programs has undergone significant changes. State efforts to enhance mental health crisis response have been integrated into new state requirements for counties under the CalAIM initiative (California Advancing & Innovating Medi-Cal). The mobile crisis services provided by the SCU pilot are now a Medi-Cal entitlement, with Alameda County Behavioral Health responsible for ensuring service availability to all county residents, including those in Berkeley. City staff have consulted with County Behavioral Health Officials, who fully support this determination. The County is currently developing ten teams to meet the mandated 60-minute response time for mobile crisis services throughout the county.

Program Needs & Financial Constraints
Total one-time funding of $5.3 million for the two-year SCU Pilot project has been provided by three funding streams summarized below.

- $536,500 from the Crisis Care Mobile Units (CCMU) program grant from the California Department of Healthcare Services (DHCS) which expires on June 30, 2025. This grant will be fully expended.
- $68,000 from the Behavioral Health Service Act, referred to as Mental Health Services Act funding prior to voter approval of Proposition 1. This funding will be fully expended.
- $4,750,000 from The American Rescue Plan Act (ARPA) grant, which must be spent by December 31, 2026.

There is no reoccurring funding for the pilot once the resources listed above have been exhausted. Preliminary findings from the evaluation of the SCU that is currently underway indicate a substantial need for program infrastructure expansion, an increase in the number of teams, the need for standardized policies and protocols, upgrading the data system, and enhancing collaboration with Alameda County Behavioral Health's continuum of care including City emergency responders. There is also an urgent need to improve staff retention, potentially through program expansion with additional mobile teams, dedicated call-takers, and hazard pay or shift differentials for overnight and weekend shifts.

Given the City of Berkeley's limited resources and the discontinuation of current state and federal funding sources, the city is collaborating closely with Alameda County to ensure the continuity of mobile crisis services mandated under Cal-AIM reform.

Transition Planning
Next steps to facilitate the transition include:

- Sharing evaluation findings with all stakeholders and Alameda County Behavioral Health to inform their program design and evaluation.
- Clarifying cost projections for the SCU Pilot as the program transitions to the County.
- Continuing proactive collaboration with the County and Bonita House to support the transition.
- Promoting the continued availability of SCU services throughout the transition.
- Facilitating coordination between Alameda County Behavioral Health, Berkeley Police, Fire, Mental Health Departments, and other stakeholders.
- The City will monitor service delivery quality, participate in stakeholder convenings, and ensure alignment with Reimagining Public Safety goals, even after Alameda County assumes operational responsibility.
- Developing community and stakeholder communication plans.

While the County assumes primary responsibility for much of the transition, the City of Berkeley will be actively engaged in ensuring uninterrupted service delivery to Berkeley residents. In addition, in line with the Reimaging Public Safety initiative, the City's Health, Housing and Community Services Department will use the evaluation results to guide the development, and implementation of alternatives to arrest and incarceration for individuals with behavioral health issues. While service delivery is transitioning, the City remains committed to investing in non-police crisis response solutions that uphold the principles of equity, care, and public safety. Additional updates will be as the timeline is solidified and communication plans are clear.

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Berkeley Specialized Care Unit

Retrospective Evaluation 2025

RDA CONSULTING

CITY OF BERKELEY

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SCU Background & Overview

Origins

2020-2021

The City of Berkeley contracted RDA to conduct a feasibility study for a Berkeley behavioral health crisis response team that does not rely on law enforcement. The feasibility study informed the implementation of the *Specialized Care Unit (SCU).*

City Investment

The City of Berkeley allocated $4.5 million total from American Rescue Plan Act (ARPA) funding* and the Crisis Care Mobile Units (CCMU) grant+ for the implementation of the SCU pilot program.

The City of Berkeley purchased and leased equipment for the SCU, including vehicles, IT equipment, medical supplies, and more

Specialized Care Unit

** ARPA funds were a subaward from the Coronavirus State and Local Fiscal Recovery Funds*

+ a grant program administered through the California Department of Health Care Services (DHCS)

SCU Scope of Services

The City of Berkeley contracted with Bonita House to provide SCU services from January 1, 2023 through May 31, 2025.

- Crisis counseling, de-escalation, and violence prevention
- Substance use harm reduction
- Mobile transport
- Outreach and relationship-building with community members
- Resource connection, referrals, and warm handoffs
- Identify and refer participants to higher levels of crisis support

Specialized Care Unit

Evaluation Introduction & Overview

Evaluation Purpose

The City of Berkeley contracted with RDA to conduct a retrospective evaluation ***to assess the implementation, preliminary impacts, and lessons learned from the first year and a half of the SCU pilot program.*** The evaluation was designed to explore overall strengths and areas for improvement based on program implementation and client outcomes to understand the opportunities and needs related to pilot expansion and sustainability.

In this way, ***the evaluation offers transparency and accountability to stakeholders,*** while providing an opportunity for the City of Berkeley ***to understand how its investments promote access to specialized, behavioral health crisis services for city constituents.***

Evaluation Objectives

RDA collected and analyzed primary and secondary data to support the City of Berkeley to evaluate the first year of the pilot program. The **three primary objectives** that guided the evaluation include:

- **Quality Improvement:** Identify opportunities for the SCU to improve services and adapt implementation.
- **Assessing Results:** Assess the degree to which the SCU is achieving goals and making a positive impact in the community.
- **Sustainability Planning:** Provide recommendations to inform the City's strategic planning for future crisis services, including SCU expansion and sustainability.

Guiding Questions

Quality Improvement

How is the SCU being implemented?

1. How are core components of the SCU model being implemented?
2. What have been successes in implementing the SCU?
3. What have been challenges in implementing the SCU?
4. What are successes of integrating SCU into an existing emergency ecosystem and continuum of care?
5. What are challenges of integrating SCU into an existing emergency ecosystem and continuum of care?

Assessing Results

What impact did the SCU have?

6. Who was engaged by the SCU?
7. What are the presenting needs of clients and callers?
8. What services were provided by the SCU?
9. What are immediate outcomes (intended and unintended) for clients?
10. To what extent is the SCU providing quality services?

Methodology

Data Collection & Limitations

*From October through December 2025, 29 organizations were contacted and invited to participate.

Data Sources

FIVE Interviews and Focus Groups with SCU Teams, SCU Leadership, HHCS Program Administrators, and Emergency Responders

SIX Interviews* with City & Local Service Providers

ONE Online Community Survey

NINE *Quarterly CCMU Grant Reports*

Programmatic data from the SCU's Electronic Data System

Interviews & Focus Groups

Interviews and Focus Groups provided an opportunity for local service providers to share first-hand perspectives on SCU implementation and impacts

Participants were asked about ***program implementation successes & challenges***:

- Experiences across planning, ramp up, service delivery, and team expansion
- Operations and staffing
- System integration and coordination with emergency responders
- Outreach and relationship building with service providers and community members

Participants were asked about ***SCU's outcomes and impacts***:

- Client needs
- Perceived impacts on clients & community
- Quality of services
- Sustainability
- Additional resources needed
- Structural changes needed

Limitations
Interviews & Focus Groups

- Local service provider availability and participation in interviews was low, ***limiting sample size***
- The stakeholders included in the interviews and focus groups ***may not be representative*** of all local service providers or Berkeley community members
- Primary data collection ***did not include people who have received SCU services*** due to HIPAA protections
- The evaluation team was ***unable to conduct intercept interviews*** with community stakeholders at local service sites due to ethic concerns and project constraints

Community Survey

The community survey provided an opportunity for the broader public to share perspectives on SCU implementation and impacts. The survey also enabled evaluators to assess the extent of community awareness about SCU services.

The community survey asked questions about ***program implementation & awareness***:

- Familiarity with SCU
- Requesting services & needs
- Experiences with the phone & field-based teams
- Overall satisfaction with services
- Perceived value or importance of the SCU model
- Likelihood to call again or recommend the SCU to others
- Recommendations

The community survey used a variety of question styles, including Likert scale, multiple choice, checkboxes for 'select all that apply,' and open-ended responses

The survey was made available for three weeks from February 24, 2025 – March 16, 2025 and was promoted by the City of Berkeley

The survey received 233 of total responses

Limitations
Community Survey

- The community survey received 233 responses and may be ***not be representative*** of all Berkeley community members
- Community survey results are ***not generalizable*** to all Berkeley community members
- We present the number of observations (N) for each set of data presented in this report because ***respondents did not answer every question*** on the survey. Therefore, responses to survey questions have varying levels of generalizability to all survey respondents and questions with lower response rates will be more affected by outliers or skewed compared to questions with higher response rates.

Quarterly CCMU Grant Reports

As part of the CCMU grant funding, Bonita House submitted quarterly grant reports, which allowed evaluators to track program adaptations and implementation over time.

Information and data included in the quarterly reports provide insight about ***implementation challenges & resolutions***:

- Planning and coordination efforts
- Staffing changes, team make-up
- Service availability
- Trainings
- Infrastructure investments (equipment, communications, trainings, call taking and dispatch, marketing)
- Public outreach and marketing

Evaluators reviewed 9 grant reports covering the pilot program period from April 1, 2022 – September 30, 2024.

No grant reports were submitted for January-March 2023 and therefore were not part of the evaluation.

Limitations
Quarterly CCMU Grant Reports

- A grant report for ***one quarter was not part of this study*** (January-March 2023).
- Open-ended responses in grant reports provide a ***limited window into each area of inquiry*** due to word/character constraints for responses, biases or lack of information from respondents, changes in who is writing the report over time, and other limitations inherent to grant reporting.

SCU Program Data

The SCU team gathered service data independently. This data provides a direct look at the services delivered and clients served, as recorded by the program.

- Data is collected in a custom application that allows users to enter information throughout the duration of an incident.
- The application does not include ESO data collected from the EMT
- Basic data collection started on program roll out (September 1, 2023)
- The application was implemented on January 14, 2024 and additional data elements were added over time
- For a list of indicators included in evaluation analysis, please refer to the Appendix

- 1753 records were included in the dataset shared with evaluators. Data was cleaned to remove duplicate records (42) and errors in ID number that prevented matching (5).
- In total, there were 1706 records included in the analysis, including:
  - Phone call only
  - Phone with an in-person response
  - In-person response only
- For any indicators that were updated or changed in January 2024, data elements were recategorized when appropriate or are labeled in each chart when not possible.

Limitations
SCU Program Data

- ***Data collection in an emergency response environment, and in a new program, is inherently challenging*** and will have some degree of inconsistency or incompleteness.
- ***SCU did not have data collection protocols*** *and data may not have always been collected consistently.*
  - *An index of all indicators and related inconsistencies is included in the Appendix*
- Collecting client demographics in a crisis response environment is challenging and ***demographic data should be interpreted with discretion***.
- Due to the evaluation's timeline, ***data was only available for part of December 2024***. However, the partial-month's data is presented here to provide as much program data as possible.
- ***Many indicators were not collected prior to January, 2024,*** including Response Priority, Service Disposition, and Primary Service. For each data point analyzed, ***we present the total number of incidents included (N) in a calculation.***
- Data for ***some indicators were left blank***; blank responses are included in the report, as appropriate
- Narrative data is not included in this analysis. ***Some conclusions cannot be drawn because additional context*** would be required. Two examples include:
  - *A phone call with "Response not required" could indicate a successful phone de-escalation or could indicate the call was not appropriate for the SCU*
  - *"Police assistance" could indicate the SCU team called for police assistance or that police were already on scene when they arrived, and usage could vary by team member*

Summary of Findings

Summary of Findings

Implementation

1. The SCU launched and increased service provision, averaging 339 contacts per quarter between FY24 Q2 and FY25 Q2
2. Survey respondents have basic knowledge of the SCU and how to contact the program
3. For calls answered and receiving an in-person response, the median time for the SCU to arrive on scene after the call was created in 2024 was 18.7 minutes
4. While core components of the SCU model were successfully implemented, the program faced significant barriers that prevented full implementation
5. HHCS program administrators, SCU leadership, and SCU staff adapted the program and processes to mitigate barriers to implementation
6. SCU team members experienced significant challenges that may explain hiring and retention challenges
7. Stakeholders remain unclear about the SCU's full scope of services, and the program lacks distinct protocols

Summary of Findings

Impact

8. When the SCU responded in person, the team was able to provide services in about half of scenarios
9. The SCU provided in-person responses to more unhoused/unsheltered community members than housed community members
10. Incomplete demographic data for the race and/or ethnicity of clients prevents drawing meaningful conclusions
11. The SCU delivered a range of services that represent the core needs the program was designed to meet
12. Callers reached out to the SCU for a variety of scenarios and may have most often called when they were community bystanders
13. Among survey respondents, caller satisfaction and stakeholder perception of service quality varies
14. Police were involved in one in eight in-person responses and many community members expressed disappointment in this level of involvement
15. Only a small fraction of in-person responses resulted in an involuntary hold (5150/5585)
16. In-person responses with police assistance resulted in an involuntary hold (5150/5585) more frequently than responses without police assistance

Summary of Findings

Stakeholder Suggestions for Improvement

A. Stakeholders want continued and increased investment in the SCU program to promote safety, quality, and sustainability

B. Community stakeholders, SCU staff, and emergency responders desire improved clarity and consistency of communication strategies

C. Community stakeholders, SCU staff, and emergency responders expressed a need for improved response coordination

Key Findings

How is the SCU being implemented?

#1

Slide 1 of 2

The SCU launched and increased service provision, averaging 339 contacts per quarter between FY24 Q2 and FY25 Q2

After contracting and procurement, program ramp up was relatively quick. Staffing and hours of service availability steadily increased over time.

	Total SCU mobile teams	Total Staff *field & administrative*	Hours of Operation
FY24 – Q1	**2**	**7**	**Sun – Wed** **6am – 4pm** *40 hours/week*
FY24 – Q2	**2**	**10.5**	
FY24 – Q3	**3**	**20**	
FY24 – Q4	**5**	**19**	**Sun – Sat** **20 – 24 hours/day** *Variable* *avg. 152 hours/week*
FY25 – Q1	**5**	**24**	

Source: Grant Reports

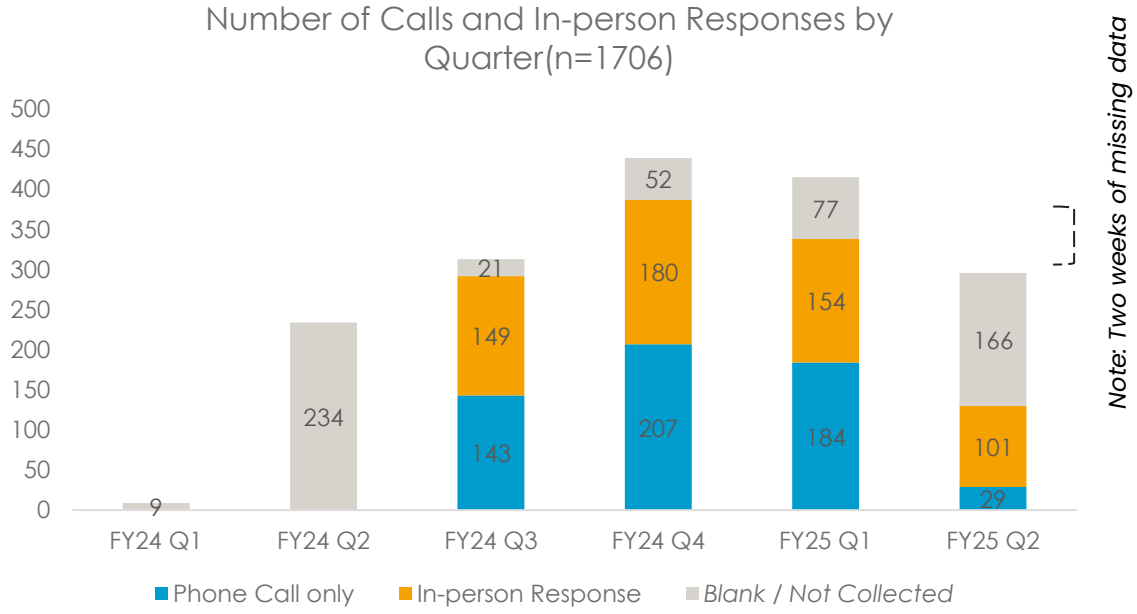
FYs refer to the City of Berkeley's Fiscal Year calendar

#1

Slide 2 of 2

The SCU launched and increased service provision, averaging 339 contacts per quarter between FY24 Q2 and FY25 Q2

The SCU answered more than 1,700 phone calls and recorded 584 total in-person responses in it's first 18 months



Notes:
FYs refer to the City of Berkeley's Fiscal Year calendar
At the time of this evaluation, complete FY25 Q2 data was not available;
FY24 Q1 and FY24 Q2 data does not differentiate between a call only and in-person response.

Source: SCU Program Data

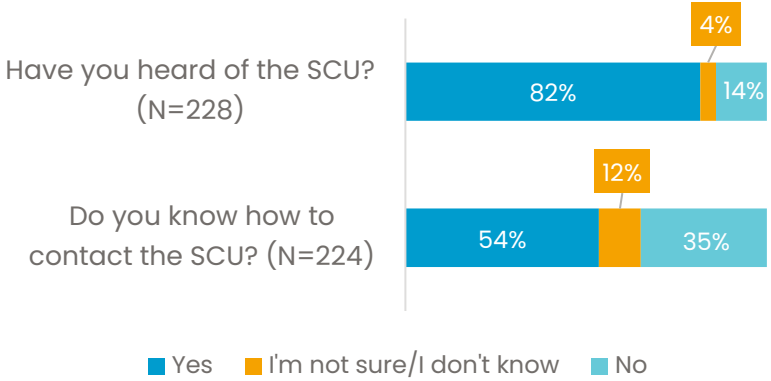
#2
Slide 1 of 1

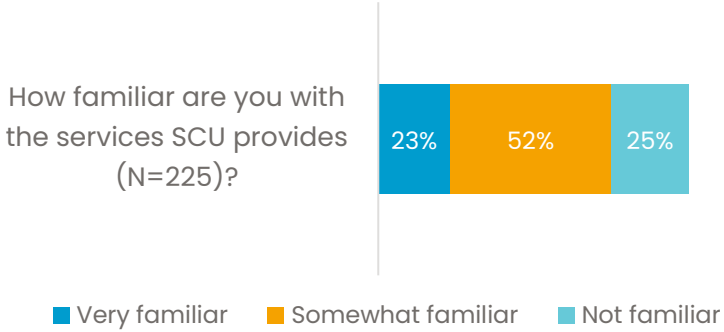
Survey respondents have basic knowledge of the SCU and how to contact the program*

**Note: The survey sample is not representative nor generalizable to Berkeley community members more broadly and therefore overall community awareness was not able to be evaluated*

The majority of survey participants have heard of the SCU (82%, n=186) and slightly more than half know how to contact them (54%, n=120)

The majority of survey participants are either "very familiar" or "somewhat familiar" with the SCU's scope of services (75%, n=169)





Source: Community Survey

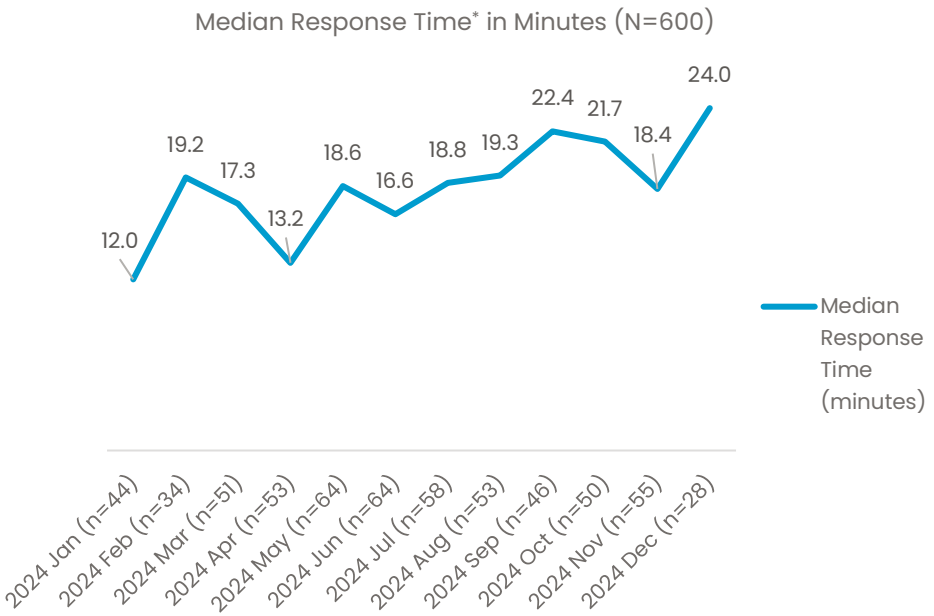
#3

Slide 1 of 1

For calls answered and receiving an in-person response, the median time for the SCU to arrive on scene after the call was created in 2024 was 18.7 minutes

In 2024⁺, the median response time was 18.7 minutes with a low of 12.0 minutes in January (n=44) and a high of 24.0 minutes in December (n=28)

⁺Inconsistencies in how/whether the mobile teams updated their "Status" may affect data accuracy. Response time data should be interpreted with discretion.



**The SCU electronic database automatically creates a time stamp when the call is created and when the SCU team updates their "Status" to "on scene." RDA calculated the difference between these two times for each data entry*

Source: SCU Program Data

#4

Slide 1 of 2

While core components of the SCU model were successfully implemented, the program faced significant barriers that prevented full implementation

Program design components *successfully* implemented

- Mobile teams include an EMT, a licensed mental health clinician, and peer support specialist
- Program received 3 vans by Q2 2024
- Program operates an independent 10-digit phone number
- Team provides transport for clients
- Staff trained with other crisis programs and completed "Crisis Training Academy"*
    - *Key topics: Trauma-informed care, crisis response and assessing risk, De-escalation, cultural competency, and harm reduction*

Source: Focus Groups, Interviews, and Grant Reports

#4

Slide 2 of 2

While core components of the SCU model were successfully implemented, the program faced significant barriers that prevented full implementation

Program design components facing *barriers* to implementation

- **3-person team** (licensed mental health clinician, EMT, and peer):
  - Hiring delays and turnover over the first 9 months of service resulted in periods of staffing gaps
  - Program data includes many incident records in which a team responded with only 2 out of 3 team members
- **Medical support capabilities:**
  - Legal and administrative barriers slowed access to basic medical supplies
- **24/7 service availability**:
  - Hiring and turnover challenges resulted in a gradual ramp-up of service availability and hindered 24/7 in—person and phone availability
- **Ability to place involuntary holds** independently of other emergency services:
  - During periods of staffing gaps for the clinician role, EMT/Peer teams could not place holds and needed to involve BPD.
- **Ability to transport** independently of other emergency services:
  - Legal barriers resulted in a delay in the SCU's ability to transport clients
- **Integration into 911 Dispatch**:
  - Unforeseen legal and administrative barriers made integration infeasible
  - The separate 10-digit phone number remains the only method of contact.
  - SCU calls to 911 have equal priority to general community member calls.to 911

Source: Focus Groups, Interviews, and Grant Reports

#5

Slide 1 of 1

HHCS program administrators, SCU leadership, and SCU staff adapted the program and processes to mitigate barriers to implementation

*"Having [the Director] come in was huge. We didn't have policies and protocols and **now that [policies and protocols have] been implemented, it's been pretty smooth.**"*

– SCU Staff Focus Group Participant, 2024

*"**[The fact that SCU] can transport 5150 patients to a hospital is a huge deal…it's a huge hurdle we overcame. We got there through [coordinating conversations]**…we had a couple of meetings with the county [for] writing up the procedure, for when someone can be a 5150 transport not in an ambulance."*

- HHCS Program Administrator Interview Participant, 2024

*"In my experience, police have been pretty good working with our team. Sure, there was an adjustment period…**we are starting to gain more rapport with [police].**"*

– SCU Staff Focus Group Participant, 2024

#6

Slide 1 of 1

SCU team members experienced significant challenges that may explain hiring and retention challenges

- Lack of dedicated leadership and established protocols negatively impacted the team with limited
  - Sense of **support**
  - **Guidance** for ambiguous situations
  - **Preparation** for making 'judgement calls' in scenarios with different needs, services, and types of calls
- High stress environment was not reflected in compensation, which created a sense of **risk without recognition**
- Pressure and inability to address community calls for non-SCU services (e.g., homelessness services)
- High rates of turnover create a continual process of training new staff, which results in **less experienced team members in the field**

> *"I would say the pay and the structure. When you start at any company, you start with training, a booklet [that covers] topics…**We are running similar 911 calls without any training**."*
>
> *– SCU Staff Focus Group Participant, 2024*

#7

Slide 1 of 1

Stakeholders remain unclear about the SCU's full scope of services, and the program lacks distinct protocols

"I can't recall their full scope of their work…setting expectations is important."

– Local Service Provider Interview Participant, 2024

"We don't have a checklist per se [for phone assessments]…we do ask if there is an overarching mental health concern…We also screen for safety. ***The things we don't respond to usually [are] physically unsafe for us or the clients, potentially hazardous, medical emergency***…"

- SCU Staff Focus Group Participant, 2024

"I received conflicting information about ***whether the SCU would provide transportation to a crisis unit*** or not. It would be helpful for them to share information about their services to the public."

- Community Survey Participant, 2025

"[911 paramedics] need to know what [the SCU] can respond to, and what kind of calls…We want more established protocol and services, a clearly defined mission [from the SCU]."

– Emergency Responder Focus Group Participant, 2024

Source: Community Survey, Focus Groups, Interviews

Key Findings

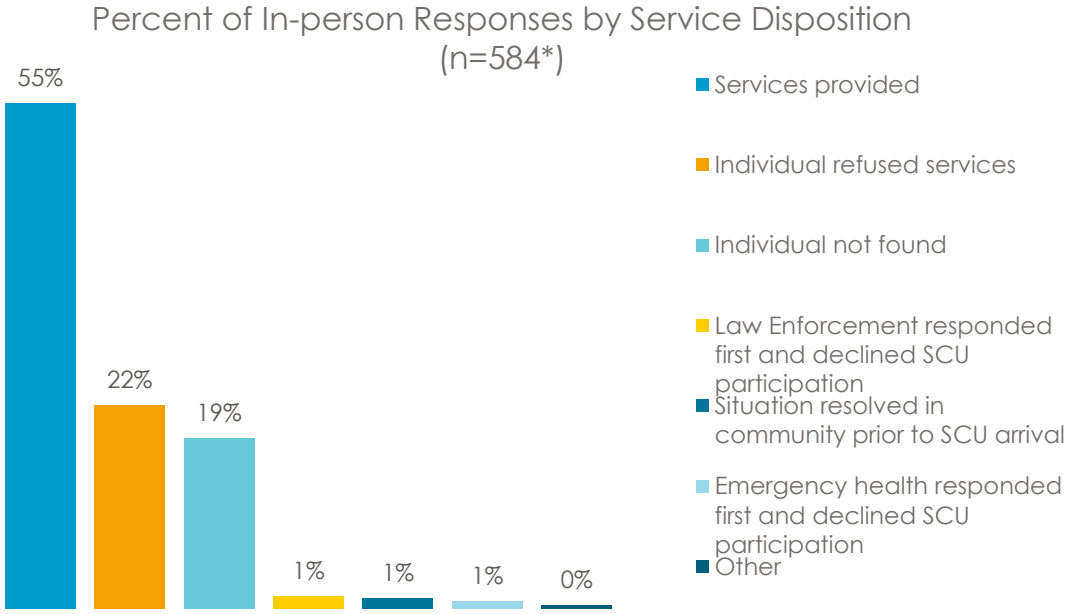
What impact did the SCU have?

#8

Slide 1 of 1

When the SCU responded in person, the team was able to provide services in about half of scenarios

SCU provided on-site services for 55% (n=323) of in-person responses. When the SCU did not provide services, this was most frequently because the individual declined (22%, n=130) or the SCU was unable to locate them (19%, n=109).



**Data excludes 563 incidents for which that was a phone call only response; an additional 559 incidents are excluded because there was no Service Disposition recorded.*

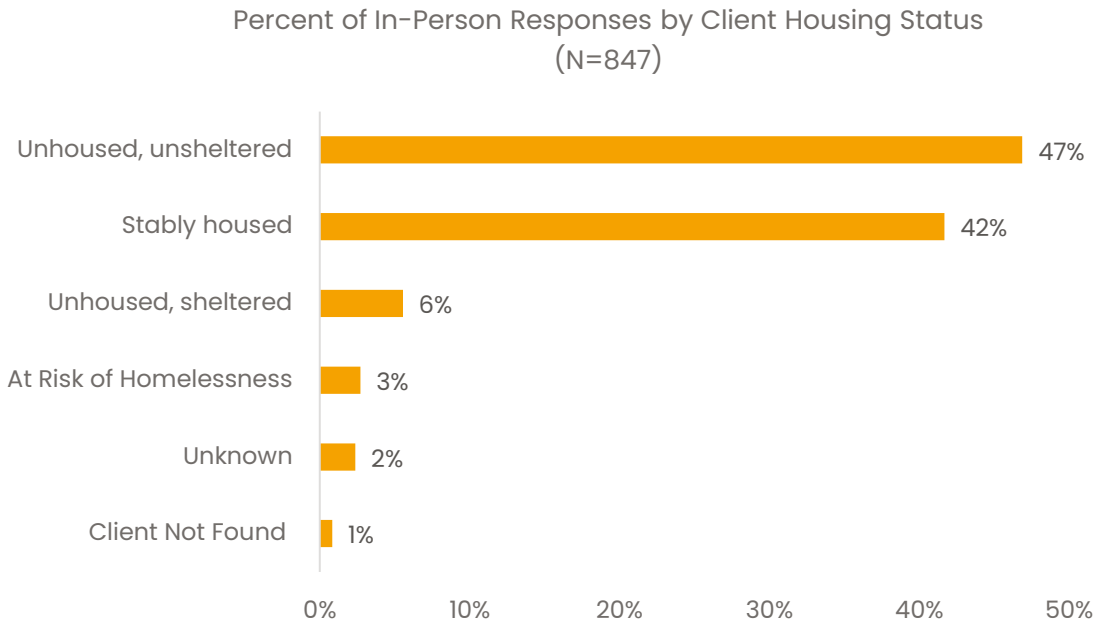
Source: SCU Program Data

#9

Slide 1 of 1

The SCU provided in-person responses to more unhoused/unsheltered community members than housed community members

The SCU served 26% more unhoused clients (sheltered and unsheltered, n=444) compared to stably housed clients (n=353).



Source: SCU Program Data

#10

Slide 1 of 2

Incomplete demographic data for the race and/or ethnicity of clients prevents drawing meaningful conclusions

Out of 1706 calls for service, Client Race was listed for one-third of records (37%, n= 627).

- ***Collecting demographic data, especially race/ethnicity data, in a crisis environment is inherently challenging***. In addition to the SCU, local providers in Emergency and Crisis Services settings have also reported this challenge.
- Additionally, due to the lack of established data collection protocols for demographics, ***the records with race/ethnicity data are have limited validity and reliability.***

- For these reasons, ***conclusions cannot be drawn*** about the meaning of these data.

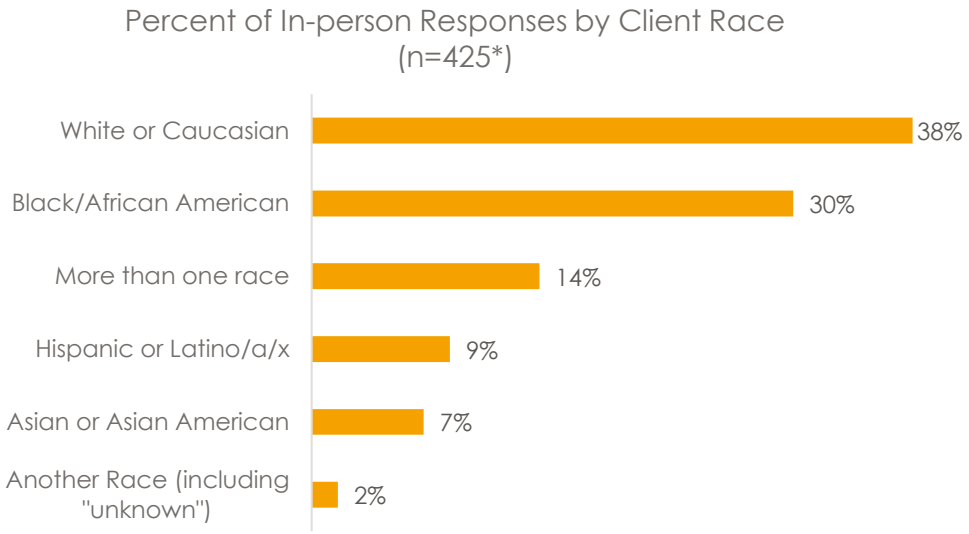
Source: SCU Program Data, Focus Groups

#10

Slide 1 of 2

Incomplete demographic data for the race and/or ethnicity of clients prevents drawing meaningful conclusions

- A large majority of people that the SCU engaged identified as either White (39%, n=246) or Black/African American (33%, n=205).
- Service data is disproportionately high for Black/African American residents and disproportionately low for Asian or Asian American residents compared to Berkeley's Census data.



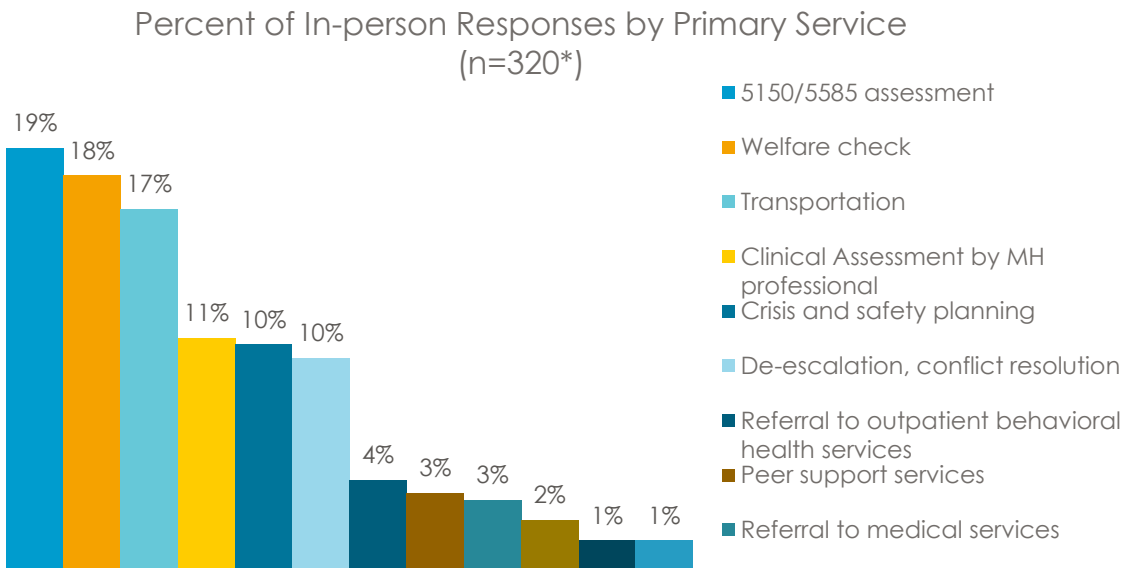
*Race was collected for a total of 627 incidents. Of those, this chart excludes 202 for which Service Disposition was blank.

Source: SCU Program Data

#11

Slide 1 of 3

The SCU delivered a range of services that represent the core needs the program was designed to meet



*This chart includes only in-person responses where services were delivered. Of those, 3 records were excluded because they did not record a Primary Service.

Among in-person responses, the most frequent services provided included 5150/5585 assessments (19%, n=62), welfare checks (18%, n=58), and transportation (16%, n=53). These varied service offerings align to different specializations.

Source: SCU Program Data

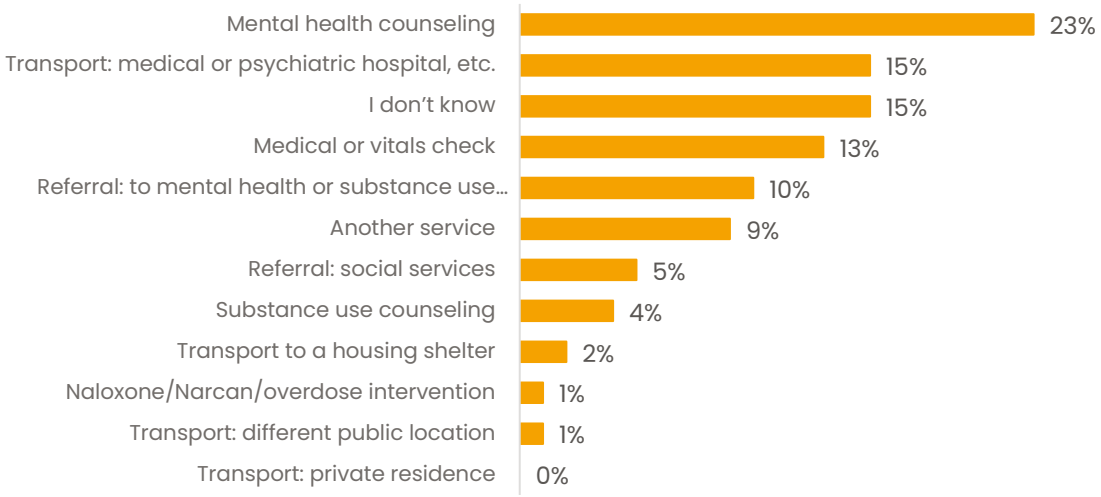
#11

Slide 2 of 3

The SCU delivered a range of services that represent the core needs the program was designed to meet

Survey respondents reported that the SCU most frequently provided mental health counseling (23%, n=22), transport to a medical or psychiatric hospital (15%, n=15) , or a medical check or vitals check (13%, n=13). Survey respondents also commonly did not know which on-scene services were provided (15%, n=15)

Which of the following services were provided in person [select all that apply] (N=97)*?



**Only survey respondents who answered "Yes" to the question "Did the Specialized Care Unit send a team to respond in person?" could answer this question*

Source: Community survey

#11

Slide 3 of 3

The SCU delivered a range of services that represent the core needs the program was designed to meet

"The SCU is great for people with SMI who are triggered by police. ***My son has had many, many negative experiences with police. So having a crisis response team without police is easier and less traumatizing*** *for the person with SMI."*

- Community Survey Participant, 2025

"From a clinical background [the team structure is] super helpful...For example, with someone for a panic attack, my EMT will be able to decipher between a panic attack and heart attack and then I can help with coping skills and breathing skills, and then the Peer can come in and say "I have had one too, you're going to be okay".

- SCU team member, 2024

*"I'm a local business owner and on a few occasions I called [The SCU] for homeless people that were causing disturbances...****SCU was immediately helpful and soon arrived and engaged the people in need in a positive professional way*** *and took them in the van to help them further...."*

- Community Survey Participant, 2025

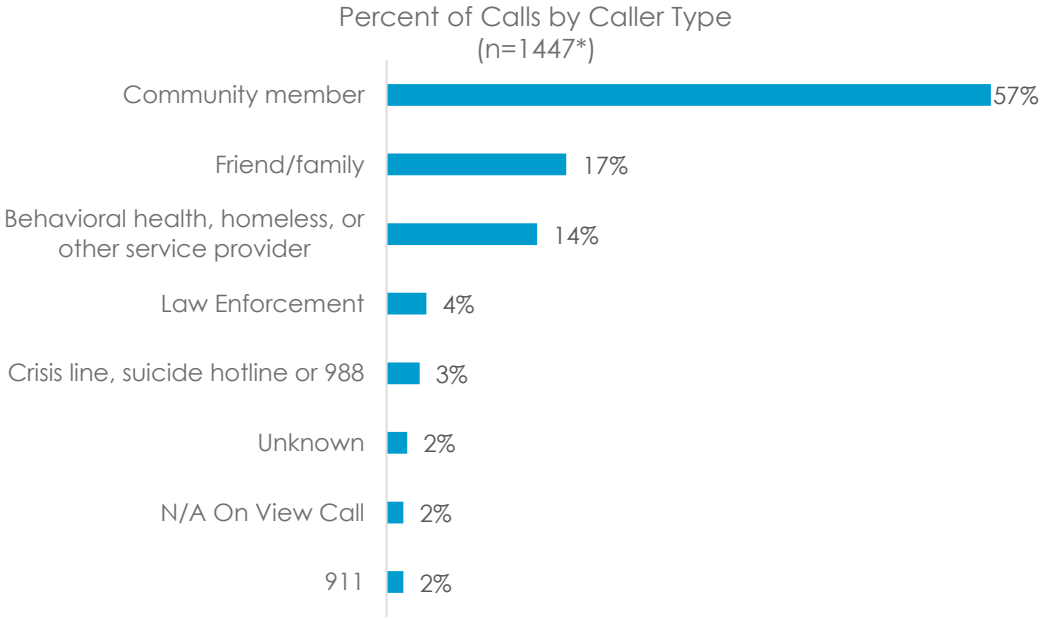
Source: Community survey and SCU staff Focus Groups

#12

Slide 1 of 2

Callers reached out to the SCU for a variety of scenarios and may have most often called when they were community bystanders

According to SCU program data, most callers were community members (57%, n=824), which includes calls for oneself or as a bystander. Fewer callers were friend or family (17%) or service providers (14%)



*this chart excludes 259 incidents for which no Caller Type was recorded, the majority of which (246) occurred prior to this indicator being added to data

Source: SCU Program Data

#12

Slide 2 of 2

Callers reached out to the SCU for a variety of scenarios and may have most often called when they were community bystanders

Among survey respondents, a minority reached out to the SCU for support for themselves or a friend or family member.

This suggests that many callers reached out for support as a bystander.

Survey respondents **most often called** the SCU when:

- Worried about someone experiencing a mental health challenge (26%, n=48)
- Someone experiencing homelessness may have needed assistance or social services (19%, n=36)
- Someone was causing a disturbance in the community (19%, n=35)

Survey respondents **less frequently called** the SCU when:

- Needing help with a mental health issue for self, a friend, or a family member (13%, n=25)
- An individual was threatening or violent (11%, n=20)

Survey respondents **rarely called** the SCU when:

- They were referred to the SCU (5%, n=10)
- Needing help with a substance use issue for self, a friend, or a family member (3%, n=6)

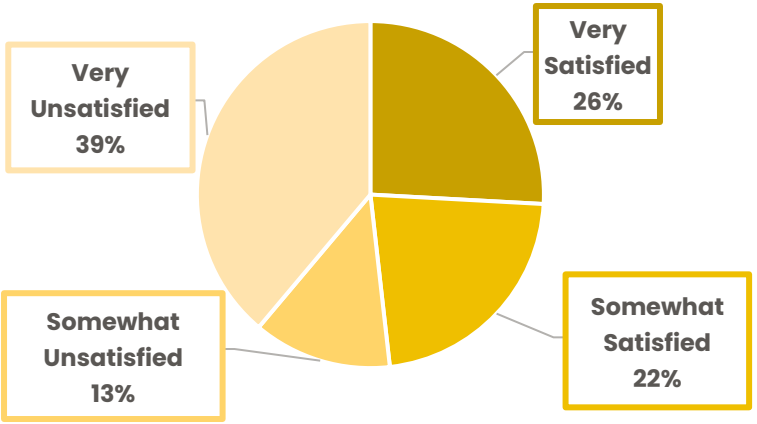
Source: SCU Program Data

#13

Slide 1 of 3

Among survey respondents, caller satisfaction and stakeholder perception of service quality varies

How satisfied were you with your response over the phone (N=85)?



- Having a phone call or voicemail *unanswered* is strongly correlated with "Very Unsatisfied" survey responses. On the other hand, "Very Satisfied" survey responses are strongly correlated with having a phone call answered. **Survey data indicates limited phone service availability may contribute to dissatisfaction.**
- Nearly two-thirds of survey respondents spoke with someone over the phone, though they reported a range of satisfaction levels, **indicating mixed experiences with the phone line.**

Source: Community Survey

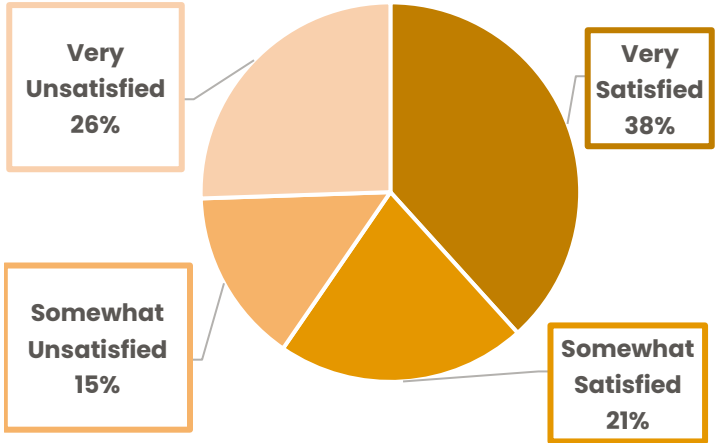
#13

Slide 2 of 3

Among survey respondents, caller satisfaction and stakeholder perception of service quality varies

More than half of survey respondents were very or somewhat satisfied with the SCU's in-person response (60%, n=28)

How satisfied were you with your response in person? (N=47)



Source: Community Survey

#13

Slide 3 of 3

Among survey respondents, caller satisfaction and stakeholder perception of service quality varies

Positive Experiences

"The team was very ***responsive, attentive and thorough*** when I've called for my clients experiencing mental health crisis...***Much needed specialists***"

– Community Survey Respondent, 2025

"I called because a man took up residence on the lower stoop of the steps to my apartment. The [SCU] ***team arrived about 15 minutes later***...They treated the man with kindness and respect, gave him [information], and ***resolved the immediate situation***."

– Community Survey Respondent, 2025

"I'm a local business owner and on a few occasions, I called [the SCU]... they were immediately helpful and soon arrived and engaged the people in need in a ***positive and professional*** way...I can't say enough how ***invaluable*** their help was..."

- Community Survey Respondent, 2025

Negative Experiences

"SCU is extremely difficult to reach, and they are ***unable to respond to calls in a timely manner***."

– Community Survey Respondent, 2025

"Some staff members were more helpful and knowledgeable, and ***others weren't helpful*** or told me that I should only call when my family member is experiencing severe mental health symptoms."

- Community Survey Respondent, 2025

"On one occasion, the SCU ***refused to provide assistance*** on a subject and advised a subject was "uncooperative" because he was covered in feces. When SCU believes they can't help someone (which is often), they call police and then leave the scene. SCU is not equipped to handle mental health situations."

- Community Survey Respondent, 2025

Source: Community Survey

#14

Slide 1 of 2

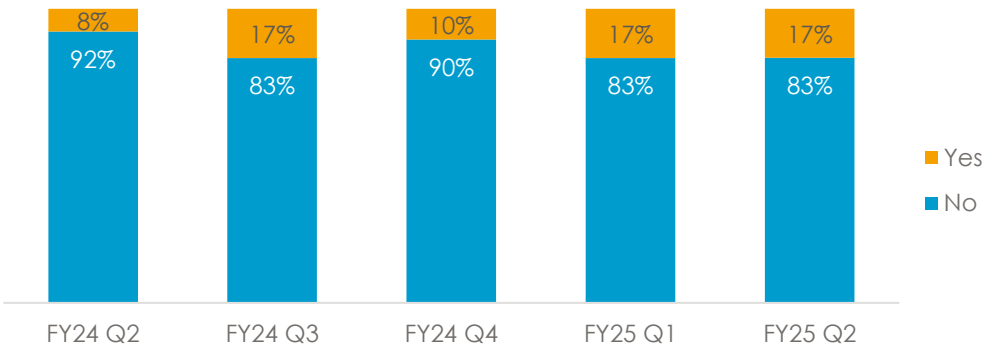
Police were involved in one in eight in-person responses and many community members expressed disappointment in this level of involvement

Police were involved in 13% of in-person responses overall (n=105), ranging from 8% to 17% per quarter

This is a binary indicator*, therefore data does not include context for why or how police were involved

**Data is entered as a "yes" or "no" or blank*

Percentage of Incidents with Police Assistance (yes/no) by Quarter (n=801*)



*This chart excludes 563 calls for which no dispatch was required and 333 additional calls for which Police Assistance was blank or not collected
Note: In FY24 Q2, incidents are not differentiated by phone call only vs in-person response; however, for remaining time periods, data shown is in-person response only.

Source: SCU Program Data

#14

Slide 2 of 2

Police were involved in 13% of total in-person responses and many community members expressed disappointment in this level of involvement

"They were courteous and capable and kind and able to diffuse my brother's reactivity, not trigger his paranoia. It helped that they are not uniformed/badged. [They helped him] get through his catatonia to help him voluntarily access care for himself."

- Community Survey Respondent, 2025

Survey respondents highly value the SCU framework as a mental health & substance use crisis response team without the involvement of police

"I'm so glad to have a service to call that is not 911 for people on the street who appear to be in trouble but not necessarily an immediate threat to themselves or others."

- Community Survey Respondent, 2025

"SCU staff are unable to handle the majority of calls that are given to them. [They] route the calls to the police department because they are "unable or unwilling" to respond without police."

– *Community Survey Respondent, 2025*

Many community members expected that the program would never or almost never interact with police and were disappointed that police were sometimes on the scene

"I've found that the SCU is consistently requesting a police presence or assistance for calls they are receiving. While requesting police services I have found that SCU is not well prepared with the information necessary.

- Community Survey Respondent, 2025

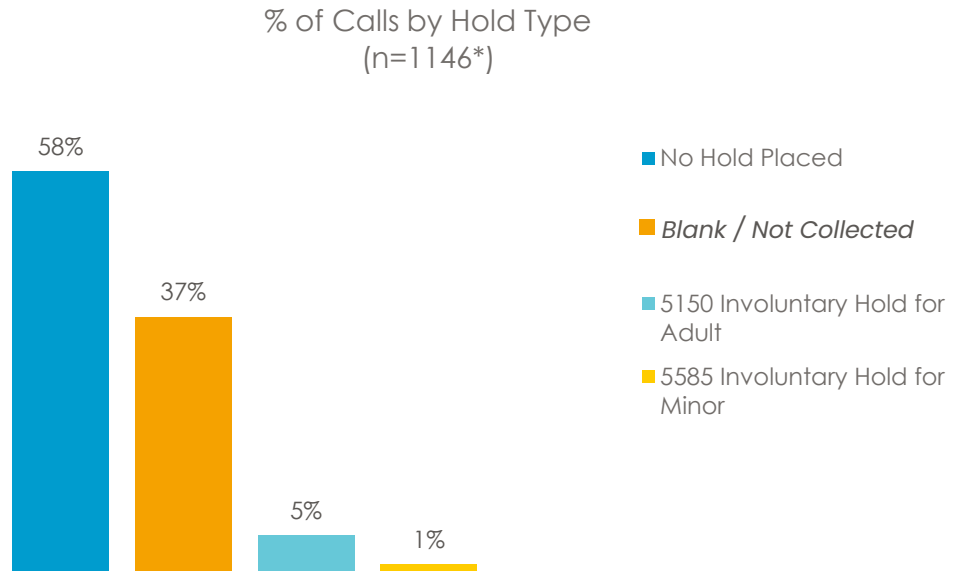
Source: Community Survey

#15

Slide 1 of 1

Only a small fraction of in-person responses resulted in an involuntary hold (5150/5585)

For in-person responses, 6% resulted in an involuntary hold



*This chart excludes 560 calls that did not result in an in-person response.

Source: SCU Program Data

#16

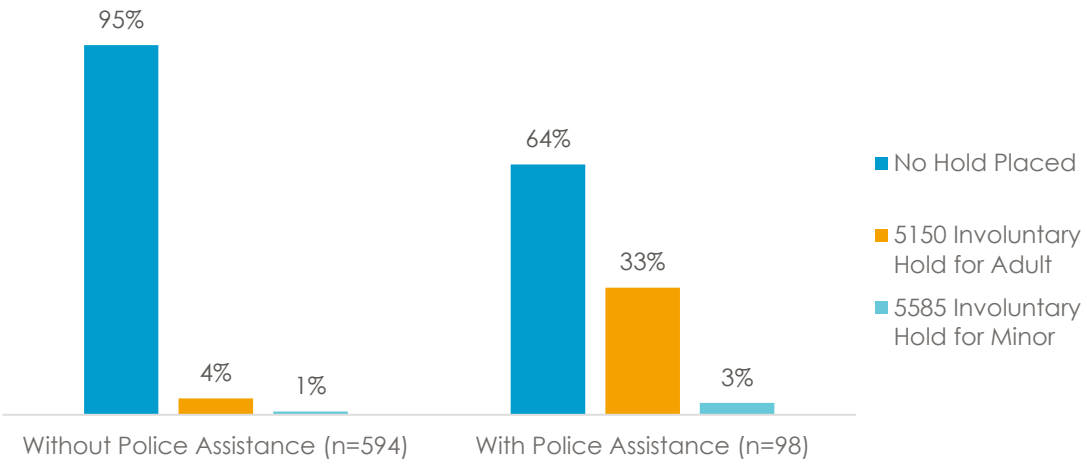
Slide 1 of 1

In-person responses with police assistance resulted in an involuntary hold (5150/5585) more frequently than responses without police assistance

Involuntary holds (5150/5585) were placed in one-third (66%, n=35) of in-person responses with police assistance.

This could be partially attributed to inconsistency in SCU staffing and the inability, at times, of SCU teams to place holds independently

Percent of In-person Responses that resulted in a Hold, Without Police Assistance and With Police Assistance (n=692*)



*This chart excludes 566 calls that did not result in a dispatch, 252 calls for which Hold Type is blank or not collected, and 199 calls for which Police Assistance was not collected

Source: SCU Program Data

Key Findings

Stakeholder Suggestions

A. Stakeholders want continued and increased investment in the SCU program to promote safety, quality, and sustainability

"Staff need to be compensated fairly and have the resources and support they need to meet the expectations set. In my experience, programs like this are under funded and under resourced. ***I'd like to see a real commitment and investment in programs like this."***

-Community Survey Respondent, 2024

"I think programs and services like this need time, good funding, and care to develop."

- Community Survey Respondent, 2024

Stakeholders and SCU staff alike want to see:

- Increased pay
- Shift differentials & hazard pay
- Training and professional development opportunities
- Radios and other field resources

"Having radios would be huge. Most crisis teams that are connected to dispatch are connected through radios…***There are situations where things can turn dangerous…"***

– SCU Staff Focus Group Participant, 2024

"We are trained but not getting hazard pay, [but] pay would be huge…We can't provide quality care if I'm worried for my safety."

– SCU Staff Focus Group Participant, 2024

Source: Community Survey, Focus Groups, Interviews

B. Community stakeholders, SCU staff, and emergency responders desire improved clarity and consistency of communication strategies

Stakeholders are aligned in wanting the SCU to define a clear mission and scope of services so they know when and how to work with the SCU

Stakeholders expressed public outreach could provide important information for stakeholders and want to see the SCU:

- Continue building community awareness about the SCU as a crisis response option
- Communicate and publicize the purpose and roles of the SCU, including for which types of emergencies they will respond
- Publicly share program data, including number of calls, response times, services provided

Source: Community Survey, Focus Groups, Interviews

C. Community stakeholders, SCU staff, and emergency responders expressed a need for improved response coordination

Stakeholders suggested:

- Improve SCU's coordination and relationship with other emergency responders such as 911, Berkeley Police, and Berkeley Fire
- Establish clear protocols for when SCU responds, refers to other emergency responders, and places involuntary holds (5150/5585)

*"**[The SCU needs] more operator training, better coordination** between SCU and other emergency services**, and community outreach to better communicate what the service currently offers** and to hear what the community is still looking for in the service."*

-Community Survey Respondent, 2024

*"On the basic level, the SCU has a valid purpose, but it was designed to be completely stand alone from the BPD…**The frustration is designing a process that excludes us but can't operate without us…Having it designed so separate creates more unknowns**."*

– Emergency Responder Focus Group Participant, 2024

Source: Community Survey, Focus Groups, Interviews

Conclusions

Summary of Conclusions

1. The SCU provided meaningful phone and in-person services to Berkeley community members
2. Program adaptations successfully addressed many challenging legal and administrative barriers.
3. Barriers to hiring, training, and retaining key personnel have been at the root of many implementation challenges and negative stakeholder experiences
4. Lack of clarity about the SCU's scope of services and lack of documented protocols limited the program's ability to most effectively respond to scenarios intended for the SCU.
5. Underestimation of the need for SCU to engage other emergency response services prevented effective coordination of care
6. Insufficient structural investment and inadequate time for the pilot contributed to incomplete implementation

1

1 of 1

The SCU provided meaningful phone and in-person services to Berkeley community members

- The SCU provided ***services aligned with the program model's focus on mental health and substance use crisis services***, including involuntary holds (5150/5585) and clinical assessments, welfare checks, crisis and safety planning, and de-escalation (among others).
- ***In-person response time was relatively short***, an essential implementation outcome for a mobile crisis response program.
- Phone services were important for community survey respondents, many of whom ***reported satisfaction when their call to the SCU was answered***.
- ***The program steadily increased the number of mobile teams and hours of operation across the first 12 months*** of implementation, effectively expanding service availability to reach more community members. Despite barriers, ***service increases demonstrate promise for sustainable service delivery***.

2

1 of 1

Program adaptations successfully addressed many challenging legal and administrative barriers.

- ***Early delays in procuring vans for mobile teams did not delay overall service delivery.*** Eventually, collaboration between HHCS and the Public Works Department led to van procurement in Q4-FY24.
- Although staffing barriers constrained phone service availability, the ***team adapted to setup a voicemail and return calls*** within their operating hours.
- ***Organizational leadership*** across HHCS Program Administrator, the SCU administrator, and several other City of Berkeley Departments, ***collaborated closely in the early months of the program to address legal requirements*** that prevented the SCU teams from providing transport and placing 5150/5585 holds.
- Collaboration proved effective as ***when the SCU teams were staffed with the required licensed personnel, they could provide transport and conduct 5150/5585 assessments***. 5150/5585 assessments and transport were two of the three most frequent services offered, available to roughly 1 in 5 clients, and were commonly reported by survey respondents.

3

1 of 1

Barriers to hiring, training, and retaining key personnel have been at the root of many implementation challenges and negative stakeholder experiences

- Turnover of key personnel within the City of Berkeley and Bonita House created ***inconsistent leadership and limited support for coordination, which could have improved essential structural conditions*** benefitting the SCU pilot program.
- The ***unfilled role of the Program Manager*** presented a gap in capacity for creating protocols and addressing the types of support that field staff needed.
- Inconsistent staffing of the SCU service delivery teams across the first year of service resulted in ***periods where teams were operating without one of the three key roles*** (i.e. operating without an EMT, Clinician, or Peer Support Specialist at different periods of time), preventing the team from transporting clients, conducting 5150 assessments, or other key services.
- High rates of ***turnover required constant training of new staff***, resulting in teams being insufficiently trained before providing field-based services.
- Cumulatively, these challenges created an environment that felt unsupportive at times and may have contributed to ***burnout, overall creating a cyclical and compounding effect on retention and training challenges.***
- These ***challenges directly affected in-person and phone service delivery***, which contributed to community stakeholders' negative experiences and perceptions of the SCU program.

4

1 of 2

Lack of clarity about the SCU's scope of services and lack of documented protocols limited the program's ability to most effectively respond to scenarios intended for the SCU.*

The SCU pilot program as a whole (including SCU leadership and HHCS program administrators) experienced ***implementation barriers that effectively shifted the program's scope of services either temporarily or permanently***, such as whether the team could transport independently or place involuntary holds (5150/5585).

These shifting requirements created an inconsistent service experience that contributed to stakeholder confusion and made establishing and following protocols even more challenging.

Community Members: The lack of documented protocols as well as external factors (e.g., community members' individual desires) together influenced community members' confusion about the SCU's scope of services. This confusion likely contributed significantly to many outcomes noted in findings, such as calls for scenarios not appropriate for an SCU response.

Community Service Providers: Behavioral health professionals and other local service providers often expressed that they did not have clear expectations for SCU services and, therefore, chose *not* to refer community members to the SCU, limiting potential response opportunities.

Emergency Responders: The lack of protocols and lack of coordination with other departments and agencies, especially emergency responders, created an inconsistent service experience and exacerbated confusion about the SCU's scope and service delivery model. This especially impacted whether and how BPD responded and the public perception of the SCU model.

**Throughout the evaluation's qualitative data collection, community survey respondents, local service providers, and emergency responders expressed a similar lack of understanding and confusion about the SCU's intended scope of services.*

4

1 of 2

Lack of clarity about the SCU's scope of services and lack of documented protocols limited the program's ability to most effectively respond to scenarios intended for the SCU.*

- ***Clear, written protocols are not sufficient*** to provide guidance to SCU team members to effectively navigate a variety of in-person and phone scenarios, thereby affecting appropriateness and quality of services.
- As a result of having insufficient protocols for call taking and in-person service delivery, the ***SCU staff experienced incidents that felt risky or beyond their scope.***
- The SCU team model includes an EMT, a Peer, and a Clinician so that the program can address a variety of client needs during a behavioral health crisis. Without sufficient staffing or training, ***the full complement of services could not always be provided***, which also may have affected the appropriateness and quality of care in some incidents, including use of involuntary holds (5150/5585) or calling for BPD assistance.
- The SCU team ***did not have clear guidance on how and where to divert and refer callers and clients*** to receive more appropriate resources.
- ***Callers and stakeholders experienced inconsistencies*** when they called the program and either could not reach a live call taker or were told that the scenario did not warrant an SCU response.
- ***Stakeholders perceived that SCU's engagement of BPD was inconsistent***.

**Throughout the evaluation's qualitative data collection, community survey respondents, local service providers, and emergency responders expressed a similar lack of understanding and confusion about the SCU's intended scope of services.*

5

1 of 1

Underestimation of the need for SCU to engage other emergency response services prevented effective coordination of care

- Stakeholders across the board (SCU staff, community survey respondents, local service providers, and emergency responders) expressed a ***common perception that, based on the design of the SCU, BPD would never be involved in SCU responses***.
- There were many circumstances that required coordination or collaboration with BPD. However, ***SCU staff and other emergency responders did not have established relationships and did not form shared protocols*** for collaboration and communication, especially when multiple teams arrived in-person.
- The lack of coordination and challenging engagement during in-person responses ***has weakened trust between 911 emergency responders and SCU teams***.
- Community survey respondents expressed ***disappointment*** in the involvement of BPD and other social service providers expressed ***confusion and distrust*** about whether and to what extent the SCU might involve BPD.

6

1 of 1

Insufficient structural investment and inadequate time for the pilot contributed to incomplete implementation

Delivering Behavioral Health crisis services without the involvement of law enforcement is a relatively new model of care in the United States and is entirely new to the City of Berkeley. Significant resources (in time, money, and personnel) are required to shift long-held cultural beliefs as well as infrastructure required to effectively operate in a crisis environment.

Unanticipated challenges slowed down the ramp up of services, and in some cases entirely preventing implementation of anticipated service components, including:

- 24/7 phone service availability
- 24/7 in-person mobile service availability
- 3-person teams
- 911 Dispatch or 988 Dispatch

Additionally, the program did not have sufficient resources to scale to a size that would have improved the program's capacity to provide care. The limited capacity to provide crisis response services negatively impacted efforts to build community trust and awareness.

Furthermore, the ability to evaluate the SCU pilot is limited by the short timeframe of implementation. The pilot ***would have benefited from additional time to improve implementation and improve data collection practices*** so that the evaluation could more accurately understand service delivery and client outcomes.

Recommendations

Summary of Recommendations

- Address the program's staffing needs
- Develop and communicate protocols for service delivery
- Improve relationship building efforts across the emergency and behavioral health continuum of care
- Improve data collection practices for improved data quality
- Increase public awareness efforts to address barriers to service utilization
- Address financial and structural needs to implement recommendations and expand the program
- Provide sufficient system-level investment to transition the SCU from a pilot to a long-term program

Address the program's staffing needs

Addressing the program's needs around hiring, training, and retention of key personnel is necessary for implementing other recommendations resulting from the evaluation.

- **Hire a program manager** to provide critical program development, oversight, and training to support field-based teams
- **Review and improve training**, integrating past staff feedback, to ensure teams are prepared to deliver consistent, quality services
- Develop and implement a detailed, **consistent assessment and triage tool** for phone calls
- Review and **improve compensation structure** (e.g. hazard pay)
- Increase the number of field-based teams to **provide 24/7 services** and the ability to **respond to more simultaneous calls**
- Increase capacity for **24/7 phone response** and telephonic service delivery

Develop and communicate protocols for service delivery

Develop and communicate clear, consistent protocols for service delivery that address the challenges raised by the SCU team and other stakeholders.

- Phone intake and assessment process and assigned roles
- Decision-making criteria for sending an in-person response and determining response priority
- Decision-making criteria and processes for referring a caller to other emergency or social services
- Coordinating care with other emergency responders who are also on scene

Improve relationship building efforts across the emergency and behavioral health continuum of care

Address existing challenges in coordination of care with emergency response teams including 911, BPD, Fire, and EMS:

- Resume regular collaborative meetings with all emergency response providers to ensure consistent communication
- Collaboratively develop protocols and Standard Operating Procedures (SOPs) related to coordination of care in on-scene responses
- Seek opportunities for collaborative training, such as having SCU EMTs complete training with the Fire Department

Address existing challenges in collaboration with other local behavioral health and social service providers:

- Host a forum for local providers to hear from the SCU about program updates and development and answer questions
- Conduct (or continue) resource mapping to establish a working list of providers who may refer clients to the SCU, or to whom SCU may refer
- Develop a newsletter, webpage, or other communication tool for sharing updates with providers

Improve data collection practices for improved data quality

Establish clear definitions for data indicators where they are lacking, based on documented protocols.

- Distinguish between response priority categories and establish goal response times for each priority level
- Determine a data collection process for client demographics (i.e. self reported or observed)

Add data indicators and/or fields that will improve continuous quality improvement and evaluation of program impact:

- Add Caller Type that distinguishes callers who are seeking support for themselves
- In addition to 'primary service', add multiple choice for all services provided per contact
- Add an indicator for when the SCU responds to a voicemail
- Clarify dispositions for 'phone call only' to include reasons if no response is required (such as 'not within scope') or successful de-escalation telephonic services were provided
- Add multiple indicators for police assistance to differentiate if SCU called BPD, both arrived on scene separately, or if BPD called SCU

Improve data collection practices to reduce missing information, especially for key indicators. The following indicators had high frequencies of "blanks":

- Phone call only, in person responses
- Hold type
- Assignment status, updated status
- Transport destination
- Transport reasons

Increase public awareness efforts to address barriers to service utilization

Expand and augment community outreach and communications plans to address common misperceptions that pose barriers to accessing SCU services. Public awareness efforts could improve the SCU's ability to provide program-aligned services, by addressing:

- Existing misperceptions about the role of the SCU, including the types of scenarios best suited for an SCU response
- Confusion and expectations regarding capacity and service availability *(i.e. clarify when and how community members can reach the SCU and what they can expect from a response or voicemail)*
- Concerns or lack of awareness regarding the program's sustainability if/when the program structure and operational/administration structure changes over time

Address financial and structural needs to implement recommendations and expand the program

Together, findings from the retrospective evaluation and the preceding recommendations indicate a substantial need for expanding program infrastructure if the pilot is to be sustained long-term. Such expansions will require increased funding and a sustained funding source for the foreseeable future. These investments would not only increase program capacity but overall address the root of implementation challenges to effectively deliver consistent, appropriate, and quality services.

Financial & Structural Considerations for Sustainability

- **Exhausted one-time grant funding:** The current SCU funding sources—the Crisis Care Mobile Units (CCMU) program and the American Rescue Plan Act (ARPA)—were one-time grant programs. These funds have now been fully exhausted, leaving the SCU program without a dedicated funding source beyond June 30, 2025.
- **Limited future grant funding:** Mental Health Services Act (MHSA) funding has been used in many localities to pilot similar mobile crisis programs; however, MHSA will be discontinued and will transition to BHSA, which likely will not provide funding for SCU-like programs.
- **City of Berkeley budget:** City leaders have assessed the City's budget projections and anticipated deficits, determining it cannot reasonably sustain the SCU services or provide the system-level program investments for expanding program infrastructure.
- **New statewide funding & integration opportunities:** The Department of Healthcare Services (DHCS) has invested in improving community access to mental health crisis services through a new Medi-Cal benefit that requires behavioral health delivery systems to establish mobile crisis teams similar to the SCU's pilot model. The benefit would not only generate program revenue through billing Medi-Cal for services but also requires system-level investments that would address many structural barriers experienced by the SCU pilot.

Provide sufficient system-level investment to transition the SCU from a pilot to a long-term program

Expanding program infrastructure requires not only increased funding for service delivery but also investments that address structural barriers beyond the service delivery level. Findings from the retrospective evaluation indicate that the pilot period was insufficient to develop the SCU model into an integrated component of the city-wide ecosystem of crisis services and continuum of care. However, leveraging the DHCS opportunity to implementing the SCU as a Medi-Cal entitlement is likely *the most effective option* for transitioning the pilot to a sustainable, long-term program. In addition to funding considerations, implementation is underway across behavioral health systems across CA counties, including in Alameda County. The City of Berkeley would benefit from leveraging the efforts and investments already underway in Alameda County.

Alameda County will be developing and enhancing infrastructure to address requirements of BHIN* 23-025, requirements that may address many of the barriers that have proved most challenging for the City of Berkeley to overcome during the SCU pilot, including (but not limited to):

- Coordination with 988 and 911
- Prioritization of a crisis response option that does not rely on law enforcement
- Provision of 24/7 crisis hotline services
- Utilizing a multidisciplinary team
- Ensuring 72-hour follow-up

The following sustainability options were also considered but were deemed to be less effective possibilities. In general, the following two funding options used by other jurisdictions would likely not address the pilot's structural challenges identified to date:

1. Funding the SCU through a new sales tax
2. Implementing the SCU through the City of Berkeley Mental Health Division (MHD)

The Behavioral Health Information Notice (BHIN) No. 23-025 can be found by clicking this hyperlink

Evaluation Team Background

RDA Consulting

About RDA

Established in Oakland, CA in 1984

Employee-owned social purpose corporation

Support agencies, providers, and systems across the public safety net to better serve structurally-marginalized populations

Research and collaborate to respond to complex challenges at system, organization, and program levels

Evaluation Team

Evaluation Phases

EVALUATION PLAN
July 2024
–
September 2024

DATA COLLECTION
September 2024
-
March 2025

DATA ANALYSIS
November 2024
-
March 2025

REPORTING
March 2025
-
June 2025

Researcher Statement

RDA has provided a variety of consulting services to Berkeley Health, Housing, and Community Services (HHCS) since the Reimagining Public Safety initiative was launched. These services focused on the city's crisis behavioral health response. Specifically, with the SCU, the continuity of RDA's involvement has provided evaluators familiarity with the program and context but also may shape researchers' biases. The evaluation team offers this overview in a spirit of transparency, as well as to provide interested stakeholders a central point of access to this collection of related, yet distinct, reports.

- **SCU Landscape Assessment & Program Design**
- **911 Computer Aided Dispatch (CAD) Assessment**
- **SCU Pilot Retrospective Evaluation**
- **SCU Sustainability Planning**

SCU Landscape Assessment & Program Design ***2020 – 2021***	As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with 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 effort included robust engagement with City of Berkeley staff and a community SCU Stakeholder Committee in addition to a landscape assessment of similar programs and broad community engagement with Berkeley residents. RDA produced a final report with 25 recommendations for the City of Berkeley. • Crisis Response Models Report (publicly available) • Mental Health Crisis Response Services and Stakeholder Perspective Report (publicly available) • Specialized Care Unit Crisis Response Recommendations (publicly available)
911 Computer Aided Dispatch (CAD) Assessment ***2023 – 2025***	The City of Berkeley contracted with RDA to conduct an analysis of the City's 911 CAD data to build upon the City Auditor's 2021 data analysis. The City provided direction for RDA to review CAD data for standardized data collection and assess responses and outcomes of police engagement in mental health, substance use, and/or homelessness-related calls. In this effort RDA engaged key City of Berkeley personnel across HHCS, the 911 Communications Center, Berkeley Police Department, and the Auditor's Office. RDA produced a final report with key findings and recommendations related to CAD data and assessing behavioral health emergencies in Berkeley. Note: This assessment is not directly related to the SCU; SCU data was not a component of the analysis nor was the efficacy of BPD/SCU coordination assessed. While RDA's work with the SCU has focused on models for behavioral health crisis response without the use of law enforcement, this effort was specifically focused on law enforcement's response to behavioral health crises. • *Not yet publicly available (will be made available on the Reimagining Public Safety Task Force webpage)*

SCU Retrospective Evaluation ***2024 - 2025***	The City of Berkeley HHCS contracted with RDA to conduct a retrospective evaluation of the first 14 months of the SCU pilot program, adapting a mixed-methods appraoch best suited to the pilot's stage of implementation. The evaluation aimed to understand the overall strengths and opportunities for improvement based on program implementation and client outcomes by collecting and analyzing primary and secondary data. These evaluation activities supported RDA and HHCS to collaboratively identify recommendations for future expansion and sustainability of the SCU.
	• *Will be made available on the Reimagining Public Safety Task Force webpage*
SCU Financial & Sustainability Planning ***2025***	The City of Berkeley HHCS contracted with RDA to assess the feasibility of and options for SCU expansion and sustainability based on learnings from the retrospective evaluation. RDA conducted secondary research and benchmarking interviews to identify and assess potential funding opportunities. Since the initial launch of SCU services in 2023, the California policy landscape for mental health and behavioral health mobile crisis programs has shifted significantly. RDA identified three main opportunities for sustaining the SCU, with the two most promising opportunities taking advantage of the statewide CalAIM initiative (California Advancing & Innovating Medi-Cal) and Proposition 1 Behavioral Health Services Act (BHSA), including a new Medi-Cal benefit that requires behavioral health delivery systems to establish mobile crisis teams with similar scopes as the SCU. Information about the landscape of mental health crisis funding and relevant financing opportunities were presented in a memo to HHCS.
	• *Not publicly available: RDA's financial memo to City of Berkeley leadership* • City Manager's memo to City Council

Appendix

Evaluation Plan: SCU Program Data Application Matrix

As part of the evaluation planning process, RDA reviewed the data elements available in the SCU electronic database. These data elements were reviewed for applicability to the evaluation questions. Once program data was received, RDA used the application matrix to prioritize analysis based on data availability and quality.

Individual data (Call Intake Screen - Phone)	
Data being collected	**Data use/analysis options**
Caller Name	
Caller Type	**#/% of callers by caller type**
	crosstab: primary reason for call
	crosstab: is the client suicidal?
	crosstab: dispatch (yes/no)
Zip Code	**#/% of zip codes within COB represented**
	zip codes represented mapped
	crosstab: response times
What is the primary reason for the call?	**# of calls by primary reason**
	crosstab: response times
What is the caller reporting?	qualitative analysis (narrative field)
Is the client suicidal?	**#/% of callers by suicidality**
	crosstab: primary service
	crosstab: service disposition
	crosstab: response times
	crosstab: holds placed
Response Priority	**#/% of calls by priority level**
	crosstab: response times

Data entered for team - (Assign Unit to Call)	
Data being collected	**Data use/analysis options**
Unit No	
Clinician Assigned	
EMT Assigned	
Peer Support Assigned	
Assignment Status	
Update Status (button)	

Individual data collected or verified ON SCENE (Call Documentation form)	
Data being collected	**Data use/analysis options**
Client Name	
Does the client have an alternate contact such as family or friends where they could be reached?	
Patient DOB	# of calls by client age
	# of dispatched responses by client age
Race	# of calls by client race
	# of dispatched responses by client race
Gender	# of calls by client gender
	# of dispatched responses by client gender
Was the evaluation conducted at a K-12 school?	#/% of evaluations conducted at K-12 school
Did Police assist with this call?	#/% of calls with Police assistance
Is the Client Homeless?	#/% of clients by housing status
Client Street Address	(# of repeat contacts by Address)
Client Apt or Unit No	(# of repeat contacts by Address)
Are you transporting the client anywhere?	
Why are you transporting the client?	
Where are you transporting the client? (drop-down selection)	
Where are you transporting the client? (narrative description)	
Hold Type	# of holds by hold type
Previous Behavioral Health	
Please describe (pervious Behavioral Health…services?)	
Service Disposition	#/% of contacts by service disposition
Primary Service	#/% of contacts by primary service
Please describe the events that occurred on the scene	

Time-stamped data captured	
Data being collected	**Data use/analysis options**
Status	avg response time (time between En Route to On Scene)

Data collected for an "On Scene Call"	
Data being collected	**Data use/analysis options**
Unit Number	(Service delivery by unit)
Clinician	(Service delivery by Clinician)
EMT	(Service delivery by EMT)
Peer Support	(Service delivery by PSS)

Program Data Indicators: Descriptions and Limitations (slide 1 of 4)

Indicator	Date added	Description	Notes & Limitations
Incident Number	Sept 1, 2023	Unique ID number for each incident (this includes all recorded SCU responses, whether phone call only, phone call + in-person response, or in-person response only)	
Created (timestamp)	Sept 1, 2023	Date and time when the call record was generated for each call; RDA grouped calls by quarter using this indicator.	
Caller Type	Jan 14, 2024	Categorical indicator to describe the caller. Categories include: •911 •Behavioral health, homeless, or other service provider •Community Member •Crisis line, suicide hotline, or 988 •Friend/family •Law Enforcement •N/A On View Call •Unknown	
Police Assisted	Sept 1, 2023	Categorical indicator for whether BPD was involved in a response. Categories include: •Yes •No •No Response Required (automatically applied if the call did not lead to an in-person response) •Not Collected	We do not have context regarding *why* BPD may have been involved in various incidents. We are unable to distinguish between events in which the SCU team may have contacted BPD for support from events in which BPD and SCU both independently arrived on scene (or any other circumstance).

Program Data Indicators: Descriptions and Limitations (slide 2 of 4)

Indicator	Date added	Description	Notes & Limitations
Service Disposition	Jan 14, 2024	Categorical indicator for whether in-person services for delivered. Categories include: •Emergency health responded first and declined SCU participation •Individual not found •Individual refused services •Law Enforcement responded first and declined SCU participation •No Response Required (automatically applied if the call did not lead to an in-person response) •Not collected •Other •Services provided •Situation resolved in community prior to SCU arrival	The category of "No Response Required" includes all incidents that resulted in a phone call only. We do not have context regarding *why* an in-person response did not occur. These incidents may include, for instance, both calls that were successfully de-escalated over the phone, and calls that were outside of the scope of SCU services and referred to other emergency responders or service providers.
Primary Service	Jan 14, 2024	Categorical indicator providing the type of service that was delivered in person (can only select one). Categories include: •5150/5585 Assessment •Clinical assessment by MH professional •Crisis and safety planning •De-escalation, conflict resolution •No Response Required (automatically applied if the call did not lead to an in-person response) •Not Collected •Other •Peer support services •Referral to medical services •Referral to outpatient behavioral health services •Support for family/friends •Transportation •Triage/screening onsite •Welfare check	Given that this field only allows for one selection, we are unable to identify all services delivered for each encounter. Analysis for specific services provided is therefore a likely underestimate and only captures the service the team selected as "primary".

Program Data Indicators: Descriptions and Limitations (slide 3 of 4)

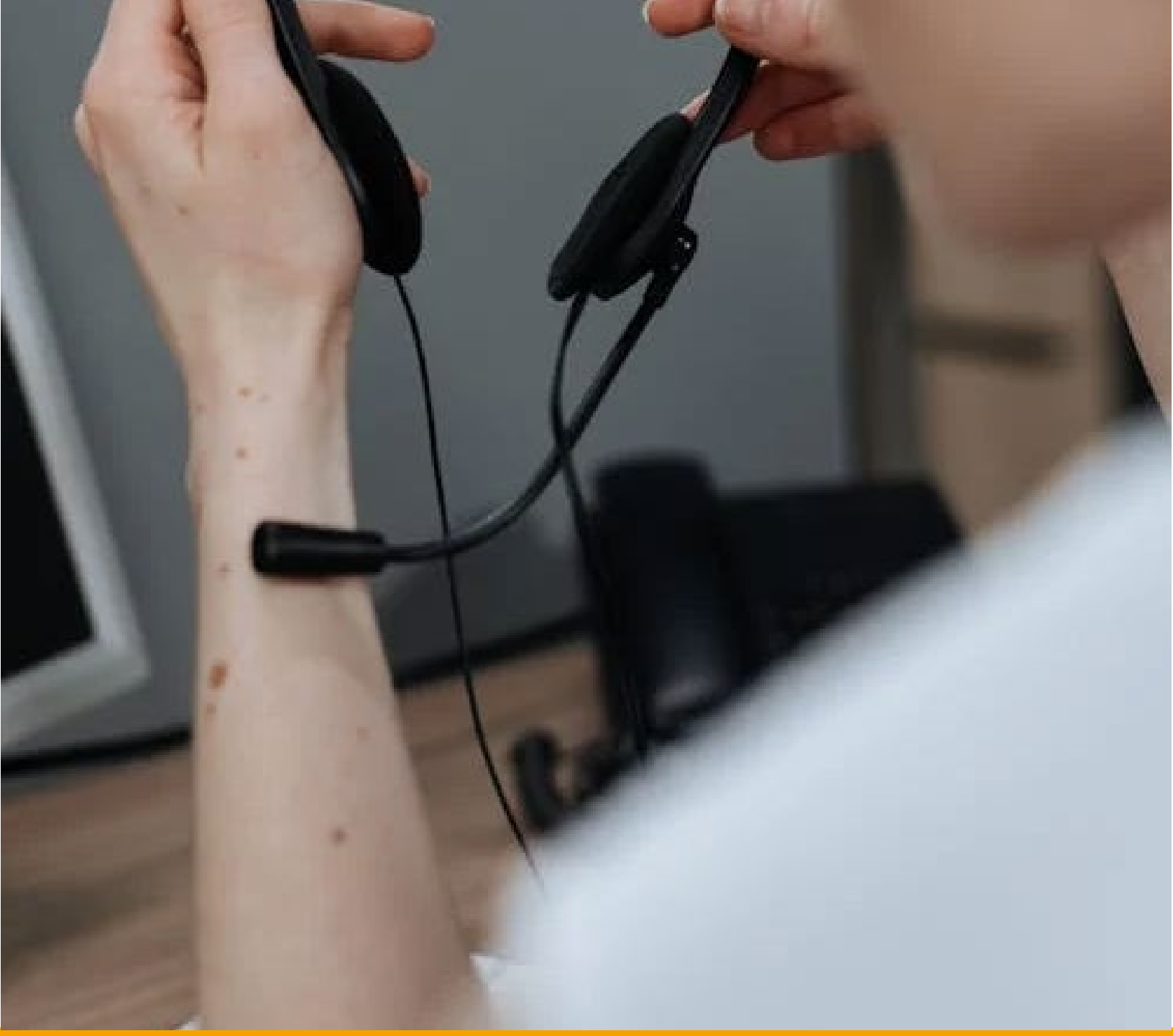
Indicator	Date added	Description	Notes & Limitations
Transport	Jan 14, 2024	Categorical indicator for whether the SCU or another emergency responder transported the client. Categories include: •Not transported •Transported by Berkeley Fire •Transported by Berkeley PD •Transported by EMS •Transported by SCU •Yes	Prior to Jan 2024, this indicator only allowed for "Yes" or "No". "No" responses were combined with "Not transported" for analysis, while "Yes" responses were retained separately.
Hold Type	Sept 1, 2023	Categorical indicator for whether an involuntary hold (5150/5585) was placed. Categories include: •5150 Involuntary Hold for Adult •5585 Involuntary Hold for Minor •No Hold Placed •No Response Required (automatically applied if the call did not lead to an in-person response)	
Housing Status	Sept 1, 2023	Categorical indicator for the client's current housing status. Categories include: •At Risk of Homelessness •Client Not Found •No Response Required (automatically applied if the call did not lead to an in-person response) •Not Collected •Stably Housed •Unhoused, sheltered •Unhoused, unsheltered •Unknown	

Program Data Indicators: Descriptions and Limitations (slide 4 of 4)

Indicator	Date added	Description	Notes & Limitations
Gender	Sept 1, 2023	Categorical indicator for the gender of the client. Categories include: •Female •Male •No Response Required (automatically applied if the call did not lead to an in-person response) •Non-binary •Not Collected •Other	It is not known how client gender was determined for data collection purposes, as the SCU did not at the time of evaluation have data collection protocols. We are therefore unable to assume the accuracy of this indicator.
Race	Sept 1, 2023	Categorical indicator for the race of the client. RDA grouped some categories with small numbers of incidents to mask data for privacy reasons. Categories include: •Another Race (including "unknown") •Asian or Asian American •Black/African American •Hispanic or Latino/a/x •More than one race •No Contact •No Response Required (automatically applied if the call did not lead to an in-person response) •(automatically applied if the call did not lead to an in-person response) •Not Collected •White or Caucasian	It is not known how client race was determined for data collection purposes, as the SCU did not at the time of evaluation have data collection protocols. We are therefore unable to assume the accuracy of this indicator.

Acknowledgements

Thank you to the SCU Steering Committee, service providers, community partners, and all community members that participated in this evaluation. Your feedback and insight were invaluable!



CAD Assessment

Mental Health and Homelessness Emergency Response in Berkeley

RDA CONSULTING | 40 YEARS of Systems Change

CITY OF BERKELEY

CAD Assessment

Mental Health and Homelessness Response in Berkeley

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

RDA Consulting, 2023 - 2025

Executive Summary

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

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

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

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

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

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

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

Conclusions related to the guiding evaluation questions

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

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

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

Recommendations

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

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Introduction & Project Objectives

Origins of the Reimagining Public Safety Initiative

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

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

CAD Analysis: Scope & Guiding Questions

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

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

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

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

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

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

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

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

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[6] *Kate Harrison, Vice Mayor, City of Berkeley. 2024, May 24. Budget Referral: Fund Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments.* https://records.cityofberkeley.info/PublicAccess/api/Document/AUkeXomzIQAVf7Uc9IUq4QA7qlJhipNqGVRbjOoBLPpLke42Q8%C3%81Jzb5pZX8F5wbWY2hD5o857R83ET%C3%81z5eWDaks%3D/

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

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

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

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

Data Sources & Methodology

Data Collection

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

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

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

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

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

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

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

CAD Processes & Components

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

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

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

CAD Process Description

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

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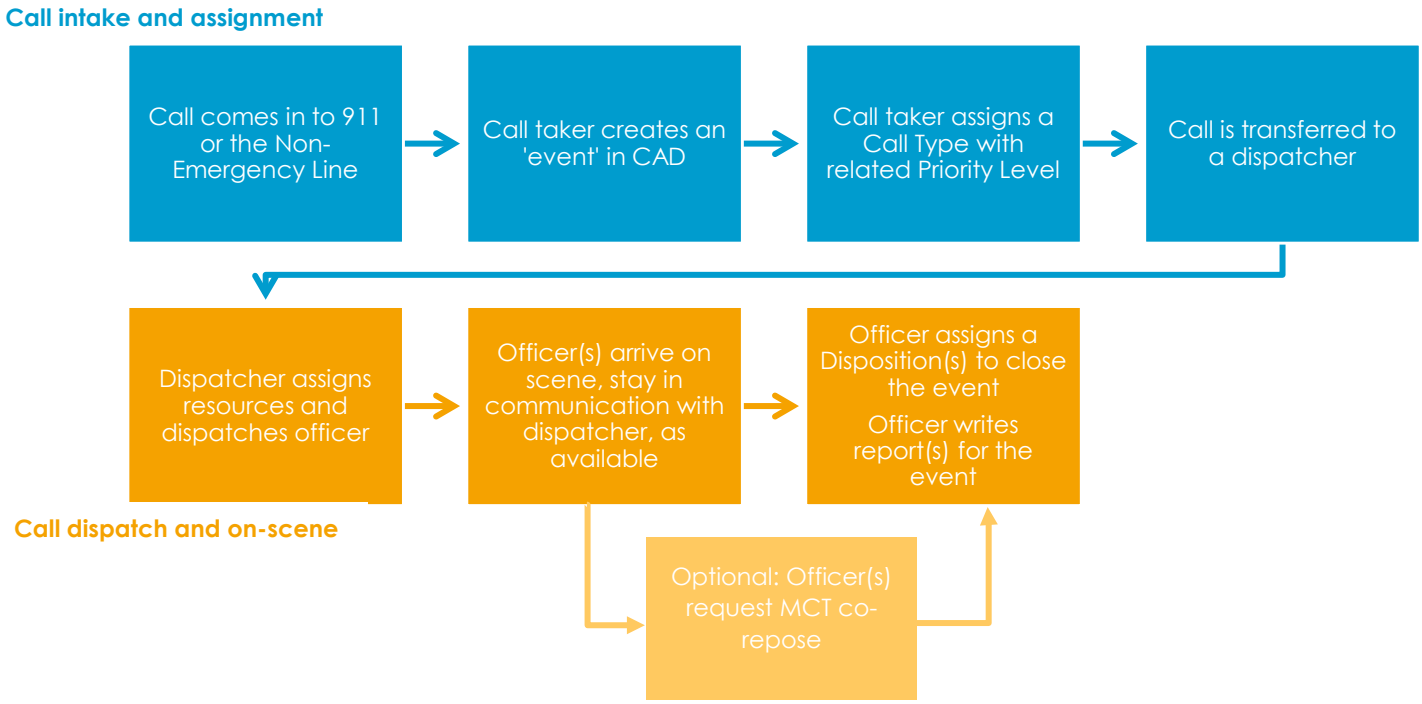
[13] Berkeley City Auditor. (2021, April 22). *Data analysis of the City of Berkeley's police response*. https://berkeleyca.gov/sites/default/files/documents/2021-05-11%20Item%2029%20Audit%20Report%20%20Data%20Analysis.pdf

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

[15] MDT stands for Mobile Data Terminal

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



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

CAD Data: Inclusion Criteria

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

Call Type

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

- Suicide
- Mental Illness
- Welfare Check

Narrative Key Terms

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

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

Disposition

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

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

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

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

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

Key Terminology for CAD Analysis

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

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

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[18] RDA was not provided access to these documents, and therefore the additional details about paper dispositions cannot be determined.

[19] The Auditor's Report provided an example, on page 23, that speaks to how even a case report without a formal infraction, citation, or arrest can still have a legal system impact on the individual: "An event like a robbery, for example, could result in no arrest during the event, but lead to an arrest several days later. That arrest would be recorded in the Law Enforcement Records Management System," not CAD.

[20] Of the remaining 18 dispositions, "MDT Narrative Only" was the most commonly used, and it is a disposition that indicates no formal documentation or paperwork took place, such as if an officer was not able to find the person or determined that no crime was committed. The other 17 dispositions were rarely used and are not relevant to the primary goals of this study.

[21] Note that RDA's definition for the purposes of this report is slightly different from the Auditor's Report definition, which also included any event to which MCT was dispatched. RDA did not have access to MCT dispatch data and therefore excluded that criterion.

Limitations

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

Limitations due to the structure of CAD

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

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

Limitations across BPD datasets

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

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

Limitations of available data

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

Analytical Framework

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

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

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

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

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

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

Interpretation and Considerations

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

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

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

[25] ibid.

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

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

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

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

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

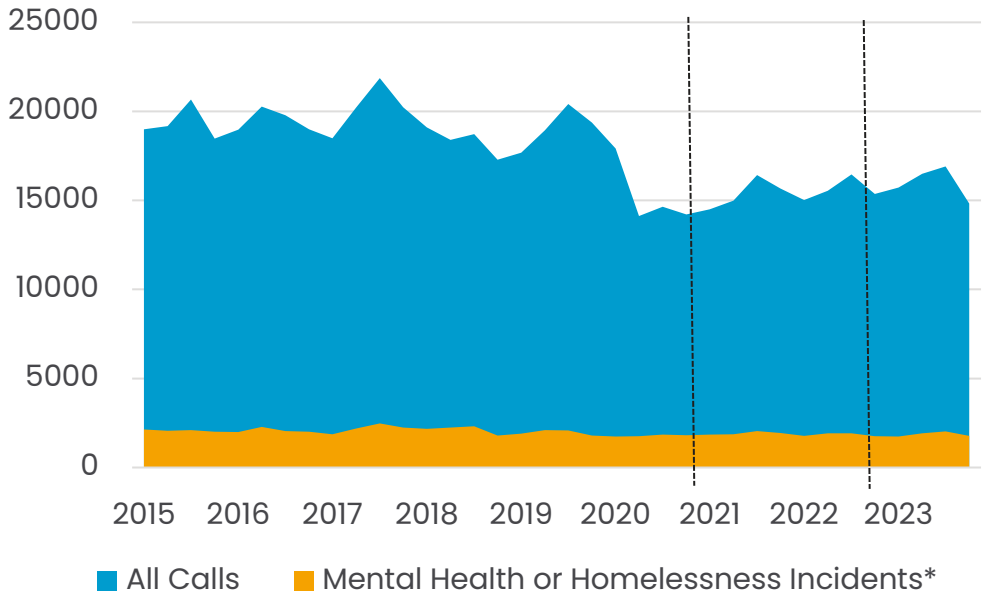
Findings

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

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

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

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



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

Data Highlights

All Calls

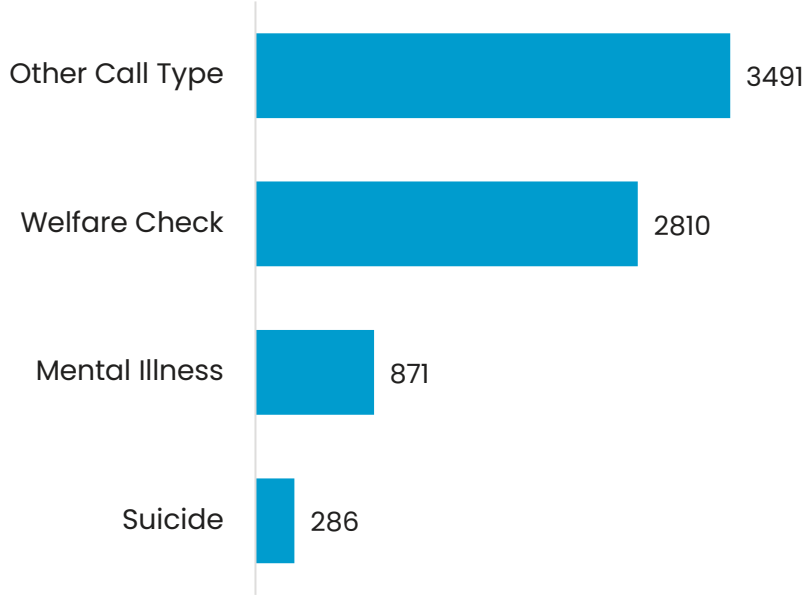
- Average: 17,636 calls
- Lowest call volume: 14,129 *(Jan-Mar 2020)*
- Highest call volume: 21,868 *(July-Se pt 2017)*
- Substantial drop in call volume since the onset of shelter-in-place in 2020 (average 19% decrease)

Mental Health or Homelessness Incidents

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

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

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



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

Data Highlights

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

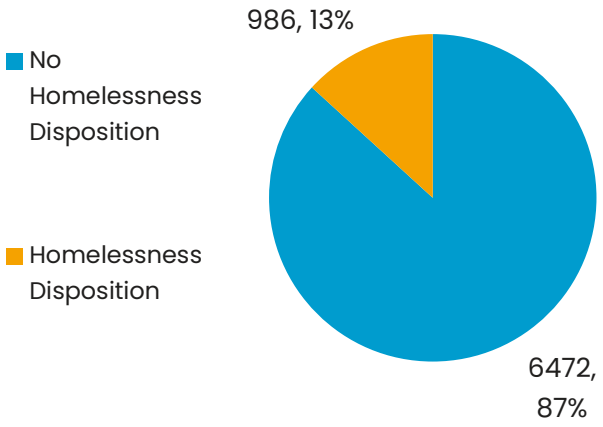
Key Takeaways

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

II. Characteristics of Mental Health and Homelessness Incidents

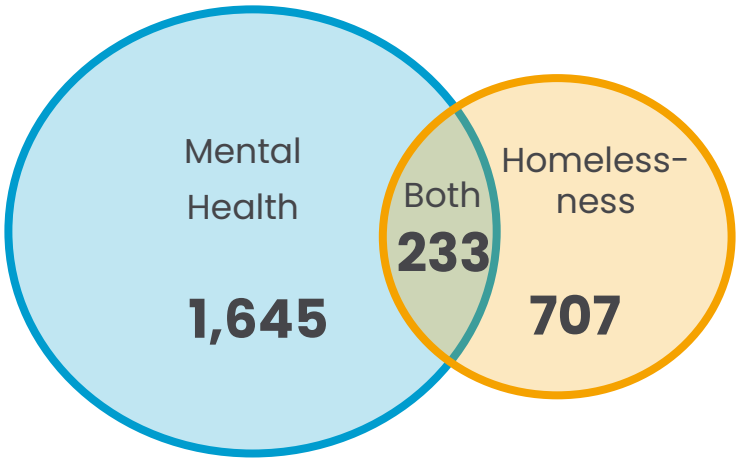
Now, we consider the characteristics of the events that make up the Mental Health or Homelessness Incidents previously displayed in Figure 2. To do so, we must consider the degree to which mental health calls and homelessness calls are interrelated or distinct. As demonstrated in Figure 2, the volume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

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



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

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



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

Data Highlights

Figure 4

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

Figure 5

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

Key Takeaways

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

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

III. Co-Response Rates & Response Times

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

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

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

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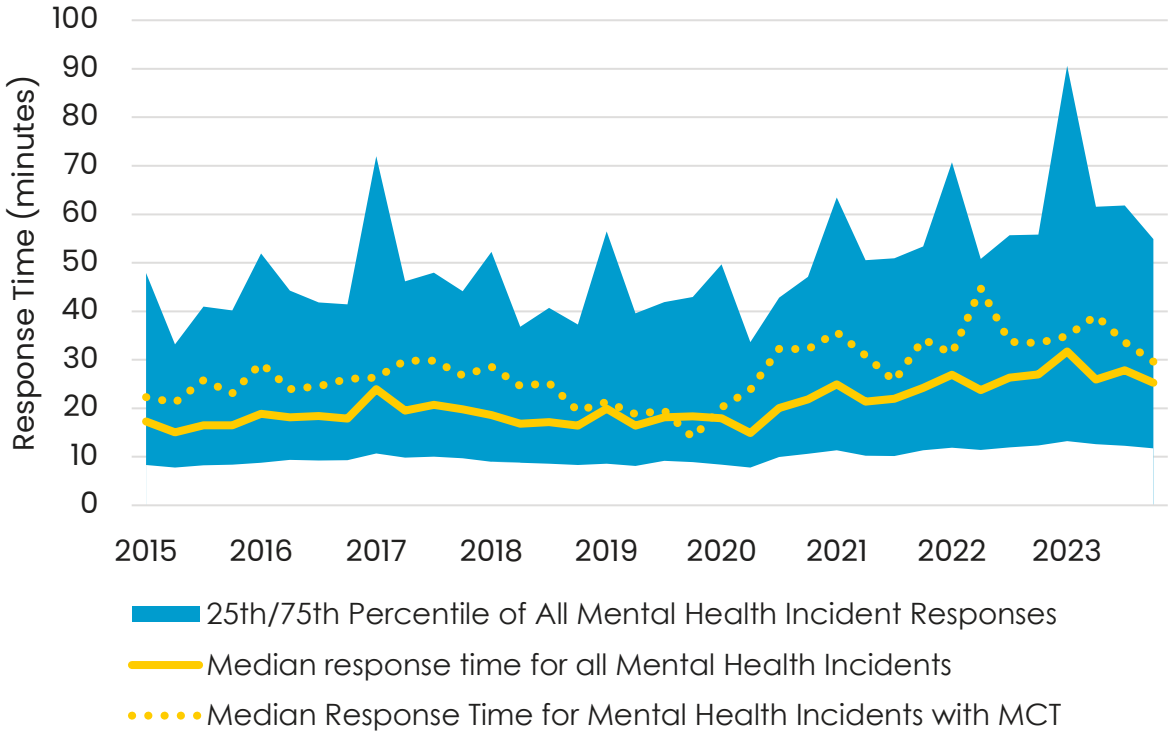
[27] RDA did not have access to data on dispatch time, which is the length of time between when a call is received and when a call is assigned to officers for dispatch. Instead, RDA had access to response time data, which is relevant in describing the experience of responses to crisis events for callers.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

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



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

Data Highlights

Figure 6

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

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

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

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

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

Data Highlights

Table 1

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

Key Takeaways

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

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

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

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

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

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

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

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

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

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

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

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

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

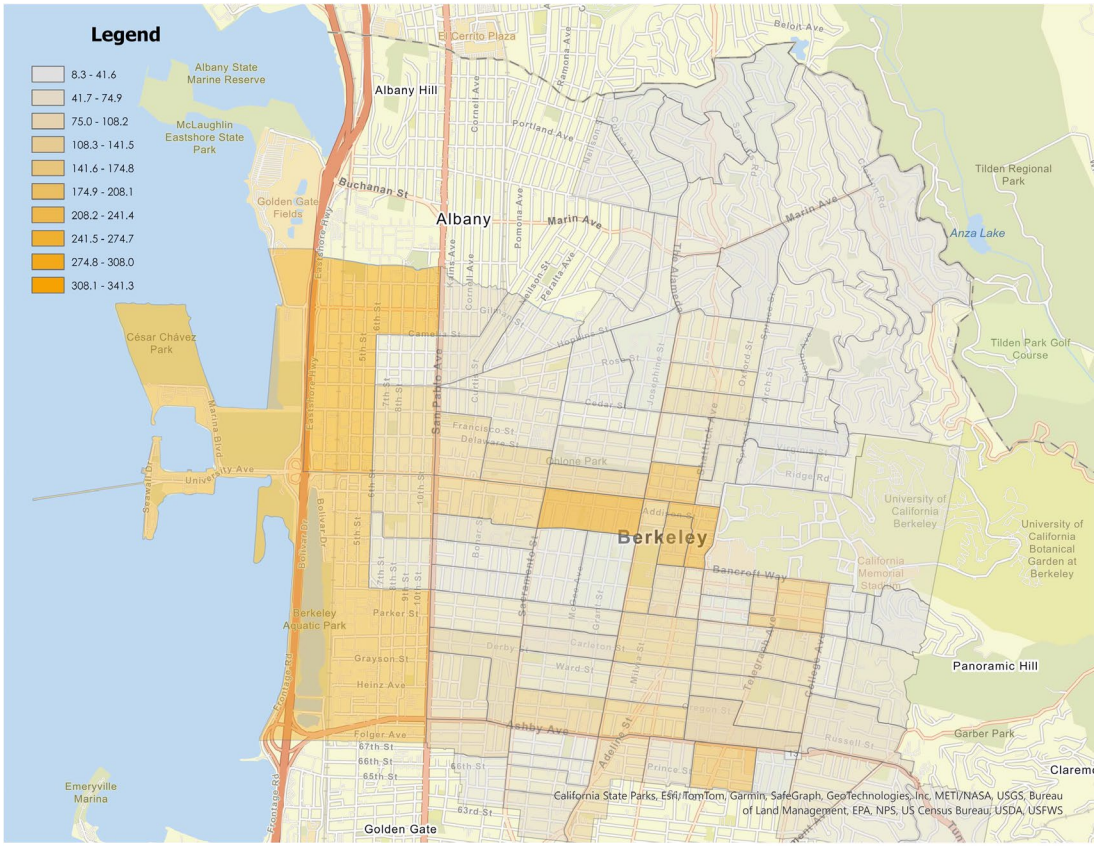
**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

Data Highlights

Table 2

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

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



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

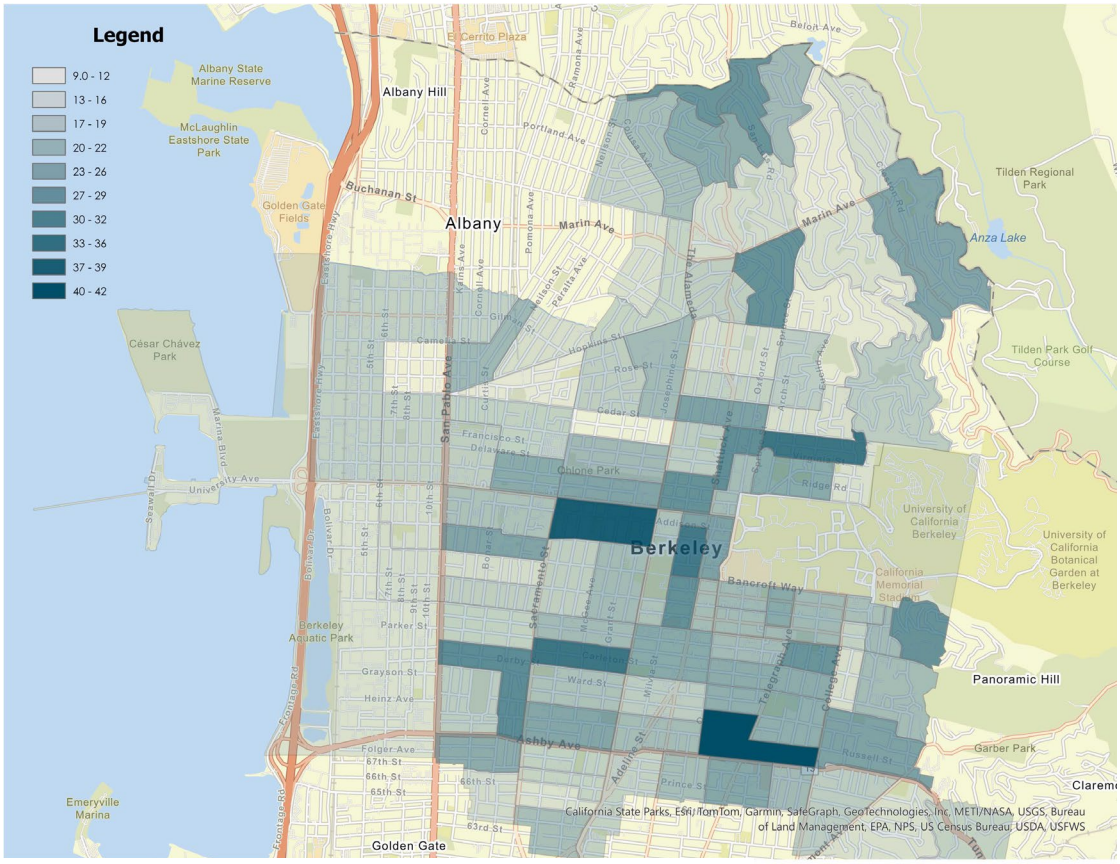
Data Highlights

Map 1

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

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

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



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

Data Highlights

Map 2

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

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

Key Takeaways

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

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

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

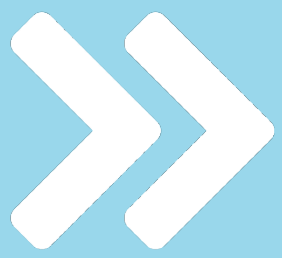
Together, Table 2, Map 1, and Map 2 ***may indicate differences in how different parties involved in CAD data collection interpret and describe incidents*** (the caller, call taker, dispatcher, and/or on-scene officer). This difference across parties may contribute to whether an event is categorized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

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

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

Conclusions

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



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

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

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

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

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

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

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

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

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

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

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

B. Conclusions related to the guiding evaluation questions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recommendations

Recommendations

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

Recommendation #1

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

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

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

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

Recommendation #2

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

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

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

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

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

Recommendation #3

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

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

Recommendation #4

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

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

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

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

Appendix

V. Appendix A: Narrative Key Terms

VI. Appendix B: Data to Inform Emergency Response Operations

VII. Appendix C: High Resolution Map 1 & Map 2

Appendix A: Narrative Key Terms

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

Mental Health Key Terms		Homelessness Key Terms	
1056	Mania	bacs	harrison house
5150	manic	bfhp	homeless
sees things	mct	camped out	homeless outreach
antipsychotic	medication meds	person down	housing status
anxiety	mental	berkeley covid	living on the street
bacs	mh	respite	nomad
bipolar	mobile crisis	berkeley drop in	obstructing sidewalk
bmh	nervous	center	shelter
bonita house	breakdown	berkeley community	sleeper
breakdown	paranoi	resource center	street outreach
case manager	peer support	women's daytime	tent
counsel	pharmacist	drop-in center	transitional housing
crazy	psych	fred finch turning	unhoused
crisis	ptsd	point	pathways
deliri	residential care	berkeley food and	vagrant
deluded	schizo	housing project	no address
delusion	seeing things	dorothy day	no residence
dementia	self harm	encamp	undomicilized
depress	self talk	encampment	coordinated entry
disorder	social worker		
dissociat	suicid		
dual diagnosis	talking to self		
first break	talk to self		
hallucinat	therap		
hear voices	trauma		
hearing voices	treatment		
hears voices	unable to talk		
ideation	warm line		
john george	warmline		

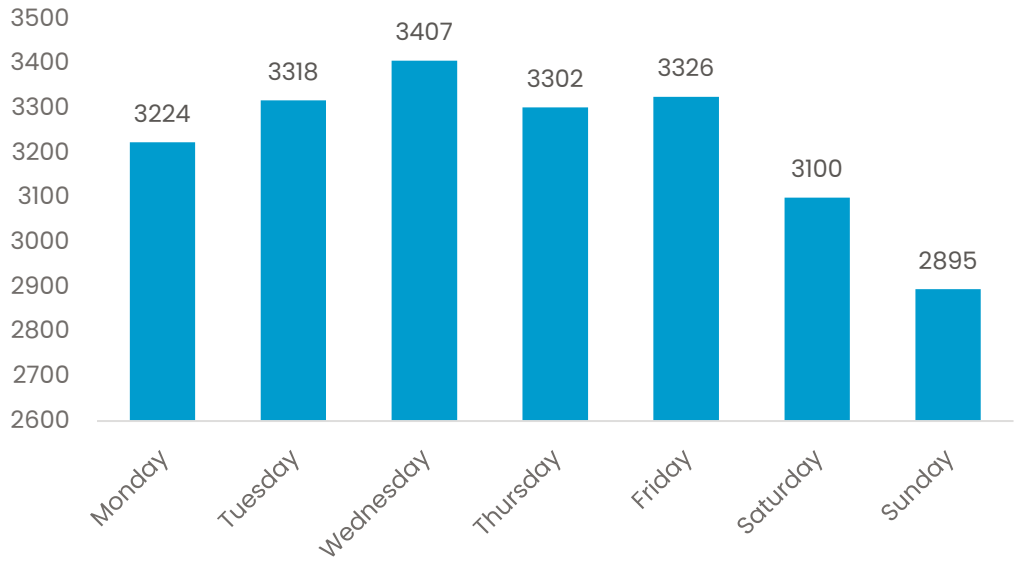
[38] Berkeley City Auditor. (2021, April 22). *Data analysis of the City of Berkeley's police response.* https://berkeleyca.gov/sites/default/files/documents/2021-05-11%20Item%2029%20Audit%20Report%20%20Data%20Analysis.pdf

Appendix B: Data to inform emergency response operations

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

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

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



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

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

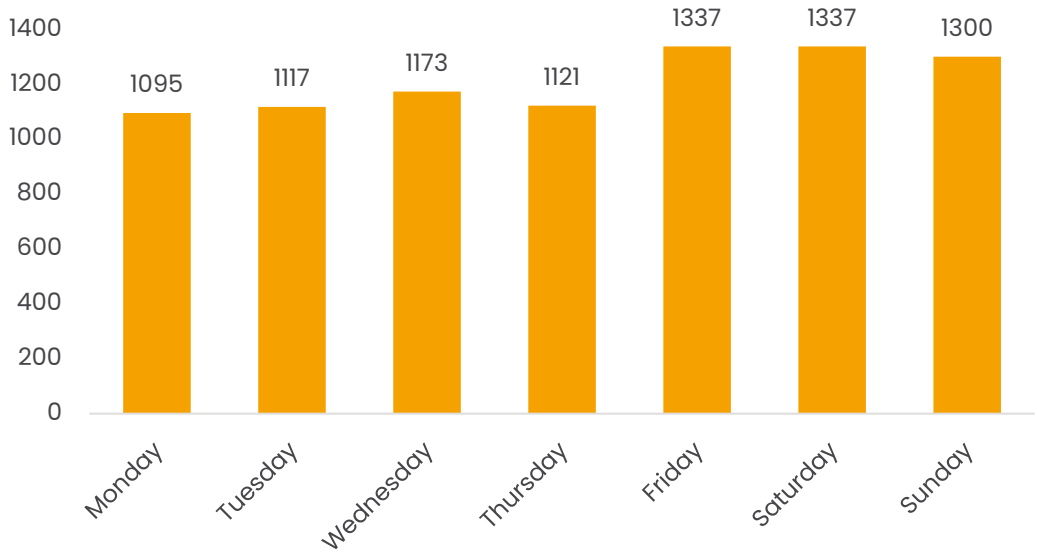
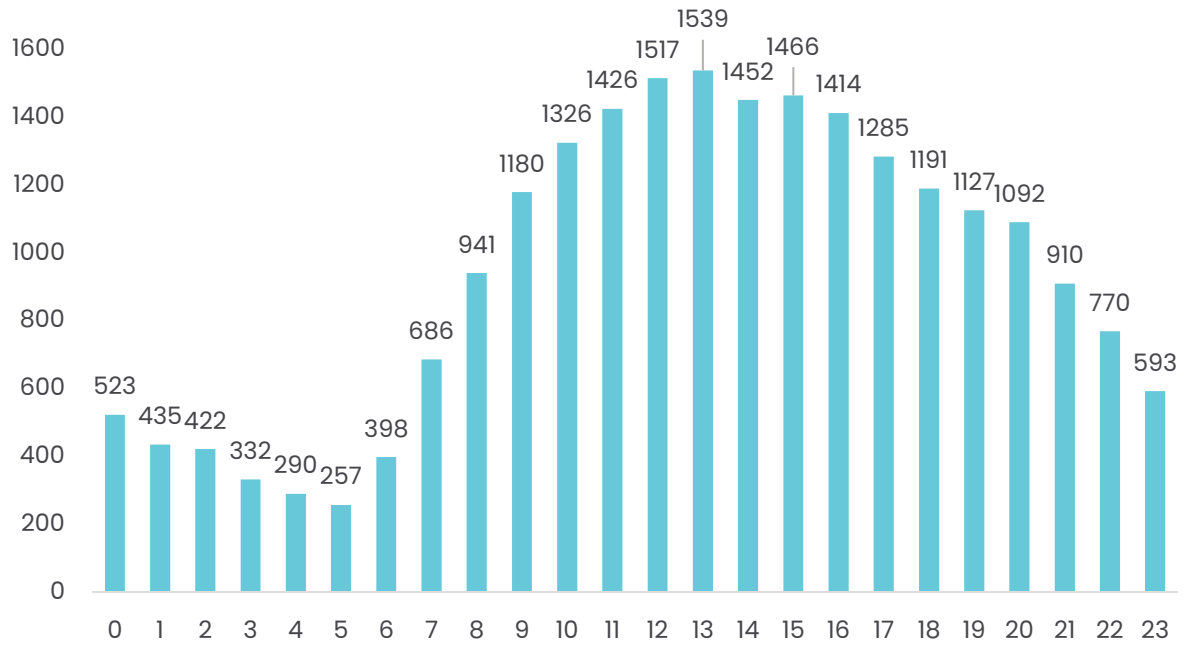
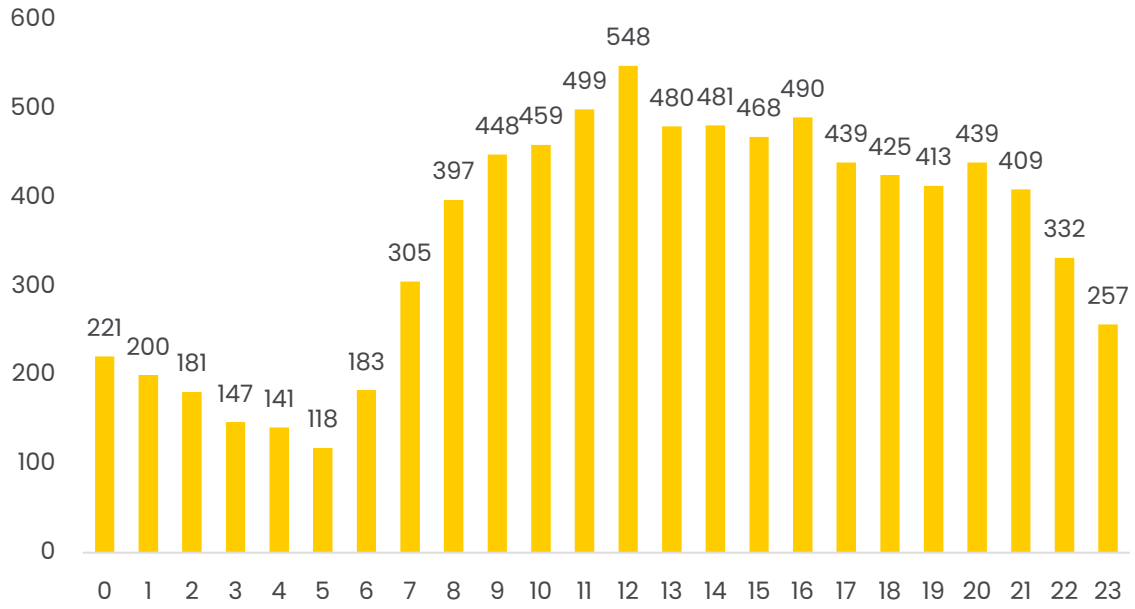


Figure 9: Mental Health Incidents* by Hour of Day (CAD, 2021-2023)

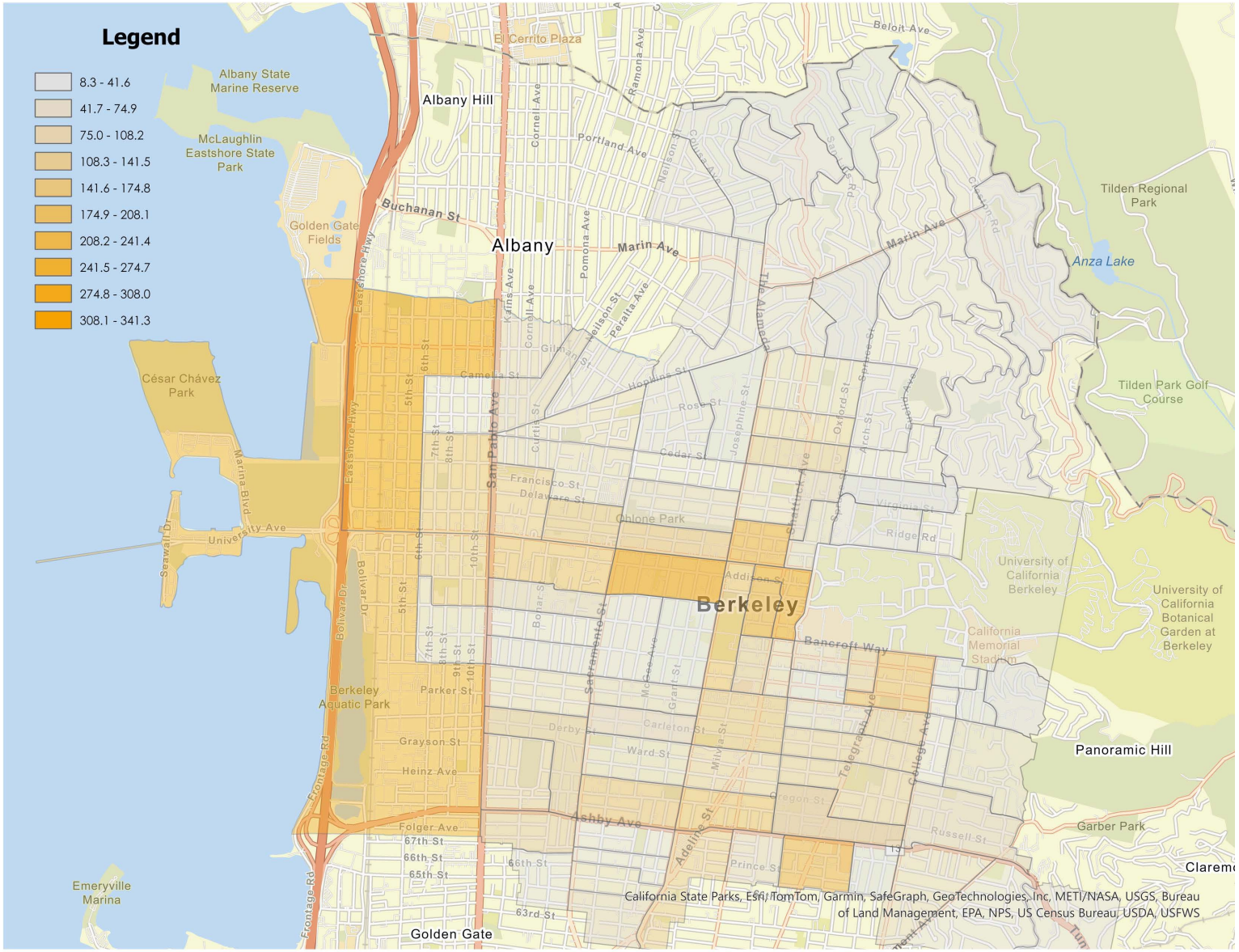


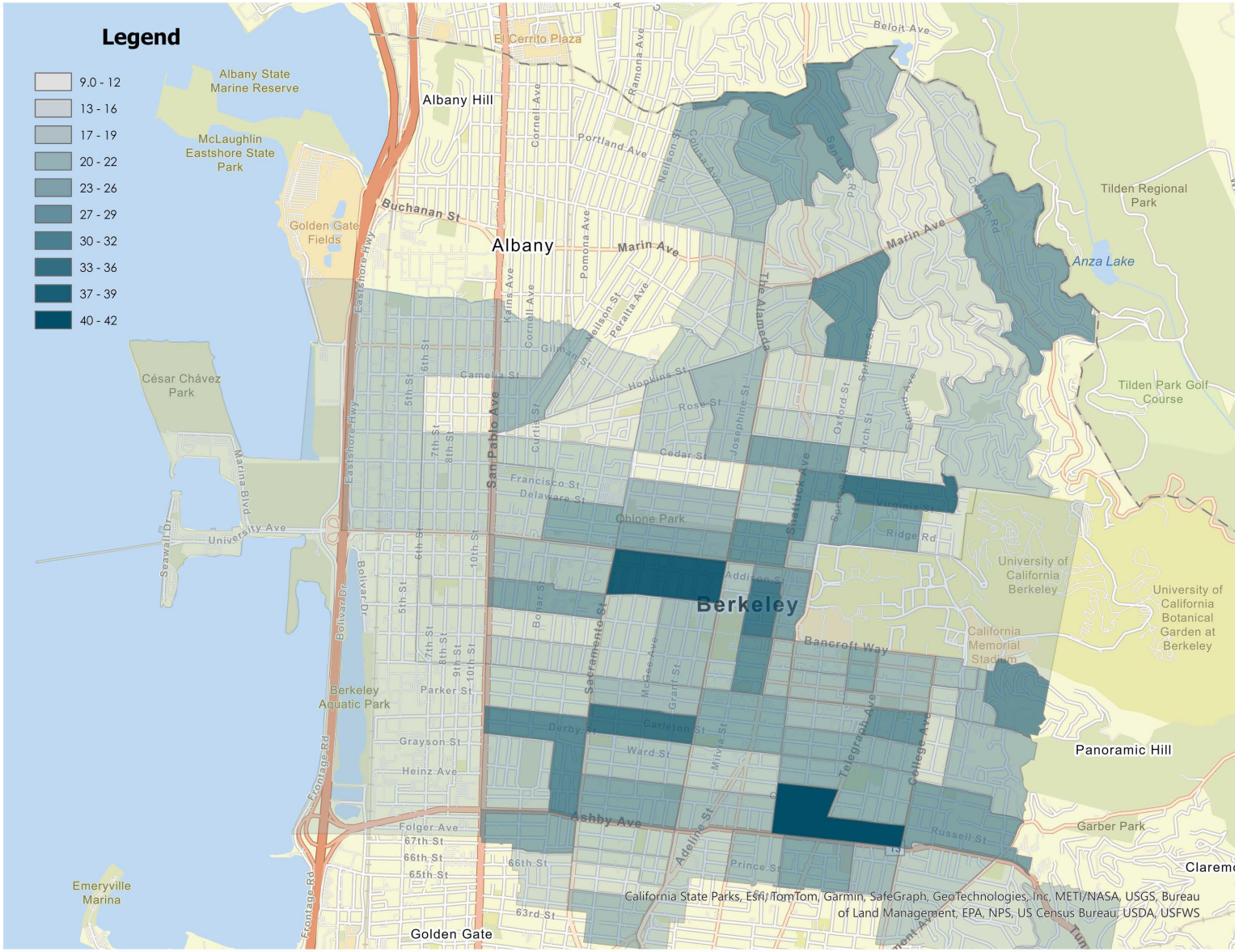
**Mental Health Incidents include an event that have a Mental Health Call Type and/or Mental Health Key Terms*

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



Appendix C: High Resolution Map 1 & Map 2


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


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

APPENDIX E

Mental Health & Wellbeing Coordinator Impact Report

Mental Health & Wellbeing Coordinator

BERKELEY HIGH SCHOOL Wellness Center

Our Mission

A place where ALL students can reset, recharge, and make connections

Mental Health & Wellbeing Coordinator

The City of Berkeley's $350,000, two year investment, in student mental health and wellbeing has provided Berkeley High School (BHS) with an essential administrator that made the concept of a Wellness Center at Berkeley High School a viable option. BHS opened a Wellness Center in December of 2023. This role enables BHS, to fulfill a common goal with the City of Berkeley, to reduce the stigma and barriers associated with student access to mental health support. We know that if students have access to on campus support, they are more likely to connect to staff, providers, and services that can help.

The MHW Coordinator is housed in the Wellness Center. This role works in concert with the site administration and other stakeholders to implement infrastructure for students to access a continuum of support for socio-emotional and mental health needs. Students and staff previously navigated these dimensions of wellness alone, without a school based hub that connected them to an accessible system of care.

The MHW Coordinator implements processes and practices that make supports and resources accessible for any/all 3200 Berkeley High School students. Students with 504 plans or Individualized Education Plans (IEPs) represent 36% of student visitors (Fall '24 monthly average). Our drop-in data indicates that focal groups of underrepresented students are accessing the Wellness Center. Fall semester, 53.5% of visitors identified a Black or Latino.

PRIORITY 1 — LOWER AFFECTIVE FILTER

PRIORITY 2 — IMPROVE SELF AWARENESS, MANAGEMENT, CONNECTION

PRIORITY 3 — INCREASE STUDENTS' WELLNESS EDUCATION

Areas of Focus

Psycho Education
Counselor Training

Parent Education

Prof. Dev. Sessions

Tiered Support
Care Response

Safety Plans

Coord. of Services Team

Student Services
Universal Drop-In

MH Peer Educators

Brief Interventions

Health Center Referrals

Tier 2 Group Space

Response to Student Need

Quick Facts '24-'25

28 Care Responses
August-February

8 Family/Student Re-Entries
following mental health hospitalization

54 student referrals
to tiered supports for 4+ times visitors

- Brief Intervention w/School Counselor
- SSTs, COST, 504s,
- Niroga Mindfulness
- Health Center
- Rest. Justice
- IEP

Wellness Center priorities keep us centered on intended student outcomes. We want students to develop healthy coping strategies to deal with stress, anxiety, life altering events, and to navigate interpersonal relationships.

Implementation Plan

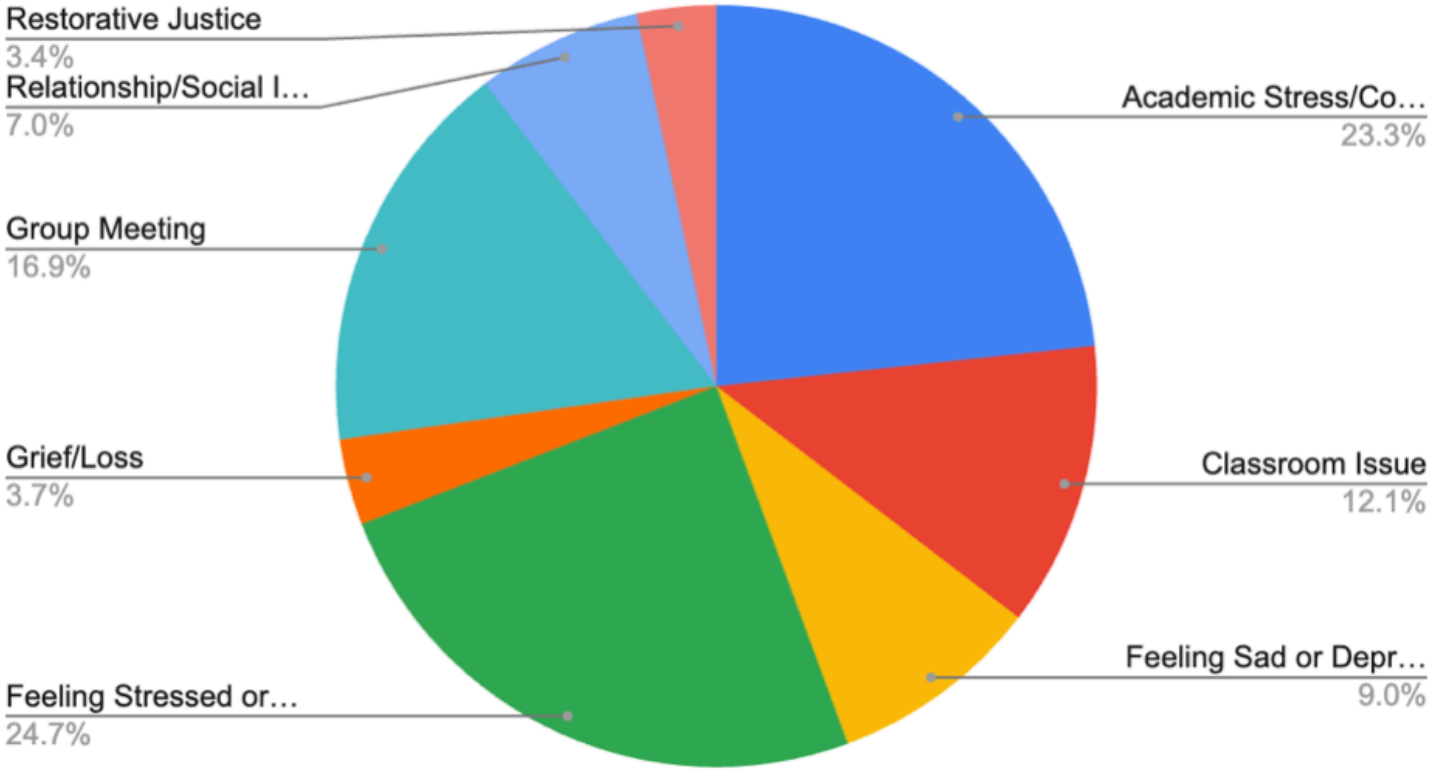
Year 1	2023-24 Design & Open Wellness Center	• Needs Assessment Alignment, BUSD & BHS Aligned Goals • Wellness Center Staffing and Schedule • Data Collection, Professional Development, Calibration
Year 2	2024-25 Data Analysis & Staff Collaboration	• Onboard counseling department to data collection that compliments Wellness Center work plan • Systematize Mental Health Reentries and safety plans • Articulate Tier 2, 3 supports, including brief interventions
Year 3	2025-26 CYBHI Service Reimbursement & School Counseling Services	• Implement fee schedule reimbursement • Onboard Wellness Coach, expand counselor and classroom wellness practices • Incorporate updated site & district continuous improvement goals and action plan items to work plan
Year 4	2026-27 Review Continuum of Care Completion & Program Assessment	• RDA Needs Assessment items should be implemented • Counseling & Wellness coordination of services should be systematized and site action plan items should be in progress or operationalized • Multi Tiered System of Support site self assessment

Student Drop-In Data

Spring '24: 1st Semester WC Open Drop-In	# STU
Total Student Contacts: Jan. - May 2024	1120
Unduplicated Contacts: Jan. - May 2024	380
Fall '24: 2nd Semester WC Open Drop-In	**# STU**
Total Student Contacts: Aug. - Dec. 2024	1395
Unduplicated Contacts: Aug. - Dec. 2024	425

Hours: 8:40am - 3:25pm
Monday-Friday

Student Screener Captures Reason for Drop-In Visit



% Activity Selected	Student Selected Activity Type	Who or What (Fall '24)
50.6%	Sit & Calm	Self-regulate, take break, that could be sitting calmly or utilizing the various quiet corners and cubbies
34.3%	Check-In w/Staff	Restorative Justice Staff, Wellness Counselor, School Counselors, Niroga
6.5%	Journal, coloring	Ind. student books, community coloring table
4.5%	Arts/Crafts/Sensory Activity	theraputty, kinetic sand, etc.
4.2%	Peer Check-In	Mental Health Peer Educator

The Mental Health & Wellbeing Coordinator works across teams and with all stakeholders to establish a systemwide Community of Care.

BERKELEY HIGH ALUM WELLNESS CTR. DESIGN TEAM

CURRENT WELLNESS CENTER STAFF

BHS MENTAL HEALTH PEER EDUCATORS COHORT 1, 2023-24

Acknowledgments

The work of the Mental Health & Wellbeing Coordinator is only possible thanks to the tenacity and advocacy of a group of students, now Class of 2022 alumni (Ginger, Lily, Eva, Haley, and Mary) who rallied support among the City of Berkeley city council members to address the unmet mental health needs among students.

The city's substantial investment was entrusted to BUSD to implement infrastructure, tiered & differentiated supports, and mental health crisis prevention at Berkeley High School. We work to provide all students with access to trained, caring adults and safe spaces. Special thanks to leaders in Berkeley Department of Health, Housing and Community Services (HHCS), and our Health Center partners.

New Accessible Resources

Counseling & Wellness Webpage

Monthly Parent Ed Topics

Connecting Beyond Conflict: Effective Communication Strategies

Understanding Attachment Theory: Building Stronger Connections w/Your Child

Peer Mental Health Educators

Wellness Wednesdays

46 Classroom Presentations = 1k students w/Mental Health education

Suicide Prevention Videos

#1:Black Mental Health

#2: Breaking the Silence (2nd place)

#3: Echoes of Hope: A Journey Through Darkness (Honorable Mention)

APPENDIX F

Domestic and Intimate Partner Violence Draft Recommendations

Commission on the Status of Women

Commission on the Status of Women
Wednesday, January 15, 2025 – 7:00pm
North Berkeley Senior Center
1901 Hearst Ave, Berkeley, CA 94709

AGENDA

Mayor Adena Ishii: Vacant	**Rashi Kersarwani**: Vacant	**Terry Taplin**: Vacant
Ben Bartlett: Kameka Goodwin	**Igor Tregub** Shirley Posey	**Shoshana O'Keefe** Kera Binns
Brent Blackaby: Chair-Carole Marasovic	**Cecilia Lunaparra**: Keyanna Ortiz-Cedeno	**Mark Humbert** Vacant

All items are for discussion and possible action.

1. Roll Call.
2. Reading of Land Acknowledgment.
3. Public Comments for Items not on the Agenda.
4. Approval of the Agenda. Discussion and Possible Action.
5. Approval of the November 20, 2024 minutes. Discussion and Possible Action.
6. Review and Approval of 2025 Calendar for Commission on the Status of Women Meetings. Discussion and Possible Action.
7. Chair Report. Discussion Only.
8. In-depth Discussion of Domestic Violence/Gender-Based Violence Recommendations. Discussion and Possible Action.
9. Further development of work plan. Discussion and possible action.
10. Adjourn

ADA Disclaimer "This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at 981-6418 (V) or 981-6347 (TDD) at least five

business days before the meeting date. Please refrain from wearing scented products to this meeting.*"*

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SB 343 Disclaimer
Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at the City Manager's Office located at 2180 Milvia Street, 5th Floor.

Commission Contact Information
Okeya Vance-Dozier, Secretary
Commission on the Status of Women
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510/529-5376 (Cell)
Ovance-dozier@berkeleyca.gov (email)

Commission on the
Status of Women

Commission on the Status of Women
Regular Meeting – November 20, 2024
DRAFT- MINUTES

The meeting convened at 7:03pm with Chairperson Marasovic presiding.

ROLL CALL

Present: Posey, Binns, Marasovic
Absent:
Leave of Absence: Goodwin, Ortiz-Cedeno

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Comments from the Public

- Public attendance: 0
- Public comments: 0

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Action Items:

Item # 1:
Approval of Agenda. Discussion and Possible Action.

M/S/C: Binns, Marasovic
Ayes: Posey, Binns, Marasovic
Absent: Ortiz-Cedeno, Goodwin
Leave of Absence:

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Item # 2:
Approval of the Minutes from September 18, 2024 COSOW Meeting. Discussion and Possible Action.

M/S/C: Binns, Posey
Ayes: Posey, Binns, Marasovic
Absent: Ortiz-Cedeno, Goodwin
Abstain:
Leave of Absence:

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Item # 3:
Empowering East Bay Girls: Trends, Needs, and Opportunities for Partnership
Presentation from Julayne Virgil, CEO of Girls Inc of Alameda County. Discussion, no action taken.

M/S/C:
Ayes:
Absent:
Leave of Absence:

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Item # 4:
Tour of Bridget House
Tour Date: December 5, 2024 @ 1pm.

M/S/C:
Ayes:
Absent:
Leave of Absence:

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Item # 5:
Discussion and Possible Letter to Council on Staff Recommendation on Domestic Violence/Gender-Based Violence. Discussion and Possible Action.
Motion to submit a letter to Council regarding the staff recommendations on DV and gender-based violence.

M/S/C: Binns, Posey
Ayes: Posey, Binns, Marasovic
Absent: Ortiz-Cedeno, Goodwin
Leave of Absence:

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Item # 6:
Vice-Chair Election. Discussion and Possible Action.
Motion made by Commissioner Marasovic to Elect Commissioner Binns as Vice-Chair for the Commission on the Status of Women which was seconded by Commissioner Posey.

M/S/C: Marasovic, Posey
Ayes: Posey, Binns, Marasovic
Absent: Ortiz-Cedeno, Goodwin

Leave of Absence:

Item # 5:
Work Plan. Discussion and Possible Action.
No Action Taken.

M/S/C:
Ayes:
Absent:
Leave of Absence:

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The meeting was adjourned at 9:04pm

Respectfully Submitted,

Okeya Vance-Dozier, Secretary
Commission on the Status of Women

Commission on the Status of Women

Commission on the Status of Women
Draft 2025 Meeting Schedule

1. Wednesday, January 15, 2025 at 7pm- Special Meeting
2. Wednesday, February 19, 2025 at 7pm
3. Wednesday, March 19, 2025 at 7pm
4. Wednesday, April 16, 2025 at 7pm
5. Wednesday, May 21, 2025 at 7pm
6. Wednesday, June 18, 2025 at 7pm
7. Wednesday, July 16, 2025 at 7pm
8. Wednesday, September 17, 2025 at 7pm
9. Wednesday, October 15, 2025 at 7pm
10. Wednesday, November 19, 2025 at 7pm

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City of Berkeley | Department of Health, Housing and Community Services

October 2024 Status Update: Domestic, Intimate Partner and Gender-Based Violence

Thid document provides an informational progress report for the Commission on the Status of Women, with regard to the City of Berkeley's Domestic, Intimate Partner and Gender-Based Violence work. This status update serves as a follow-up item to the Department of Health House and Community Service's presentation in April. The recommendations below reflect the feedback shared in the context of that April COSOW meeting, and other follow-up conversations. Sasha Gayle-Schneider, a representative from the HHCS Office of the Director team, would welcome hearing from you to set up a one-on-one conversation for more in-depth feedback and recommendation review.

The Department of Health Housing and Community Services is conducting a rigorous process to engage community members, clients, and service providers on priority policy areas in line with a "care-first" model of social service provision. Stakeholder input and feedback is collected through continued community-based surveying, one-on-one meetings with community leaders, community field outreach at encampments, shelters and service centers as well as via commission and community forum information reports. Additionally, HHCS conducted a review of best practices in the field of non-carceral social policy, building upon the work and legacy of working groups nation-wide who have sought to implement similar Care First Jails Last initiatives. HHCS then used evaluative criteria to measure the efficacy and feasibility of various interventions. Criteria include:

1) Harm Reduction: Does this recommendation reduce the number of people who cycle through crisis & carceral systems? Does this recommendation reduce the harm and trauma caused by those systems, to the individual?
2) Transformation: Does this recommendation reinforce the status quo, or would its implementation meaningfully create new pathways/investments in public safety (crisis diversion & stabilization)? Does this recommendation support the healing and long-term positive change for everyone involved in an incidence of violence?
3) Political Feasibility: Is this recommendation responsive to the needs and priorities of the Berkeley community?
4) Financial Feasibility: Is the implementation of this recommendation financially possible, given budgetary constraints?

HHCS has completed a rigorous best practice research review, will continue to gather crucial community feedback, and has identified the following interventions:

- Recommendation 1: Restorative Justice & Circle Work
- Recommendation 2: Financial Stabilization & Independence
- Recommendation 3: Language Access for Survivors of Violence
- Recommendation 4: Support for Emergency Shelter Beds for Survivors of Violence
- Recommendation 5: Young People's Involvement in Community Violence Survey
- Recommendation 6: Trauma-Informed, Non-Carceral Crisis Response
- Recommendation 7: Law Enforcement Protocol Responding to Occupational Survival Crimes

Recommendation 1: Restorative Justice & Circle Work

Needs Assessment

In the City of Berkeley, survivors of violence have few pathways to seek justice, most of which currently involve the court system or other carceral means. The Alameda County Court System offers survivors of inter-personal violence can access a public defender and a court-appointed representative from the Victim & Witness Services Division. This representative can provide the survivor with restitution support, crisis intervention, court escort, employer intervention and witness relocation. They cannot, however, facilitate a healing or justice-seeking process outside of a court or carceral system.

The Department of Health, Housing and Community Services (HHCS) are surveying members of the public who self-identify as having survived incidence of violence, on their social service support system experiences, needs, preferences and priorities.

HHCS has also conducted a review of Restorative Justice best practices, utilized by other municipalities. Studies show that incarceration does not produce behavioral transformation amongst those who have perpetrated acts of harm, nor does it support long-term safety, security and justice for the survivor. Restorative Justice (RJ) circles offer a different pathway forward – one in which the person(s) who have survived the harm and the person(s) who have committed an act of violence are both cared for, healing and seeking justice in the context of their community setting.

Project Proposal

Establish an effective restorative justice program, crisis mediation and violence prevention program to mediate within a community, multiple individuals, or family system. The City of Berkeley hopes to secure funding for a two-year pilot, sub-contracting with a local Community Based Organization (CBO) to deliver Restorative Justice services to COB residents. The drafted scope of work for this project includes:

- 2 FTE for a 2-year pilot contract. Peer educators with a Transformative Justice background and/or social workers who will be trained on the job. RJ Practitioners are not case managers, clinicians, therapists or court advocates.
- RJ Practitioners facilitate a conflict mediation process outside of the court system and can refer to others who can support the survivor in getting other safety/financial need met.
- RJ practitioners will work closely with Berkeley Mental Health, the Specialized Care Unit, Berkeley Police Department and Community-Based Organizations across the city to triage referrals.
- All survivors of inter-personal, domestic, intimate partner, or gender-based violence can connect with an RJ practitioner through referral process and request a circle/mediation process.
- Mediation circles can be facilitated instead of or in addition to a simultaneous court process – should the survivor also wish to pursue legal action in response to the harm.

Current Progress and Next Steps

The City Manager's Office and HHCS are exploring State and Federal grant opportunities with contracted partner, California Consultants, which is providing support with all projects related to the Reimagining Public Safety initiative.

Recommendation 2: Financial Stabilization & Independence

Needs Assessment

Through conversations with front-line service providers, Case Managers at local Community-Based Organizations, the Commission on the Status of Women, and HHCS leadership, stakeholders concur that there is a need for greater coordinated care across the City of Berkeley. Job training programs are among the areas most in-need of further coordination, as many residents are under-employed or unable to get connected to adequate opportunities that would support long-term financial security. When community members receive job training and connection to meaningful, community-based employment opportunities, one's access to greater financial security, housing opportunity and other social securities grow in abundance.

Project Proposal

HHCS proposes coordinating services amongst pre-existing and funded employment programs, case management services, and build relationship with employment programs for people who identify as survivors of domestic, intimate partner or gender-based violence – specifically LGBQ+, TGI and/or cisgender women. Social service agencies will utilize tax credits, stipends, vouchers (housing, transit or otherwise), motel conversions and/or cash benefit programs to address the costs incurred when cisgender women, LGBQ+ people and TGI people seeking safety away from abusive or violent relationships.

Current Progress and Next Steps

HHCS currently supports a number of under-utilized job training programs. Additionally, HHCS is developing a social service directory to better connect Berkeley residents to service providers, case managers, and relevant City of Berkeley resources. This directory, anticipated completion in early 2025, will list organizations phone numbers, website, where to access services in-person, and a brief description of the services offered. The social service directory categories include but are not limited to the following:

- Case Management & Support Navigating Benefits/Social Services
- Crisis Response
- Disability Rights & Advocacy
- Domestic, Gender-Based and Intimate Partner Violence Resources
- Job Training & Financial Stabilization Programs
- Harm Reduction & Substance Use
- Housing & Shelter
- Legal & Advocacy Assistance
- Immigration, Identification Documents & Translation Services
- LGBTQ+ Services
- Medical & Dental
- Mental Health
- Police Misconduct
- Shelter & Housing
- Youth & Family Services

Recommendation 3: Language Access for Survivors of Violence

Needs Assessment

In *Phase 2* of the Reimagining Public Safety initiative, the City Council allocated $15,000 to support the publication of resources for survivors of violence in plain language and multiple languages, both in print and digital formats. This funding is aimed at enhancing accessibility, ensuring that critical information and support services are available to all community members, including those with limited English proficiency and low literacy levels. This effort is in line with the recommendations from the Reimagining Public Safety Task Force Report and informed by Census Data analyzed by an Epidemiologist from the Public Health Officer's Unit.

Project Proposal

HHCS and the City Manager's Office are working in tandem to produce a comprehensive public resource document for survivors of domestic, intimate partner and gender-based violence. The resource document will be published in the top five most popular languages used by monolingual residents of the City of Berkeley and will be available in a variety of public spaces (libraries, social service centers, etc.).

Current Progress and Next Steps

The team aims to complete the translation and publication of victim resources by the end of the calendar year. As the initiative enters Phase 3, the DEI Officer will explore further projects to enhance language equity. This will support the expansion of resource translation, focusing on critical areas identified for sustainable and inclusive growth.

Recommendation 4: Support for Emergency Shelters

Needs Assessment

This intervention was made by Berkeley's Commission on the Status of Women (COSOW), requesting a rigorous needs assessment and review of the current emergency shelter services available for women, families, transgender, nonbinary and intersex people. COSOW members noted the need for increased bed capacity and accessible non-congregate shelters for Berkeley residence. HHCS partners with local shelters, whose staff and client base are comprised of survivors of violence and/or regularly support survivors in navigated domestic violence-specific resources.

Project Proposal

Phase 1: Conduct qualitative review of current service offerings and needs assessment of shelter quality of care, non-congregate bed capacity for survivors of domestic, intimate partner and gender-based violence.

Phase 2: Report on community survey learnings and integrate feedback into Berkeley's pre-existing 24/7 shelter programs, emphasizing short/medium term housing stabilization options, for survivors of domestic violence.

Current Progress and Next Steps

HHCS will continue to work with key community stakeholders including but not limited to Community Based Organizations leading the provision of Berkeley's shelter services, members of the Commission on the Status of Women, the Housing and Community Services division, as well as other community leaders in service provider settings, to establish a project scope and survey format.

Recommendation 5: Young People's Involvement in Community Violence Survey

Needs Assessment

Various organizational representatives and members of the Commission on the Status of Women identified a clear need to include young people (Transition Aged Youth 18-25 & high school aged Berkeley residents).

Project Proposal

The Office of the Director is working with a variety of Community-Based Organizations to scope a rigorous and thoughtful survey focused on domestic, intimate partner and gender-based violence related experiences people aged 14-18, and 18-25 may have in their lives and homes.

Current Progress and Next Steps

The City of Berkeley is building relationship with leadership from the UC Berkeley Tang Center Behavioral Health division and Berkeley High School's Mental Health Services program. These relationships, in addition to those with community leaders, will inform the project scope, feasibility and survey format and questions.

Recommendation 6: Trauma-Informed Non-Carceral Crisis Response

Needs Assessment

In their original recommendation reports for the Specialized Care Unit pilot project, Resource Development Associates identified the need for a non-police mobile response team to respond to selective, non-violent domestic disturbance calls for service. In tandem, Leadership from Berkeley Police Department, the Specialized Care Unit and the Department of Health, Housing and Community Services have identified a need to solidify such a policy, which already functions as standard operating protocol within BPD.

Project Proposal

This exploratory recommendation follows the best practice recommendations authored by the Los Angeles County Alternatives to Incarceration working group. Solidify pre-existing standard operating protocol within BPD: when BPD responds to a domestic disturbance call for service, and officers on site have determined their law enforcement presence is no longer needed, BPD can contact the Specialized Care Unit to support all parties on site in accessing post-crisis care. In doing so, the Berkeley's crisis response service network expands, diversifies and strengthens the City's ability to respond to low-level calls for service with appropriate, trauma-informed resources.

Current Progress and Next Steps

Leaders from the Specialized Care Unit (SCU) and Berkeley Police Department are standardizing a decision tree and protocol to responding to low-level, non-violence domestic disturbance calls. The Department of Health, Housing and Community Services will provide additional crisis scene management training to frontline SCU staff, as a part of the City's commitment to community safety and continuous improvements to quality of care.

Recommendation 7: Law Enforcement Protocol Responding to Occupational Survival Crimes

Needs Assessment

Sex work is currently criminalized and highly stigmatized in the United States. Individuals who engage in sex work as a means of survival are exposed to high levels of harassment, isolation, violence, housing and financial instability. "Sex worker" is a term to refer to people who work in all aspects of the sex trades, indoor and street-based, legal and criminalized, and can include people who trade sex for money as well as safety, drugs, hormones, and other survival needs such as food, shelter, clothing, or immigration status/documentation. Existing laws that criminalize sex work often prevent workers from reporting violence, rather than understand this work to be among many areas of survival-based professions – with participating workers deserving of protection and trauma-informed social services. (Excerpts from INCITE! website)

Project Proposal

Reassess law enforcement practices and policies on arrests/bookings for sex work, especially given the racial disparities with respect to Black women. Prioritize pre-arrest diversion of cisgender women, LGBQ+ people and TGI people engaged in sex work with connection to job training and placement programs and peer outreach workers who can offer voluntary harm reduction services. This exploratory recommendation follows the best practice recommendations authored by the Los Angeles County Alternatives to Incarceration working group.

Current Progress and Next Steps

BPD and HHCS will collaborate, drafting updated protocols for consideration, to support a Care-First approach to sex work-related interactions with law enforcement officers.

APPENDIX G

Fair & Impartial Policing (FIP) Update Supporting Materials

From: Chief Jen Louis, Berkeley Police Department
Co-signed by: Chair Josh Cayetano, Police Accountability Board
Date: May 5, 2025
To: Berkeley City Council Public Safety Policy Committee
Subject: Fair & Impartial Policing (FIP) — Final Status and Recommendation

The work of Mayor Arreguin's Fair and Impartial Policing (FIP) Task Force represents a significant commitment by the City of Berkeley to foster greater trust, equity, and accountability in policing within our community. In 2021, following the foundational work of FIP Task Force, the Berkeley City Council approved a comprehensive package encompassing 14 key recommendations designed to achieve these goals. We are pleased to report that over the past four years the Berkeley Police Department (BPD) has implemented the council-approved FIP recommendations. This process involved regular quarterly updates from BPD and concluded with a thorough review by the Police Accountability Board (PAB). Furthermore, all related datasets now appear on the Transparency Hub, giving the PAB, Council, and the community continuous access to data for effective oversight.

Qualified Positive Recommendation

BPD and PAB jointly **request the Public Safety Policy Committee make a qualified positive recommendation** of the PAB's item for the following policy areas already incorporated into day-to-day operations:

PAB Recommendation	Refined Action
1. Three-prong approach	Maintain the current traffic safety approach, which has led to a measurable decline in equipment-based stops and improved equity in stop outcomes across demographic groups
2. Evidence-based stops	Require evidence-based stops that meet reasonable-suspicion standards and rely on precision-policing data.
3. Enhanced implicit bias training	Continue to prioritize ABLE, KIND and CIT training for departmental personnel.
4. Early Intervention System (EIS)	Finish deploying the Benchmark Analytics Early Intervention System within the calendar year and prioritize revising BPD Policy 1041, Early Warning System.
8. Business cards	Continue issuing business cards that list commendation and complaint options.
9. Resources on police-civilian encounters	Continue to post links to ACLU guidance on police-civilian interactions through existing city webpages.
(To council) **3. Require BPD to report biannually**	Include in BPD's Annual Report a data-driven analysis of traffic enforcement, including moving and equipment violations. This analysis will support departmental reporting on collision data and serve as a measure of effectiveness, in line with BPD's commitment to ensuring our enforcement efforts are fair and impartial.

Additional Points

- **Transparency is permanent.** Stop and search metrics refresh daily online via the Department's Transparency Hub without staff intervention, providing timely transparency. As such, additional written updates through this process are no longer necessary.
- **Enforcement focus:** Guided by Fair and Impartial Policing principles and data analysis, BPD's enforcement efforts increasingly prioritize actions directly addressing public safety needs. The PAB's charter-defined oversight responsibilities play a key role in ensuring this focus remains consistent and equitable.
- **Collaboration continues.** BPD and PAB maintain regular communication and operate within the collaborative framework established by the City Charter. Either party may initiate dialogue on emerging or ongoing issues. With the conclusion of the FIP implementation reporting, no additional standing reporting cycle is proposed at this time; however, routine collaboration between the parties will continue as part of standard practice.

Closing the FIP Task-Force Item

The core principles of fair and impartial policing have been fundamentally integrated into the Department's ongoing policies, training, and operational practices. These practices reflect a sustained, department-wide commitment to equity and accountability. Given this progress, and in recognition of the collaborative work already achieved, we jointly recommend that the PSPC make a qualified positive recommendation on the PAB-endorsed items, issue negative recommendations on the remaining proposals, and advise the City Council to formally close the FIP item as a concluded policy initiative.

Thank you for the opportunity to streamline this material for Council review and consideration.

Respectfully

J Louis

Chief Jennifer Louis
Berkeley Police Department

Joshua Cayetano

Joshua Cayetano, Chair
Police Accountability Board

BERKELEY CITY COUNCIL PUBLIC SAFETY COMMITTEE
SPECIAL MEETING MINUTES

Thursday, May 8, 2025
12:30 PM

Cypress Room – 2180 Milvia Street, 1st Floor, Berkeley, CA 94704

Committee Members:

Councilmembers Rashi Kesarwani, Shoshana O'Keefe, and Brent Blackaby
Alternate: Mayor Adena Ishii

This meeting will be conducted in a hybrid model with both in-person attendance and virtual participation. All Committee meetings are recorded.

Use this URL https://cityofberkeley-info.zoomgov.com/j/1612176798 to access the meeting remotely. To request to speak, use the "raise hand" function in Zoom. To join by phone: Dial **1-669-254-5252 or 1-833-568-8864 (Toll Free)** and Enter **Meeting ID: 161 217 6798.** To provide public comment, press *9 and wait to be recognized by the Chair. To submit a written communication for the Committee's consideration and inclusion in the public record, email policycommittee@berkeleyca.gov.

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting, however, if you are feeling sick, please do not attend the meeting in person.

Pursuant to the City Council Rules of Procedure and State Law, the presiding officer may remove, or cause the removal of, an individual for disrupting the meeting. Prior to removing an individual, the presiding officer shall warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The presiding officer may then remove the individual if they do not promptly cease their disruptive behavior. "Disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, a failure to comply with reasonable and lawful regulations adopted by a legislative body, or engaging in behavior that constitutes use of force or a true threat of force.

California Government Code Section 84308 (Levine Act) Parties to a proceeding involving a license, permit, or other entitlement for use are required to disclose if they made contributions over $500 within the prior 12 months to any City employee or officer. Parties and participants with a financial interest are prohibited from making more than $500 in contributions to a decisionmaker for the 12 months after the final decision is rendered on the proceeding. The above contribution disclosures and restrictions do not apply when the proceeding is competitively bid, or involves a personnel or labor contract. For more information, see Government Code Section 84308.

MINUTES

Roll Call 12:31 p.m.

Present: Kesarwani, O'Keefe, Blackaby

Absent: None

Minutes for Approval

Draft minutes for the Committee's consideration and approval.

1. **Minutes - March 24, 2025**
   Action: M/S/C (Kesarwani/Blackaby) to approve the March 24, 2025 minutes.
   Vote: All Ayes.

Committee Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. The Chair will determine the number of persons interested in speaking on each item. Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Chair may limit the public comment for all speakers to one minute per speaker. Speakers are permitted to yield their time to one other speaker, however no one speaker shall have more than four minutes.

Following review and discussion of the items listed below, the Committee may continue an item to a future committee meeting, or refer the item to the City Council.

2. **Police Accountability Board Report: Fair and Impartial Policing Implementation**
   (Item contains supplemental material)
   From: Police Accountability Board
   Referred: January 27, 2025
   Due: June 16, 2025
   Recommendation: Approve the following recommendations and instruct the Berkeley Police Department (BPD) and Police Accountability Board (PAB) to proceed with their implementation:
   Recommendations to the Berkeley Police Department
   1. Three-prong approach.
   a. Definition of Low-Level Traffic Infractions: A definition consistent with SB 50 should be adopted.
   b. Primary Collision Factors: This prong should specify the mode of the party at fault.
   c. Community Reports: Under the category of "a variety of unsafe driving incidents," policies should be put in place that specify which calls for service will result in law enforcement action. That specification should be derived from an analysis of the 13% of calls from community members that resulted in a citation or arrest, as per the City Auditor's July 2021 report.
   d. Community Caretaking: This prong needs more specificity, and its components should be based on Berkeley data rather than national statistics, as is done for Prong 1 (Primary Collision Factors). Specifically, the analysis should examine which other factors (non-PCFs) are highly associated with severe and

Committee Action Items

fatal collisions in Berkeley. The open-ended quality of this prong may contribute to more non-safety-related stops than is called for in the Council directive. If more specificity is not possible or feasible, this prong should be eliminated.
e. Reporting: Future BPD updates on FIP implementation should include statistical information enabling an analysis of the impact of the three-prong approach on reducing or eliminating stops for low-level offenses—a primary focus of the Council directive—in a manner that supports an overall assessment and an understanding of the approach's impact on reducing racial disparities in traffic stops.
2. Evidence-based definition for stops of criminal suspects:
a. Establish an evidence-based definition for stops of criminal suspects.
b. Explain how precision-based policing, feedback loops, and accountability measures referenced in BPD FIP implementation updates relate to this recommendation and addresses the directive to establish an evidence-based definition for stopping criminal suspects.
3. Enhanced implicit bias training: Per the Council's directive, ensure that BPD personnel receive intensive annual training dedicated to implicit bias.
4. EIS: Pending the deployment of a new Early Intervention and Risk Management system, EIS audits should be focused on officers who are outliers on the variables stipulated in the Department's EIS, with a particular focus on racial disparities in stops, arrests, and searches. A designated PAB Member should serve as an observer in this process, as has been informally agreed to. Future audit reports should include the scope of what was reviewed and a clear statement of findings within the confines of officer confidentiality.
5. Written consent searches: Future reporting to the council should include the number of consent searches conducted per reporting period and their effect on racial disparities in searches, compared to consent search numbers before implementation.
6. Warrantless searches of people on supervised release: Future FIP updates should identify the impact of the new BPD Policy 311.6 on the numbers of searches and arrests of people on probation and parole and the racial disparities in them.
7. Profiling by proxy: Future BPD updates should specify what instructions dispatchers are given on profiling by proxy, and any impact the instruction and corresponding Communications Manual amendments have had on racial disparities in departmental response to calls for service.
8. Business cards: Ensure that business cards are distributed as mandated by the Council directive.
9. Make resources on police-civilian encounters publicly available, such as through RAHEEM.org.

Committee Action Items

Recommendations to the Police Accountability Board
1. Scenario-based training: The 2021 Council specifically referred to the PAB oversight of the implementation of a scenario-based training component in the existing officer training required by the California Penal Code. This topic will be agendized for discussion at a future PAB meeting, including the appropriateness of, and ability of the PAB to oversee departmental training.
2. Crisis Intervention Team (CIT): The 2021 Council item refers to the PAB accelerating CIT activity. This will be discussed in future PAB meetings.
Recommendations to the Berkeley City Council
1. Establish metrics to assess the success of implementing FIP directives. Currently, the BPD appears to be focused entirely on policy, and on tests of bias, as evidenced in its recently published Annual Report. The PAB has focused instead on outcomes, addressing the key question of whether racial disparities have decreased in any of the areas subject to FIP directives.
2. Eliminate reporting requirements for recommendations that the PAB ascertains have been fully implemented.
3. Require BPD to report biannually on:
a. Traffic stops by each prong of their 3-prong framework and by race within each prong.
b. Stop, search, and arrest data by probation/parole status and race.
c. Calls for service by the race of the reporter and reportee.
Financial Implications: See report
Contact: Hansel Aguilar, Commission Secretary, (510) 981-4950

Action: 1 speaker. M/S/C (Blackaby/Kesarwani) to send item to City Council with a qualified positive recommendation highlighting the refined actions agreed upon by PAB and BPD as captured in their joint letter, and to close the Fair and Impartial Policing (FIP) Task Force referral from the February 23, 2021 City Council meeting, with the understanding that the specific recommendations in that referral have been completed, although work on fair and impartial policing will continue.
Vote: All Ayes.

Unscheduled Items

These items are not scheduled for discussion or action at this meeting. The Committee may schedule these items to the Action Calendar of a future Committee meeting.

3. Discussion Item: Update on the Five-Year Infrastructure Plan and how it factors in with reduction of traffic violence
From: Councilmember Tregub
Contact: Igor Tregub, Councilmember, District 4, (510) 981-7140

Items for Future Agendas

- Discussion Item: Potential funding mechanisms for financing EMBER program implementation

Action: M/S/C (Blackaby/O'Keefe) to add future agenda item
Vote: All Ayes

Adjournment

Action: M/S/C (Kesarwani /O'Keefe) to adjourn the meeting
Vote: All Ayes

Adjourned at 12:53 p.m.

I hereby certify that the foregoing is a true and correct record of the Public Safety Committee meeting held on May 8, 2025.

_____
Wendy Sorensen, Assistant City Clerk

Communications

Communications submitted to City Council Policy Committees are on file in the City Clerk Department at 2180 Milvia Street, 1st Floor, Berkeley, CA, and are available upon request by contacting the City Clerk Department at (510) 981-6908 or policycommittee@berkeleyca.gov.

APPENDIX H

Translated Domestic Violence Brochure Samples